

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

A STOCK COMPANY

P.O. BOX 1154, Glenview, Illinois 60025-1154

REINSTATEMENT APPLICATION

I apply to reinstate my policy number _____. I understand that the reinstatement will be based on my answers to the questions below.

1. During the past 5 years, has any person covered under this policy: (1) consulted or been treated by a physician or medical practitioner; or (2) been hospitalized for observation, treatment or diagnosis?

_____ Yes _____ No

If yes, please give details _____

2. Has any person covered under this policy been told by a medical practitioner that they have: (1) a chronic illness or (2) a condition which requires periodic medical care or future surgery?

_____ Yes _____ No

If yes, please give details _____

To the best of my knowledge and belief, I represent that my answers to the above questions are complete and true. I understand and agree that the reinstatement **will not take effect until: (1) the reinstatement premium is paid; and (2) this application is approved by the company, or is not disapproved by the company in writing within forty-five (45) days of application for reinstatement.**

Signature

Date

Here's how to apply for reinstatement of your valuable protection.

1. Complete the Reinstatement Application below.
2. Be sure to write the policy number in the space provided on the Reinstatement Application. You will find your policy number on the enclosed Premium Notice.
3. Make your check or money order payable to United National Life for the amount shown on the Premium Notice.
4. Return this Reinstatement Application, your check or money order together with the Premium Notice immediately. Do not send cash.

You will be notified as quickly as possible regarding the status of your reinstatement. If you have any questions, please call 1-800-207-8050.



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Please be sure to complete and return as instructed.