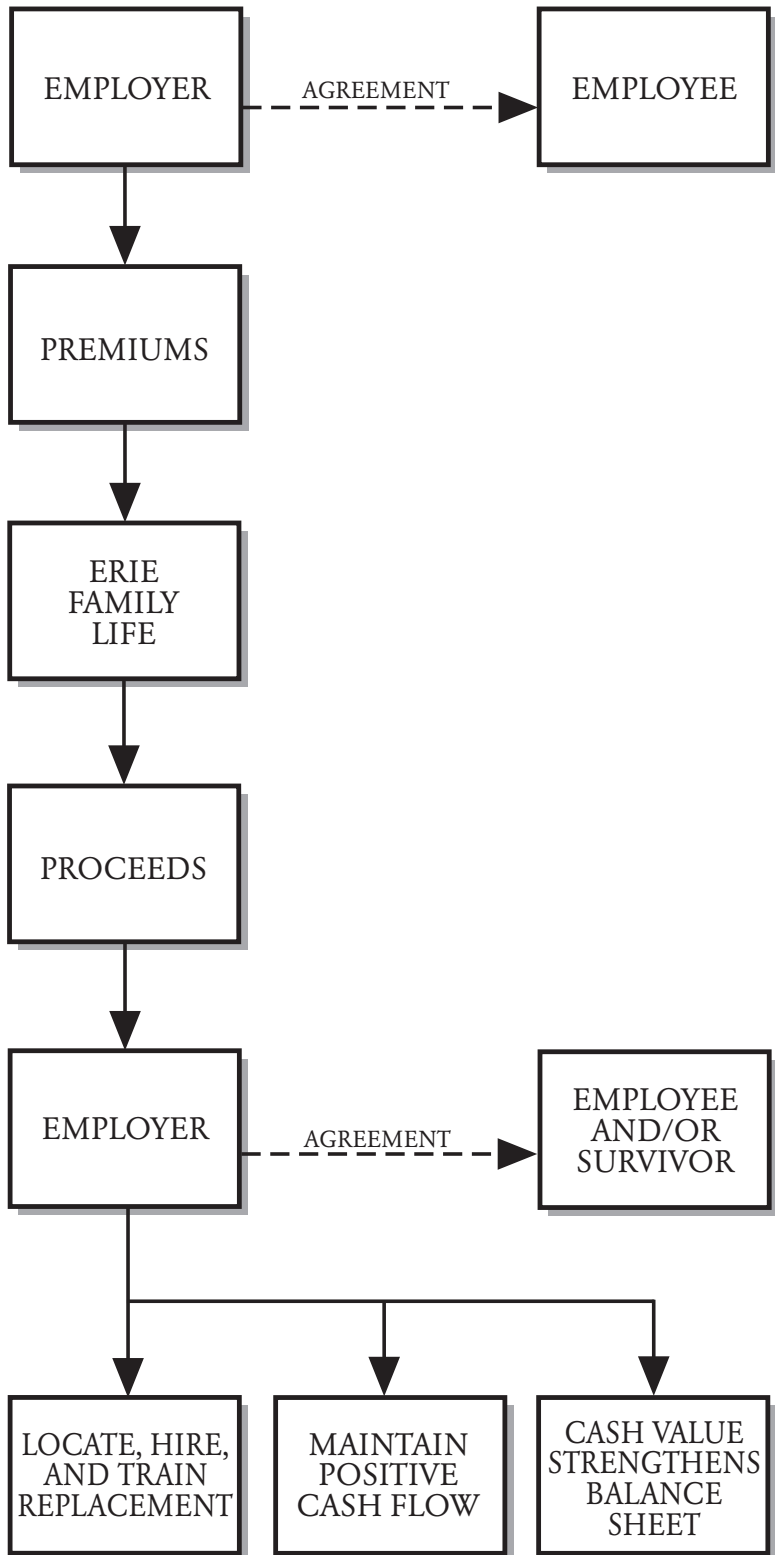


Key Person



Key Person

Employer's Name: _____ Tax Bracket: _____

Company Contact: _____ Title: _____

Key Person Census

Employee's Name	Sex	Date of Birth	Tobacco User
_____	M / F	____/____/____	Y / N
_____	M / F	____/____/____	Y / N
_____	M / F	____/____/____	Y / N
_____	M / F	____/____/____	Y / N
_____	M / F	____/____/____	Y / N

Key person life insurance indemnifies a business for the economic loss associated with an employee's death. Indicate the benefit desired by the business in the "Coverage Amount" column. In addition, Key Person is oftentimes used to accumulate funds to pay the key person a supplemental retirement income. If such a supplemental income is desired, indicate the annual amount in the "Supplemental Income" column.

Benefits Desired

Employee's Name	Retirement Age	Coverage Amount	Supplemental Income
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____