

The Savings Bank Life Insurance Company of Massachusetts  
P.O. Box 4048, Woburn, MA 01888  
Telephone (800) 694-7254 www.sbli.com  
(Referred to herein as "The Company", "We", "Us", or "Our")

<hr/> Name of Proposed Insured
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**A. NOTICE TO PROPOSED INSURED AND OWNER**

No insurance coverage will become effective before delivery of the policy applied for unless and until all of the conditions of this Agreement are met. If any conditions are not met, the Producer is not authorized to accept a premium and there will be NO COVERAGE. No Producer has the authority to alter or waive the terms or conditions of this Agreement. This Agreement shall be void if altered or modified.

**B. PROPOSED INSURED'S REPRESENTATIONS**

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| 1. Has the Proposed Insured:   |  |
| a. in the past 10 years had unintentional weight loss or any impairment for which he/she has not consulted a physician or a member of the medical profession?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. in the past 5 years had, been treated for, been advised to be treated for, or now has, any type of heart disease or any other vascular disease, cancer, leukemia, malignant tumor, any disorder of the immune system, stroke, or alcohol or drug dependence or abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. in the past 90 days, been admitted to a hospital or other licensed health care facility, had surgery performed or recommended, or been medically advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. been diagnosed as having Hepatitis C, Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the Proposed Insured less than 15 days or more than 70 years old (age nearest birthday), on the date this Agreement is signed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the initial amount of life insurance coverage applied for on all applications pending with Us, including the current amount of all existing life insurance coverage with Us, greater than \$500,000?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**C. CONDITIONS WHICH MUST BE MET BEFORE INSURANCE MAY BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY**

- All of the questions above are answered "NO"; and
- An amount equal to the modal premium indicated on the application must be received by Us; the mode must be either annual, semi-annual, quarterly or monthly (two months' premium required); and
- All medical examinations, tests, x-rays and electrocardiograms initially required by Our published rules with regard to age and amount requested for the risk class and plan applied for must be completed within ninety (90) days from the date this Agreement is signed; and
- The Proposed Insured is, on the Effective Date, a risk acceptable for insurance exactly as applied for, or better, according to Our rules and practices, without modification of plan, premium rate or amount; and
- On the Effective Date the state of health and all factors affecting the insurability of the Proposed Insured for coverage must be as stated in all application documents required by Us; and;
- Any check, authorized withdrawal, credit card payment or any form of payment must be received and honored when first presented.

**D. EFFECTIVE DATE**

If all of the conditions above are met, then insurance coverage, subject to all the terms and conditions of the policy applied for and as if the policy applied for had already been issued and delivered, will become effective on the latest of: (a) the date of application; (b) the date of application – part II; (c) the date of completion of all underwriting requirements stated in Section (C)(3), above; or (d) the special policy date requested in the application, if any.

**E. MAXIMUM AMOUNT**

The maximum amount of life insurance coverage available under this Conditional Receipt Agreement shall be the lesser of: (1) the amount of insurance applied for in the application - part 1; or (2) \$500,000, minus the amount of insurance on the Proposed Insured's life in force with Us under any policies and Conditional Receipt Agreements, applied for or pending issue with Us, including Accidental Death Benefits; or (3) if death is due to suicide or intentional self-inflicted injury, the amount of premium paid will be refunded and no death benefit will be paid. There is no coverage beyond 70 years old (age nearest birthday) or below age 15 days.

**F. REFUND OF MONEY**

We will refund your money on the earliest of the following dates: (1) If any of the conditions above are not met; or (2) A policy resulting from the application is refused; or (3) 90 days from the date this Agreement is signed. Our liability will be limited to the return of the amount paid with this Agreement. All returns will be made, without interest, to or for the benefit of the Owner. We may send a notice or return premium terminating this Agreement at any time before delivery of the policy.

<hr/> Name of Proposed Insured
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**G: AGREEMENT**

I agree that: (1) the limited amount of insurance that may begin prior to policy delivery will not exceed the Maximum Amount as defined above; (2) this limited amount of insurance will not begin unless all of the CONDITIONS listed above are first met exactly; (3) this Agreement will be void if the Agreement or application contains any material misrepresentation, or if the Proposed Insured dies by suicide or intentional self-inflicted injury; and (4) this Agreement will automatically end on the earliest of the following dates: (a) the date the entire amount paid with this Agreement is returned, or (b) the date a policy is delivered to the Owner; or (c) 90 days from the date this Agreement is signed. I further agree to any remaining terms, limits, and conditions of this Agreement and the application. I understand that my payment herewith has not purchased immediate life insurance coverage.

Signature of Proposed Insured	Date	Signature of Owner/Applicant (if not Proposed Insured)	Date
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**H: PRODUCER/BROKER STATEMENT**

On the date below, I received the amount \$\_\_\_\_\_ from \_\_\_\_\_ in exchange for this Agreement. This Agreement bears the same date as the application – part I. I have accurately represented the terms and conditions of this Agreement to the Proposed Insured and Owner. I know of no reason why any person to be covered may not be eligible for insurance.

Signature of Producer	Date
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**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE PRODUCER. DO NOT LEAVE THE PAYEE BLANK. CASH AND MONEY ORDERS WILL NOT BE ACCEPTED.**