



DIRECTORS LIFE ASSURANCE COMPANY

9020 North May, Suite 120
Oklahoma City, OK 73120

P.O. Box 20428
Oklahoma City, OK 73156

800-256-8003
405/842-1234
405/842-4998 FAX

STATEMENT OF INSURABLE INTEREST

RE: Application for insurance on the life of _____,
Proposed Insured, dated _____ to Directors Life Assurance Com-
pany

I hereby declare that I have an insurable interest in the life of the Proposed Insured as explained below. I understand that any adult Proposed Insured must sign the application.

COMPLETE BOTH SECTIONS:

I. The Proposed Insured is my ___ Parent ___ Child ___ Other _____
Proposed Insured's address and phone number:

II. My insurable interest in the Proposed Insured's life is as follows:

I have assumed financial responsibility for the final expenses of the Proposed In-
sured and the proceeds from the policy applied for will be sued for that purpose.

The Proposed Insured is legally indebted to me in an amount not less than the face
amount of the policy applied for.

Other

I further declare that I am knowledgeable about the health history of the Proposed Insured, have read the questions and answers on the application and state that they are true and complete, and understand that no sales representative has the authority to waive or amend any question on the application. I understand that any adult Proposed Insured must sign the application.

Witness

Proposed Owner

Date