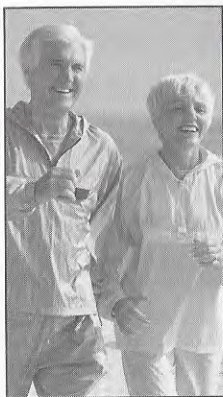


\$1.00*
Buy You
\$50,000
Coverage

**Buying Insurance Is As
 Easy As 1-2-3...**



① Choose \$5,000, \$10,000, \$20,000, \$30,000 or \$50,000 life insurance. Plus, you have the option of adding \$25,000, \$50,000, \$100,000 or \$150,000 accidental death benefit insurance.



② No medical exam is required. Just answer a few Yes/No health questions. No long forms or questionnaires.

③ Buy direct by mail. It's hassle-free.

Globe Life
Is Rated A+ (Superior) By
A.M. Best Company And Currently
Insures Over 3.8 Million Policyholders

Globe Life currently insures over 3.8 million policyholders and has over \$60 billion of coverage in force. Globe Life has been committed to providing valuable protection to families across the country since 1951 and continues to receive an A+ (Superior) rating from A.M. Best Company, leading insurance analysts since 1899 (rating as of 6/11). This rating is based on their latest analysis of Globe Life's financial strength, management skills and integrity. *For the latest rating, access www.ambest.com.*

POLICY DESCRIPTION: This is a modified premium term-to-age-90 product. The initial term period can either be 1, 2, 3, 4 or 5 years in duration, depending upon issue age. All renewal term periods begin at a 5-year plus one age (i.e. 21, 26, 31, 36...86) and will be 5 years in length except for the final term period. The final 4-year period, which always begins at age 86, will expire and the policy will terminate at the policy anniversary following the insured's 90th birthday.

MIB, Inc., Pre-Notice: Information regarding your insurability will be treated as confidential. Globe Life And Accident Insurance Company, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. If you have questions, please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Globe Life And Accident Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Policy Form # GRTG or SRTC with GTLADR or GTLADR10

F8070 R11/11



\$1.00* Buys Up To
\$50,000 Globe Life
Insurance

- You choose \$5,000, \$10,000, \$20,000, \$30,000 or \$50,000 term life insurance.
- Plus, you have the option of adding \$25,000, \$50,000, \$100,000 or \$150,000 accidental death benefit coverage.
- \$1.00* pays for the first month's life insurance, plus the optional accidental death benefit insurance.
- After the first month, life insurance rates are as low as \$1.69 per month. See rate chart on inside.
- After the first month, the accidental death benefit insurance costs as little as a few dollars more per month.
- No medical or physical exam – just answer a few Yes/No health questions.
- You buy direct by mail – it's hassle-free.
- Your life insurance benefit will NEVER be canceled or reduced throughout the policy period as long as your premiums are paid on time.

Globe Life Offers Up To **\$50,000** Life Insurance

\$1.00* Pays For The First Month's Coverage

Choose \$5,000, \$10,000, \$20,000, \$30,000 Or \$50,000 Insurance Coverage

After The First Month, The Monthly Rates According To Your Age Are Below...

