

**AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
ENROLLMENT FOR GROUP LIFE INSURANCE
NATIONAL GUARD ASSOCIATION OF ARKANSAS**

Policy Number _____ Effective Date _____ Unit Code No. _____

I am now an active member of the National Guard. I hereby make application for life insurance for which I am eligible under the Group Insurance Contract issued to the National Guard Association of Arkansas by the American Equity Investment Life Insurance Company of Des Moines, Iowa. The following statements and answers are true and correct to the best of my knowledge and belief.

NAME _____ GRADE _____ SSN _____

MAILING ADDRESS _____

BENEFICIARY _____ RELATIONSHIP _____

NATIONAL GUARD UNIT _____ HOME TELEPHONE _____

MEMBER'S DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE OF ENLISTMENT _____

1. Height _____ ft. _____ in. Weight _____ lbs. _____ Married _____ Single _____
 Yes No
 2. Do you or your dependents know of any impairments now existing in your health or physical condition? Yes No
 3. Have you or your dependents had any illness or injuries during the past 3 years? Yes No
 4. Have you or your dependents ever had any of the following: Tuberculosis, Rheumatism, Disease of Heart, Lungs, Stomach, Kidney, Liver, Brain or any other disease of illness? Yes No
 5. Have you or your dependents been absent from your regular duties due to illness or injury during the past six months? Yes No
 6. Have you ever been refused, postponed or rated-up by a life insurance company? Yes No
 If so, give name of company and cause: _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, INDICATE BELOW THE NATURE OF THE ILLNESS OR INJURY, DURATION, SEVERITY, WITH AGES AND DETAILS AND THE NAME OF THE PHYSICIAN: _____

THIS APPLICATION IS REQUESTED FOR:		NEW ENROLLMENT	INCREASE
GUARD MEMBER:		DEPENDENT:	SPOUSE:
2. <input type="checkbox"/> \$10,000 (\$3.65)	8. <input type="checkbox"/> \$40,000 (\$13.60)	3. <input type="checkbox"/> \$ 5,000 (\$3.33)	2. <input type="checkbox"/> \$10,000 (\$3.65)
3. <input type="checkbox"/> \$15,000 (\$5.35)	9. <input type="checkbox"/> \$45,000 (\$15.25)	4. <input type="checkbox"/> \$10,000 (\$6.66)	3. <input type="checkbox"/> \$15,000 (\$5.35)
4. <input type="checkbox"/> \$20,000 (\$7.00)	A. <input type="checkbox"/> \$50,000 (\$16.90)		4. <input type="checkbox"/> \$20,000 (\$7.00)
5. <input type="checkbox"/> \$25,000 (\$8.65)			5. <input type="checkbox"/> \$25,000 (\$8.65)
6. <input type="checkbox"/> \$30,000 (\$10.30)			
7. <input type="checkbox"/> \$35,000 (\$11.95)			

COMPLETE FOR DEPENDENT OR SPOUSE COVERAGE

Spouse Name: _____ Spouse DOB: _____

Number of Children Under Age 21: _____ DOB of Oldest Child Under Age 21: _____

ACKNOWLEDGEMENT AND AUTHORIZATION: I hereby authorize any physician, hospital, clinic, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records of knowledge of me or of any member of my family of my (our) health to give this requested information to the American Equity Investment Life Insurance Company (or its reinsurers). A photographic copy of this authorization shall be as valid as the original. I hereby assign any experience premium refunds to the National Guard Association of Arkansas to be used for purposes which benefit the policies and programs of the National Guard Association of Arkansas. I acknowledge receipt of form 5609, "Your Insurance Application and How it is Handled". Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing false or deceptive statement is guilty of insurance fraud.

Dated in (City, State) _____ this _____ day of _____ year _____

WITNESS SIGNATURE _____ MEMBER SIGNATURE _____