

TEXASLIFE

INSURANCE COMPANY

SIGNATURE CARD

Please complete and return quickly to allow processing of the insurance application.

I understand that an application on my life has been submitted to Texas Life Insurance Company and I consent to having a policy issued.

Citrus County School District

Employer Name

Employee's Name

Dependent's/Spouse's Name

Dependent's/Spouse's Social Security Number

Dependent's/Spouse's Date of Birth: _____ / _____ / _____

x

Signature of Dependent/Spouse

Date