Hardship Application Checklist

Please make sure ALL requested documents are included in your submission. The Rehabilitator CANNOT review an application until all documentation and forms have been received.

| Ple | ase do not staple any documents. |
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| | Hardship Request Form |
| | Must be completed in its entirety, dated and signed by the owner, joint owner if applicable, and a witness. |
| | Certified Statement of Facts |
| | A brief statement explaining your hardship. All pages of the statement MUST be notarized (see exception on Statement of Facts page). |
| | Evidence of Liquid Assets |
| | Copies of your most recent bank statements from ALL of your checking, savings and investment accounts. |
| | Evidence of Income |
| | May include paystubs, award letters from Social Security, investment earnings statement, your prior year's professional tax return, or clearly indicate income on your bank statement. |
| | Proof of Your Monthly Expenses and/or Unpaid Bills |
| | These documents must support the amount you are requesting, and you must provide the actual statements Monthly expenses would include rent/mortgage, water, electricity, gas, etc. Unpaid bills would include pas due accounts such as medical bills, loans, or tuition. |

The Companies and the Rehabilitator are not responsible for undelivered mail. To protect the personal information in your hardship request, the Rehabilitator recommends certified mail or some other delivery service such as FedEx or UPS. <u>Do not send anything by unsecured email.</u>

In order to expedite the process, you can transmit the form via facsimile; however, the Companies and the Rehabilitator shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number for Bankers Life is (727) 399-6965 and the fax number for Colorado Bankers Life is: (303) 220-8056. The original forms must be received prior to final approval.

Original Forms need to be mailed to one of the following addresses.

If using a delivery service such as FedEx or UPS:

Colorado Bankers Life Insurance Company C/O Actuarial Management Resources 4964 University Parkway Suite 203 Winston-Salem, NC 27106 Bankers Life Insurance Company C/O Actuarial Management Resources 4964 University Parkway Suite 203 Winston-Salem, NC 27106

Southland National Insurance Corporation C/O Noble Consulting Services, Inc. 211 N. Pennsylvania St Suite 2350 Indianapolis, IN 46204

If using the U.S. Postal Service:

Colorado Bankers Life Insurance Company P.O. Box 11609 Winston-Salem, NC 27116 Bankers Life Insurance Company P.O. Box 11948 Winston-Salem, NC 27116 Southland National Insurance Corporation P.O. Box 168 New Palestine IN 46163