



Trinity Life Insurance Company

7633 East 63rd Place, Suite 230

Tulsa, OK 74133

Phone: (918) 249-2438 Fax: (918) 249-2478

PARENTAL CONSENT AGREEMENT

We, the undersigned, who are the father and mother of

(PROPOSED INSURED)

minor, do hereby give our full consent to the issuance, and continuance in force of Policy Number _____ issued by the Trinity Life Insurance Company, on the life of said minor; said Policy having been issued upon the application made by:

(NAME OF APPLICANT)

(STREET ADDRESS)

(CITY)

(STATE)

who is the _____ (RELATIONSHIP) of said minor, and we hereby authorize The Trinity Life insurance Company to pay the benefits and/or proceeds under said policy to the person or persons entitled thereto according to the terms of said policy, and any riders or attachments thereto.

Witness our hands this _____ (day) of _____ (month), _____ (year)

(WITNESS)

(SIGNATURE OF FATHER)

(ADDRESS)

(ADDRESS)

(WITNESS)

(SIGNATURE OF MOTHER)

(ADDRESS)

(ADDRESS)