

B. Substantial Beneficial Interest: Recommend collecting 9 lines.

NAME OF APPLICANT/INSURED:				CONTRACT NUMBER:			
<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	<input type="checkbox"/> (Check One)				
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER:				ADDRESS OF AGENT:			
AGENT NAME			AGENT CODE NUMBER:	COMPANY NAME:			
List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured.							
NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	SSN/EIN (Check One & Enter No.)			TELEPHONE NUMBER	ENTITY TYPE	SHARE
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()		
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()		
SIGNATURE OF APPLICANT/INSURED:					DATE:		