

APPLICATION FOR LIFE INSURANCE UNDER GROUP POLICY NUMBER 143295

Please see reverse for Summary of Coverage.

I. APPLICANT (Must be age 18-60 to apply)

Name	Date of Birth (Month/Day/Year)	Birth State/Territory/Country
Address	Occupation	Telephone Number
City, State, Zip	Email Address	
Social Security Number (Last Four numbers ONLY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Beneficiary
		Relationship

II. COVERAGE APPLIED FOR: Five Year Renewable Term Insurance to Age 70

LIFE INSURANCE Amount of Insurance: \$10,000 \$25,000 \$50,000

III. HEALTH QUESTIONS

1. Have you ever been treated for or diagnosed by a physician as having any of the following: heart, lung, nervous, mental, kidney, or liver disorder; high blood pressure; stroke; rheumatic fever; cancer or tumor; diabetes; AIDS (Acquired Immune Deficiency Syndrome;) ARC (AIDS Related Complex); or tested positive for HIV (Human Immunodeficiency Virus?) Yes No
2. During the last three years, have you consulted a physician for any reason (other than routine physicals) or been hospitalized? Yes No
3. Have you used tobacco in any form or betel in the last 12 months? Yes No
4. Have you ever used any narcotic, barbiturate, amphetamine or hallucinogenic drug or been arrested for the use or possession of such drug or are you currently using except as prescribed by a physician? Yes No


If you answered "Yes" to any of questions 1-4, DESCRIBE the conditions including diagnosis, how treated, and extent of recovery. Give dates of occurrence, treatment, and recovery. If more space is needed, continue on the back side of this Application.

It is understood and agreed that all statements in this application are true to the best of my knowledge and belief, and are offered as a consideration for and shall become a part of any policy issued hereon. **I understand and agree the insurance applied for becomes effective on the date specified by the Company only if this application is accepted by the Company and the first premium is paid during my lifetime.** I acknowledge receipt of the Consumer Protection Notices for the Applicant.

Is this insurance intended to replace any life insurance or annuity policies you presently own? Yes No
 (If "Yes", please provide company name and policy number: Company _____ Policy Number _____)

If this policy is issued, I authorize Plateau Insurance Company to automatically draft the Monthly Premium payment that is due from my Bank of Hawaii checking account with account number:

The first premium will be due on the insurance effective date. I acknowledge that I have read and understand the disclosures below.

 _____ Date _____
 Applicant's Signature

FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

THIS INSURANCE PRODUCT IS NOT A DEPOSIT; NOT FDIC INSURED; NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY; AND IS NOT GUARANTEED BY BANK OF HAWAII OR ANY OF ITS AFFILIATES.

SUMMARY OF COVERAGE

This is a summary of the provisions of coverage and is not a contract. Terms and conditions are set forth in the master group policy and the policy certificate.

WHO IS ELIGIBLE?

All eligible applicants must be age 18 to age 60 in order to apply.

LIFE INSURANCE BENEFITS

We will pay the life insurance benefit, as determined by the Certificate Schedule, to the Beneficiary when we receive proof that you died while covered under the Group Policy. The Amount of Insurance is shown in the Certificate Schedule.

MAXIMUM BENEFIT In no event will the maximum benefit exceed \$50,000. If you have more than one Certificate in effect, then the total aggregate of insurance coverage under all Certificates will not exceed, at any time, the Maximum Benefit of \$50,000. If the maximum limits are exceeded, we will terminate the excess coverage.

TERMINATION AGE The Termination Age for this benefit is 70 years. The Certificate will terminate on the next anniversary date following the date you reach the Termination Age.

SUICIDE We will not pay any claim if the Insured commits suicide within two years of the Effective Date, but we will refund the premiums paid.

RULES FOR FILING A LIFE CLAIM Upon your death, we must be furnished: 1) a certified death certificate; 2) a written claim for the death proceeds completed on a form supplied by the Company; and 3) any other information deemed necessary to pay the claim.