	\$5,000		\$10,000		\$20,000		\$30,000		\$50,000	
YOUR AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
18-20	\$1.99	\$1.69	\$3.49	\$2.99	\$6.49	\$5.59	\$9.49	\$8.19	\$15.49	\$13.39
21-25	2.49	1.99	4.49	3.49	8.49	6.49	12.49	9.49	20.49	15.49
26-30	2.99	2.49	5.49	4.49	10.49	8.49	15.49	12.49	25.49	20.49
31-35	3.49	2.99	6.49	5.49	12.49	10.49	18.49	15.49	30.49	25.49
36-40	4.49	3.49	7.99	6.49	14.99	12.49	21.99	18.49	35.99	30.49
41-45	5.49	4.49	9.99	7.99	18.99	14.99	27.99	21.99	45.99	35.99
46-50	6.99	5.49	12.49	9.99	23.49	18.99	34.49	27.99	56.49	45.99
51-55	8.99	6.99	16.49	12.49	31.49	23.49	46.49	34.49	76.49	56.49
56-60	11.99	8.49	21.49	15.49	40.49	29.49	59.49	43.49	97.49	71.49
61-65	15.99	11.49	29.49	20.49	56.49	38.49	83.49	56.49	137.49	92.49
66-70 ^{††}	21.99	14.49	39.99	26.99	75.99	51.99	111.99	76.99	183.99	126.99
71-75	29.99	19.99	55.49	36.99	106.49	70.99	157.49	104.99	259.49	172.99
76-80	41.99	27.99	79.49	52.99	154.49	102.99	229.49	152.99	379.49	252.99
81-85 [†]	57.99	39.49	111.99	75.99	219.99	148.99	327.99	221.99	543.99	367.99
86-89 [†]	81.99	54.49	161.49	106.99	320.49	211.99	479.49	316.99	797.49	526.99

Rates shown above are for the standard class only. *After the first month, full rate schedule shown above. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age period. †Ages 81-89 not available for issue, but are for renewals only. ††In Washington: \$5,000 not available above age 69 for males and 75 for females; \$10,000 not available above age 70 for males and 76 for females; \$20,000 not available above age 71 for males and 76 for females. Globe Life And Accident Insurance Company is licensed in all states except New York.

Globe Life And Accident Insurance Company
Globe Life Center
Oklahoma City, OK 73184
1-866-357-9909

Established 1951 - Built On Honesty, Reliability And Trust

LAST CHANCE? THIS MAY BE YOUR LAST TIME YOU CAN QUALIFY FOR THIS OFFER

NOW!
\$1⁰⁰*
BUYS UP TO
\$50,000
COVERAGE

Dear Friend:

Thank you for your inquiry about Globe Life insurance that costs only **\$1.00*** to start. We make it easy to start protection for you and your loved ones. Choose \$5,000, \$10,000, \$20,000, \$30,000 or even \$50,000 life insurance and start by paying only **\$1.00***.

It's Easy To Buy – No Medical Exam – Answer Only A Few Yes/No Health Questions

- Getting life insurance does not have to be time-consuming. There's no medical exam – just answer a few Yes/No health questions. It's all handled conveniently by mail. You also have an absolute 30-day money-back guarantee.

\$1.00* Starts \$50,000 Of Affordable Life Insurance

- Pay only **\$1.00*** for the first month of coverage whether you choose \$5,000, \$10,000, \$20,000, \$30,000 or \$50,000 life insurance. After the first month, the rates are based on your current age and are guaranteed for the life of the policy. Our rates are as low as \$1.69 per month. See brochure for our affordable rates.

Your Life Insurance Coverage Can Never Be Canceled Or Reduced

- Your life insurance benefit will NEVER be canceled or reduced throughout the policy period regardless of changes in your health or occupation as long as your premiums are paid on time. And the beneficiary you select is paid directly, FREE of federal income tax.

First Day Coverage – No Waiting Period

- Your FULL protection starts the first day your policy is issued, and you are covered for the life of the policy. Your coverage is a term-to-age-90 life insurance policy. You can also get the same coverage for a spouse or other family member. Just sign and return the application in the enclosed postage-paid envelope.

Supplement Your Existing Life Insurance

- In these uncertain economic times, many people use our life insurance to supplement their own existing life insurance or life insurance provided by their current employer. This can help protect your family, even if you become unemployed or your employer changes your coverage. The FULL benefit of your Globe Life policy is paid in addition to any other coverage you may have and is paid directly to the beneficiary you choose.

SEE ADDITIONAL COVERAGE INFORMATION ON BACK

Up To \$150,000 Accidental Death Protection Option

- You now have the option of adding accidental death coverage to your policy. You can choose \$25,000, \$50,000, \$100,000 or \$150,000 of additional protection for your family for as little as a few dollars more per month, if you are between the ages of 18 and 69. Simply indicate the coverage amount in the space provided at the bottom of the enclosed application. If you choose this optional accidental death insurance, your \$1.00* also pays for this additional coverage for the first month.

