Unity Financial Life Insurance Company - Life Insurance Enrollment Form
877-523-3231/513-247-5040 Fax
Administrative Office: PO Box 625700, Cincinnati, OH 45262-5700

For Company Use Only:

1. PROPOSED INSURED:

First Name and Middle Initial:	Last Name:	Age:	Date of Birth:	Sex:	Social Security Number:

Insured's Address:	City:	State:	Zip Code:	Area Code and Telephone #:
				Email Address:

2. OWNER (If other than Proposed Insured):

First Name and Middle Initial:	Last Name:	Relationship to Proposed Insured:	Social Security Number:

Owner's Address:	City:	State:	Zip Code:	Area Code and Telephone #:
				Email Address:

3. BENEFICIARY:

First Name and Middle Initial:	Last Name:	Relationship to Owner:	Area Code and Telephone #:
	Unity Financial Funeral Trust		

Beneficiary's Address:	City:	State:	Zip Code:
Excess Funds to Estate			

4. REPLACEMENT: (Please attach any required Replacement Forms)

1. Does the Proposed Insured have any existing life insurance policies or annuity contracts? ☐ Yes ■ No
2. Is this insurance intended to replace any life insurance policies or annuity contracts now in force? ☐ Yes ■ No
   If yes, Name of Existing Insurer and Policy Number(s):

5. PLAN INFORMATION:

Payment Plan/Type:
■ Single Premium
☐ Dollar for Dollar *(check one)* ☐ 1 Year ☐ 3 Year ☐ 5 Year

Face Amount:	Initial Premium:
	$9000

HOME OFFICE ENDORSEMENTS (For Company Use Only)

6. CONDITIONS RELATING TO THE ENROLLMENT FORM:

The questions and answers in all parts of this enrollment form are complete and true to the best of my knowledge and belief. I agree that this enrollment form and any supplement, if required, shall be attached to and form a part of any certificate issued. I understand and agree that no agent has the authority to alter any contract, or waive any of the Company's other rights or requirements. I understand that the contract will not take effect until the certificate has been issued and the first full premium has been paid during the lifetime of the Proposed Insured. **I have read and acknowledge the Fraud Warning Statement on the reverse side of this enrollment form.**

Signed at _____ this _____ of _____, 2026
(City, State) (Date) (Month) (Year)

_____ _____
Signature of Proposed Insured Signature of Owner (If other than Proposed Insured)

7. AGENT'S STATEMENT:

Does the Proposed Insured have any existing life insurance policies or annuity contracts? ☐ Yes ■ No
Is this insurance intended to replace, in whole or in part, any life insurance policies or annuity contracts now in force? ☐ Yes ■ No
If yes, submit any special forms required by the state in which the enrollment form is signed.

Agent's Name (please print): Steve Dabbs _____ Agent Number: 45744 _____

Agent's Signature: _____ Date Signed: _____

8. IRREVOCABLE ASSIGNMENT OF OWNERSHIP TO UNITY FINANCIAL FUNERAL TRUST (herein called "Trust"):

Effective 30 days from the date Unity Financial receives this form, I hereby assign ownership of this policy to the Trust. This transfer is made to comply with the requirements of state and federal public assistance programs. I understand that by transferring ownership of this policy to the Trust:

1. This policy is accepted by the Trust subject to all the terms of the Trust which, if the Trust is the primary beneficiary on the policy, includes payment of the policy proceeds for the funeral and burial expenses for the Insured;
   My Funeral Home of Choice is _____ or any other Funeral Home as their interest may appear.
   (Insert funeral home name or leave blank if none chosen at this time)
2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I waive all rights under the policy to surrender it for cash or to obtain a loan against the policy;
4. I give up the right to change the beneficiary on this policy;
5. Any proceeds received by the Trust in excess of the amount required to cover the cost of any goods and services listed on the reverse side will be paid to the estate of the Insured, unless required by law to be paid to the State;
6. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of the policy, the Trust will have no obligation to pay my funeral or burial expenses; and
7. My ability to qualify for state and federal public assistance programs is not guaranteed.

I may obtain a full copy of the Trust, at any time, upon written request to Unity Financial Life Insurance Company, PO Box 625700, Cincinnati, OH 45262.

