



THE LAFAYETTE LIFE INSURANCE COMPANY

1905 Teal Road

P.O. BOX 7007

Lafayette, Indiana 47903

1-800-243-6631 FAX: 888-558-9329

E-Mail: IndividualOperations@llic.com

SUPPLEMENT TO APPLICATION
MILITARY STATUS QUESTIONNAIRE

PROPOSED INSURED

DATE OF BIRTH

1. Are you in, or have you volunteered for the Armed Forces, National Guard or any Reserve Unit? YES NO

If yes, please complete the following:

Branch of Service: Active Reserve

Pay Grade:

Job Duties and Classification:

Expected service termination date:

2. Are you attending or will you attend one of the Armed Services Academies? YES NO

3. Have you volunteered for (or do you intend to volunteer for), received orders for, or have reason to believe that you will be assigned to hazardous and/or overseas duty? YES NO

If yes, please give details:

Large empty rectangular box for providing details.

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at State of this day of yr

Signature of Witness

Signature of Proposed Insured