No-Risk 30-Day Money-Back Guarantee

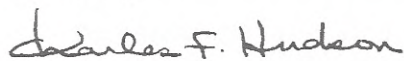
- Complete the application, sign and mail it with \$1.00*; no postage is needed. For your convenience, you can also call 1-866-357-9909 to apply by phone. Once your application is approved, we will mail your policy. If you are not satisfied for any reason, return it within 30 days and we'll send you a complete refund – no questions asked.

Globe Life Is Rated A+ (Superior) By A.M. Best Company

- Globe Life currently insures over 3.8 million policyholders with over \$60 billion of coverage in force and has been committed to providing valuable protection to families across the country since 1951. Globe Life continues to receive an A+ (Superior) rating from A.M. Best Company, one of America's leading insurance analysts since 1899 (rating as of 6/11). This rating is based on their latest analysis of Globe Life's financial strength, management skills and integrity. Globe Life is the life insurance company you can trust. *For the latest rating, access www.ambest.com.*

Take the first step by returning your application today and you can feel secure knowing you are protecting your future and the future of the ones you love.

Sincerely,



Charles F. Hudson
President

CH:rwd

P.S. Remember, you can also get life insurance protection for your spouse or other family members. Just use the second application and please be sure that you both sign the applications.

Policy Form # GRTG or SRTCV with GTLADR or GTLADR10

*Rates after the first month are shown in the enclosed brochure and start as low as \$1.69 per month.

Choose \$5,000, \$10,000, \$20,000, \$30,000 Or \$50,000 Adult Life Insurance

~~09/20/01~~ YGA-548

~~Scott Burke~~
~~8230 Westbury Rd~~

Evansville IN ~~47725-7446~~



LAST CHANCE?

~~Before~~, THIS MAY BE THE LAST TIME you can qualify for this offer. \$1.00* starts up to \$50,000 coverage for the first month. Then rates are as low as \$1.69 per month.

ADULT LIFE INSURANCE APPLICATION

GLOBE FAMILY SERVICES TRUST • UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • OKLAHOMA CITY, OK
ENROLLMENT FOR LIFE INSURANCE

IMPORTANT: Please be sure each question on the enrollment form is answered

Proposed Insured Name (First, M.I., Last) Please Print Scott Burke	Date of Birth (Required) mm / dd / yy	<input type="checkbox"/> Male <input type="checkbox"/> Female	Amount of Insurance (Check One) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000
Address 8230 Westbury Rd		Apt. _____	
City <u>Evansville</u>	State <u>IN</u>	Zip 47725	
Telephone (_____) _____	E-mail Address _____		
<small>(Telephone and E-mail Address for Customer Service Use Only)</small>			
Beneficiary Name (Please Print)		Relationship to Proposed Insured (Please Print)	

Please answer the following questions. A "yes" response does not automatically make you ineligible for coverage.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the Proposed Insured currently disabled due to illness, confined to a hospital or nursing facility, or does the Proposed Insured require the use of a wheelchair? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 3 years, has the Proposed Insured had or been treated for: | | |
| (a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or test results indicating exposure to the Acquired Immune Deficiency Syndrome virus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list company name: _____ | | |

AUTHORIZATION

I am enclosing the initial premium and understand the insurance applied for will become effective on the date this enrollment form is approved by the Company during the lifetime of the insured. Should the enrollment form be declined, the amount paid will be refunded. I hereby authorize MIB, Inc., if it has any records of me or my health, and any pharmacy or pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life And Accident Insurance Company. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to Globe Life And Accident Insurance Company. I acknowledge receipt of the MIB, Inc. Pre-Notice. A photographic copy of this authorization will be as valid as the original.

