## Substantial Beneficial Interest Form

| NAME OF APPLICANT/INSURED: | POLICY NUMBER: |
|---|---|
| ☐ SSN ☐ EIN ☐ OTHER (Check One) | |
| SOCIAL SECURITY 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 |
|---|---|---|---|---|---|
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |
| | | ☐ SSN ☐ EIN ☐ OTHER | ( ) | | |

| SIGNATURE OF APPLICANT/INSURED: | DATE: |
|---|---|