

SENIOR LIFE INSURANCE COMPANY

CREDIT CARD AUTHORIZATION

Agent Name: _____ Agent#: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Date: _____

TYPE OF CHARGE	PRICE	TOTAL
Background Check	\$65	\$65
State Appointment Fees (<i>check each state in which you request appointment</i>) <div style="float: right; text-align: right;">\$ _____</div>		
<input type="checkbox"/> AK (no fee) <input type="checkbox"/> KS (\$7.25) <input type="checkbox"/> NM (\$22.25) <input type="checkbox"/> AL (\$32.25) <input type="checkbox"/> KY (\$42.25) <input type="checkbox"/> NC (\$12.25) <input type="checkbox"/> AR (no fee) <i>Residents</i> <input type="checkbox"/> AZ (no fee) <input type="checkbox"/> KY (\$52.25) <input type="checkbox"/> ND (\$12.25) <input type="checkbox"/> CA (\$26.25) <i>Non-Residents</i> <input type="checkbox"/> CO (no fee) <input type="checkbox"/> LA (\$32.25) <input type="checkbox"/> OH (\$17.25) <input type="checkbox"/> DE (\$27.25) <input type="checkbox"/> MA (\$75.00) <input type="checkbox"/> OK (\$32.25) <input type="checkbox"/> DC (\$27.25) <input type="checkbox"/> MD (no fee) <input type="checkbox"/> OR (no fee) <input type="checkbox"/> FL (\$61.98) <input type="checkbox"/> MI (\$7.25) <input type="checkbox"/> PA (\$17.25) <div style="margin-left: 20px;"><i>\$6.20 per county</i></div> <div style="margin-left: 20px;"><i>non-resident field apps</i></div> <input type="checkbox"/> GA (\$17.09) <input type="checkbox"/> MN (\$12.25) <input type="checkbox"/> RI (no fee) <input type="checkbox"/> HI (no fee) <input type="checkbox"/> MO (no fee) <input type="checkbox"/> SC (no fee) <input type="checkbox"/> ID (no fee) <input type="checkbox"/> MS (\$27.25) <input type="checkbox"/> TN (\$17.25) <input type="checkbox"/> IL (no fee) <input type="checkbox"/> MT (no fee) <input type="checkbox"/> TX (\$12.25) <input type="checkbox"/> IN (no fee) <input type="checkbox"/> NE (\$19.25) <input type="checkbox"/> UT (no fee) <input type="checkbox"/> NJ (\$27.25) <input type="checkbox"/> NV (\$17.25) <input type="checkbox"/> VA (\$12.25) <input type="checkbox"/> WV (\$27.25)		

SUBTOTAL: _____

3.5% CONVENIENCE FEE: + _____

TOTAL: _____

CREDIT CARD TRANSACTIONS

I, _____ (cardholder only) hereby authorize Senior Life Insurance Company to charge my ___ VISA ___ MC (choose one) as payment for the above fee(s), including the 3.5% convenience fee.

Total Charge \$ _____ Credit Card Account #: _____

Cardholder Name as it appears on Credit Card: _____

Security Code: _____ (three digits found on the back of your credit card) Exp. Date: _____

Billing Address: _____

Cardholder Signature: _____ (To be signed by cardholder only)