

CRITICAL ILLNESS INSURANCE POLICY

PURCHASE DISCLOSURE STATEMENT

I acknowledge and understand that:

- (1) I am applying for a Critical Illness Life Insurance policy from Colorado Bankers Life Insurance Company ("CBL");
- (2) this insurance is a life insurance policy with a critical illness benefit;
- (3) this insurance is not Health Insurance;
- (4) in addition to this Critical Illness policy, I may be applying for other types of insurance at this time; and
- (5) if CBL approves the issuance of the Critical Illness Insurance policy to me, I will receive policy documents within approximately 30 days either mailed to my address given in the application for this policy or delivered to me by the CBL agent.

I also acknowledge and confirm that:

- (1) I have authorized Colorado Banker's Life Insurance Company to debit my financial account to pay the premium due for the Critical Illness policy; and
- (2) I am aware that in order to stop such payments from my financial account for the Critical Illness Insurance policy I must notify Colorado Banker's Life Insurance Company directly, not its agent.

Print Name of Applicant/Owner

Signature of Applicant/Owner

Date