

**PAYER IDENTIFICATION INFORMATION (U.S.)**

(TO BE COMPLETED ONLY IF PAYER IS DIFFERENT FROM INSURED/ANNUITANT)

Anti-Money Laundering Laws require financial institutions and their customers to comply with procedures to verify the identity of any person seeking to open an account. For these purposes, making an 'Application for Life Insurance' is considered to be 'opening an account'.

(PLEASE PRINT CLEARLY IN INK)

This form is being completed to supplement one of the following: New Business Application Update existing client information on record and applies to the following application or certificate numbers:

**Part A – INSURED/ANNUITANT**

Last Name	First Name & Initial	Application Serial Number or Certificate Number
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**Part B – PAYER INFORMATION (if different from Insured/Annuitant/Applicant)**

Last Name	First Name	Initial
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Insured/Annuitant
Home Address:		Home Phone Number ( )
Employer's Name	Employer's Address	Employer's Phone Number ( )
Document used to verify identity of Client(s) Driver's License    Passport    Other Government Photo ID (please specify):		
Document Number	Document Place of Issue (State or Country)	

**Part C – ACKNOWLEDGEMENTS AND SIGNATURES**

I/We certify that all statements, answers and representations contained in Parts A & B of the form are full, complete and true to the best of my/our knowledge and belief.

Signature of Insured/Annuitant/Applicant	Signature of Payer
Agent Name (please print) Thomas El-Gawly	Signature of Agent (witness)
Agent Identification Number 505679	Field Office Number and Address
Date signed (mm/dd/yyyy)	Signed at (city/state) Houston, TX