

### 3. Plan of Insurance

Product Name HBW Income Advantage Term 20 Amount Applied For \$ 250,000

Premium Class Quoted \_\_\_\_\_ Reason for Insurance \_\_\_\_\_

#### Riders/Benefits

Child Rider Amount \$ \_\_\_\_\_ (**Complete Child Rider Attachment**) or  No current children

Waiver of Premium  Accidental Death Benefit Amount \$ \_\_\_\_\_

Disability Income Rider (*Complete the following if DI Rider is requested*)

Number of Units (*1 unit = \$100*): \_\_\_\_\_ Occupational Class (*Please check*):  1  2

Other Riders/Benefits #1 Select Income Rider Amount/Unit(s) 240/\$2,500

Other Riders/Benefits #2 \_\_\_\_\_ Amount/Unit(s) \_\_\_\_\_

*\*for identification purposes only*