TERMINATION OF INSURANCE

Your coverage ends on the first of the following dates: 1) You request termination in writing to us at our Home Office, or to our named agent; 2) The end of the period for which any required premium payment has not been made, subject to the Grace Period; 3) The next Certificate anniversary date following the date you reach the Termination Age; 4) The date the Group Policy terminates.

PREMIUMS The first premium is due on the Effective Date. Future premiums are due on a frequency and method of payment allowed by us. Premiums are paid to us, or if we direct, to our named agent on or before the Premium Due Date.

Renewal premiums shall be calculated every five years from the Table of Renewal Premiums. The Renewal Premium will be based on your age as of the renewal date. No premium may extend coverage beyond the next Certificate anniversary following the date you reach the Termination Age. We may change the premium rates from time to time. If the premium rate is changed, we will let you know in writing at least 31 days before the date of the change. The premium rates may be changed any time the terms of the Group Policy are changed.

GRACE PERIOD We provide a 31-day Grace Period for the payment of each premium due after the first premium. This Certificate will continue in force during the Grace Period. It will terminate at the end of the Grace Period if all premiums which are due are not paid. You are liable for payment of all premiums due for the period of this Certificate continues in force. This includes the premiums for the Grace Period, or any part of it. If we receive written notice that your coverage should end before the end of the Grace Period, it will end on the later of the following: 1) the date notice is received; or 2) the date specified in the notice.

GENERAL PROVISIONS

WHO GETS PAID Claim payments will be paid to the Beneficiary. The interest of a beneficiary terminates if that beneficiary dies before the Insured. If no beneficiary survives at the Insured's death, payment will be made to the Insured's estate or successors.

POLICY DATE Certificate years, months, and premium dates are determined from the Effective Date in the Certificate Schedule.

INCONTESTABILITY After this Certificate has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by you can be used in a contest after your insurance has been in force two years during your lifetime and unless it is in writing and signed by you.

MISSTATEMENT If the Insured's age, gender or tobacco use is misstated, any amount payable will be adjusted to that amount which the premiums paid would have purchased based on the correct information.

RIGHT TO TERMINATE Either the Policyholder or we may end the Group Policy by giving written notice to the other 30 days prior to the desired date. All Insureds must be notified of such termination by the Policyholder. No Insured may become covered under the Group Policy after the effective date of the notice of termination.

CONSUMER PROTECTION NOTICE FOR THE APPLICANT

MIB, Inc. Notice – Information regarding your insurability will be treated as confidential. We, or our reinsurers, may make a brief report to the MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact the MIB at 866.692.6901. If you question the accuracy of the information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

We, or our reinsurers, may also release information in our file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Issue or Renewal Age	\$10,000				\$25,000				\$50,000			
	Male		Female		Male		Female		Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
18 – 30	5.00	5.50	3.90	4.80	12.50	13.75	9.75	12.00	25.00	27.50	19.50	24.00
31 – 35	5.00	5.50	3.90	4.80	12.50	13.75	9.75	12.00	25.00	27.50	19.50	24.00
36 – 40	5.50	8.00	4.60	6.30	13.75	20.00	11.50	15.75	27.50	40.00	23.00	31.50
41 – 45	6.50	11.10	5.10	8.30	16.25	27.75	12.75	20.75	32.50	55.50	25.50	41.50
46 – 50	8.40	15.50	6.00	11.30	21.00	38.75	15.00	28.25	42.00	77.50	30.00	56.50
51 – 55	11.40	22.40	7.70	15.60	28.50	56.00	19.25	39.00	57.00	112.00	38.50	78.00
56 – 60	17.50	37.80	11.80	26.10	43.75	94.50	29.50	65.25	87.50	189.00	59.00	130.50
61 – 65*	29.20	63.30	18.80	42.40	73.00	158.25	47.00	106.00	146.00	316.50	94.00	212.00
66 – 69*	38.00	82.30	24.40	55.10	95.00	205.75	61.00	137.75	190.00	411.50	122.00	275.50

*Renewal Only