Immediate Transfer: I hereby elect to make this irrevocable assignment and change of beneficiary to the Trust effective immediately, instead of 30 days from the date this form is received by Unity Financial. I understand that by making this election, I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here.** _____

X _____ _____
Signature of Certificate Owner Date

By signing below, the Insurer acknowledges this assignment and the Trust accepts this assignment and, if the Trust is the primary beneficiary on the policy, agrees to use the proceeds of the insurance policy for the payment of funeral and burial expenses.

_____ _____
Administrator or Trustee and Representative of Insurer Date

Authorized Expense Directive
Insured hereby expressly authorizes and directs Trustee or Administrator to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products. Claim information should be submitted to Unity Financial Life Insurance Company.

List of Possible Goods and Services Qualifying for Reimbursement

Basic Services of Funeral Director & Staff
Other Professional Services
Embalming
Other Care of Deceased
  Dressing/Cosmetology/Casketing
Funeral Home Facilities and/or Staff Services
  Viewing/Visitation
  Funeral Service
  Memorial Service
  Graveside Service
  Other

Other Merchandise/Service
  Clergy Honorarium
  Death Certificates
  Musicians
  Temporary Marker
  Stationery Package
  Obituary Notices
  Flowers
  Clothing
  Open/Close
  Other

Casket
Alternative Container
Outer Burial Container
Other Services
Transportation Equipment & Driver
  Transfer of Deceased
  Funeral Vehicle/Hearse
  Car/Limousine
  Utility/Service Vehicle
Cemetery Charges
Other

I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death.

FRAUD WARNING STATEMENTS

For residents of all states except CO, DC, FL, GA, KY, ME, MD, NE, NJ, NM, OH, OK, PA, TN, VA and WA: 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.

For residents of CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies**.**

For residents of DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of GA and NE: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For residents of KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of NM: 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 civil fines and criminal penalties.

For residents of OH: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

UNITY FINANCIAL LIFE INSURANCE COMPANY
Home Office: P.O. Box 625700
Cincinnati, OH 45262-5700
Toll Free Number: 877-523-3231

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve the discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES (◉) NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? (○) YES (◉) NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because N/A.

I certify that the responses herein are, to the best of my knowledge, accurate:

X _____ _____
Applicant's Signature and Printed Name — Date

Steve Dabbs _____
Producer's Signature and Printed Name — Date

I do not want this notice read aloud to me. _X_ (Applicants must initial only if they do not want the notice read aloud.)

AUTHORIZATION TO WITHDRAW FUNDS

This form can be used to authorize either a single withdrawal or to activate a recurring series of Pre Authorized Checking payments.

I hereby authorize Unity Financial Life Insurance Company to draw an electronic fund transfer from my checking account for payment of life insurance.

By signing this form, I authorize Unity Financial Life Insurance Company to initiate an electronic funds transfer from my bank account according to the terms of the attached check.

I understand that my check will be converted to an electronic transaction. I am aware that my checking account may be debited the same day Unity Financial Life receives my email or fax.

Choose 1 Payment Option:

Single Payment Option:

Initial Here

I authorize Unity Financial Life Insurance Company to draw an electronic funds transfer from my checking account for payment of new life insurance. This authorizes an immediate **one-time** withdrawal from my account in the amount of

$_____

Recurring PAC Payment Option:

Initial Here

I authorize Unity Financial Life Insurance Company to draw a recurring series of electronic funds transfer from my checking account for payment of life insurance premiums. This authorizes PAC payments to be withdrawn from my account on the:

Date:_____ (Day) of each month beginning in: _____ (Month) in the amount of $_____

Cash with Application & Recurring PAC Payment Option for Multi-Pay Policies:

Initial Here

I authorize Unity Financial Life Insurance Company to draw an electronic funds transfer from my checking account for a recurring series of electronic funds transfer from my checking account for payment of life insurance premiums in addition to the initial premium payment that may be debited the same day Unity Financial Life receives this email or fax.

This authorizes PAC payments to be withdrawn from my account on the: Initial Payment: $_____

Date:_____ (Day) of each month beginning in: _____ (Month) Monthly Payment: $_____

_____ Authorized Signature as it Appears on Bank Records

_____ Date

TAPE CHECK HERE

Unity Financial Life Insurance Company
P. O. Box 625700 • Cincinnati, OH 45262-5700
Phone: (513) 247-0711 • Toll Free: (877) 523-3231 • Fax: (513) 247-5040

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