CONSUMER VERIFICATION FORM

Central Security Life Insurance Company U Western American Life Insurance Company

Your soliciting agent, , upon my request, visited with me to determine my interest in making an application for insurance with your company.

Your soliciting agent explained to me the coverage as outlined in the explanation of benefits of policy form no. , including but not limited to all the waiting periods (if applicable), limitations and exclusions, relevant to this particular policy form. The soliciting agent also left me an Outline of Coverage and a signed receipt for money received for the initial premium and the application fee.

The soliciting agent explained to me that misstatements given by me on any questions could result in the denial of a claim, the contesting of the policy, or both.

I understand and agree that I am an applicant (and, therefore, will not be an insured) until your company has received and approved my application and has issued the policy. I also understand and agree that the soliciting agent has no authority to modify or change in any way any of the terms of the policy for which I am applying, including but not limited to the policy benefits, conditions, or exceptions, unless (1) such statements are in writing; (2) attached to and made a part of my application; and (3) accepted in writing by your company.

I understand further that the policy does not go into force until the effective date shown in the policy.

I understand that by signing this statement, I voluntarily verify that the soliciting agent fully and accurately recorded all the information I related during our interview on my application for insurance.

I further relieve the soliciting agent, the general agency (if applicable) and your company of any and all liabilities arising from the accuracy of the health and other questions on the application, as I have personally and carefully reviewed and take full responsibility for my application for insurance.

Please read this form before signing.

Signed	Applicant		Date
Signed	Soliciting Agent	/Agent Number	Date
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