

# SENIOR LIFE INSURANCE COMPANY

## CREDIT CARD AUTHORIZATION

Agent Name: \_\_\_\_\_ Agent#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

### STATE APPOINTMENT FEES *(check each state in which you request appointment)*

**Please Note: You must currently hold an active Life line in the state(s) requested in order to be appointed with Senior Life.**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AK (no fee)<br><input type="checkbox"/> AL (\$42.25)<br><input type="checkbox"/> AR (no fee)<br><input type="checkbox"/> AZ (no fee)<br><input type="checkbox"/> CA (\$34.25)<br><input type="checkbox"/> CO (no fee)<br><input type="checkbox"/> DE (\$52.25)<br><input type="checkbox"/> DC (\$27.25)<br><input type="checkbox"/> FL (\$61.98)<br><i>\$6.20 per county fee for field sales only (please list below)</i><br><input type="checkbox"/> GA (\$18.25)<br><input type="checkbox"/> HI (no fee)<br><input type="checkbox"/> ID (no fee)<br><input type="checkbox"/> IL (no fee)<br><input type="checkbox"/> IN (no fee) | <input type="checkbox"/> KS (\$7.25)<br><input type="checkbox"/> KY (\$42.25)<br><i>Residents</i><br><input type="checkbox"/> KY (\$52.25)<br><i>Non-Residents</i><br><input type="checkbox"/> LA (\$32.25)<br><input type="checkbox"/> MA (\$75.00)<br><input type="checkbox"/> MD (no fee)<br><input type="checkbox"/> MI (\$7.25)<br><input type="checkbox"/> MN (\$32.25)<br><input type="checkbox"/> MO (no fee)<br><input type="checkbox"/> MS (\$27.25)<br><input type="checkbox"/> MT (no fee)<br><input type="checkbox"/> NE (\$19.25)<br><input type="checkbox"/> NV (\$17.25)<br><input type="checkbox"/> NJ (\$27.25) | <input type="checkbox"/> NM (\$22.25)<br><input type="checkbox"/> NC (\$12.25)<br><input type="checkbox"/> ND (\$12.25)<br><input type="checkbox"/> OH (\$17.25)<br><input type="checkbox"/> OK (\$32.25)<br><input type="checkbox"/> OR (no fee)<br><input type="checkbox"/> PA (\$17.25)<br><input type="checkbox"/> RI (no fee)<br><input type="checkbox"/> SC (no fee)<br><input type="checkbox"/> TN (\$17.25)<br><input type="checkbox"/> TX (\$12.25)<br><input type="checkbox"/> UT (no fee)<br><input type="checkbox"/> VA (\$12.25)<br><input type="checkbox"/> WV (\$27.25) |
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**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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ (To be signed by cardholder only)