YES! I want additional Accidental Death coverage in the amount of: (For ages 18-69, please check one.)	
<input type="checkbox"/> \$25,000 for \$2.50 more per month	<input type="checkbox"/> \$50,000 for \$5.00 more per month
<input type="checkbox"/> \$100,000 for \$10.00 more per month	<input type="checkbox"/> \$150,000 for \$15.00 more per month

DATE _____ **X** _____
APPLICANT — OWNER SIGNATURE / RELATIONSHIP TO PROPOSED INSURED

This enrollment with check or cash should be mailed in the return envelope enclosed. Make check payable to Globe Life And Accident Insurance Company.
7663

MHTC1N30G7 #5030 2470 6039

ADDITIONAL APPLICATION FOR SPOUSE, RELATIVE OR FRIEND ON REVERSE SIDE



It's Easy To Apply For Up To \$50,000 Globe Life Insurance

- Choose the life insurance coverage that's best for you and your family: \$5,000, \$10,000, \$20,000, \$30,000 or even \$50,000 term life insurance coverage.
- For just a few dollars more per month, you can add up to \$150,000 of accidental death coverage to your policy.
- Enclose \$1.00* per application and mail in the free postage-paid envelope provided for your convenience.
- Please answer each of the questions on the application. If you desire coverage for your spouse or other family member, we have included an additional application to fill out below. Be sure each applicant signs their form.
- No waiting period. Protection starts as soon as your policy is issued. The policy pays regardless of the cause of death, except suicide, while sane or insane if suicide occurs within two years from the date of issue (one year in CO and ND; not applicable in MO).

*Rates after the first month are shown in the enclosed brochure.

ADDITIONAL APPLICATION FOR SPOUSE OR RELATIVE

**GLOBE FAMILY SERVICES TRUST • UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • OKLAHOMA CITY, OK
ENROLLMENT FOR LIFE INSURANCE**

IMPORTANT: Please be sure each question on the enrollment form is answered

Proposed Insured Name (First, M.I., Last) Please Print _____	Date of Birth (Required)		Amount of Insurance (Check One)
	mm / dd / yy	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000
Address _____ Apt. _____			
City _____ State _____ Zip _____			
Telephone (____) _____ E-mail Address _____			
<small>(Telephone and E-mail Address for Customer Service Use Only)</small>			
Beneficiary Name (Please Print) _____		Relationship to Proposed Insured (Please Print) _____	

Please answer the following questions. A "yes" response does not automatically make you ineligible for coverage.

	YES	NO
1. Is the Proposed Insured currently disabled due to illness, confined to a hospital or nursing facility, or does the Proposed Insured require the use of a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 3 years, has the Proposed Insured had or been treated for:		
(a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or test results indicating exposure to the Acquired Immune Deficiency Syndrome virus?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list company name: _____		

AUTHORIZATION

I am enclosing the initial premium and understand the insurance applied for will become effective on the date this enrollment form is approved by the Company during the lifetime of the insured. Should the enrollment form be declined, the amount paid will be refunded. I hereby authorize MIB, Inc., if it has any records of me or my health, and any pharmacy or pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life And Accident Insurance Company. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to Globe Life And Accident Insurance Company. I acknowledge receipt of the MIB, Inc. Pre-Notice. A photographic copy of this authorization will be as valid as the original.

YES! I want additional Accidental Death coverage in the amount of: (For ages 18-69, please check one.)

- | | |
|---|---|
| <input type="checkbox"/> \$25,000 for \$2.50 more per month | <input type="checkbox"/> \$50,000 for \$5.00 more per month |
| <input type="checkbox"/> \$100,000 for \$10.00 more per month | <input type="checkbox"/> \$150,000 for \$15.00 more per month |

DATE _____

X

APPLICANT — OWNER SIGNATURE / RELATIONSHIP TO PROPOSED INSURED

This enrollment with check or cash should be mailed in the return envelope enclosed. Make check payable to Globe Life And Accident Insurance Company.
7663

MHTC1N30G7 #5030 2470 6039

F6175 R9/09