



**ENROLLMENT IN PAMANA  
FUNERAL EXPENSE BENEFIT**

2491 Alluvial Ave. Ste. 170 Clovis, CA 93611  
1-855-54-PAMANA (855-547-2626)  
info@pamana.life

<b>OWNER INFORMATION- Party Responsible for Payment</b>							
First Name	M.I.	Last Name					
Email			Phone				
Address		Apt #	City	State	Zip		
<b>PARTICIPANT INFORMATION- Party Covered by Benefit</b>							
First Name		M.I.	Last Name		Relationship To Owner		
Address		Apt #	City	State	Zip		
Phone		Government Issued ID ITIN/SSN		Age	DOB		
Active Military Duty Yes      No			Is the participant a veteran? Yes      No		*Please include a DD Form 214		
Plan Type:    Iron      Bronze      Silver      Gold							
CHILD OPTIONS	Child add-on Coverage    Yes      No		If answered yes, please fill out below. If answered no, please skip to "PAYMENT OPTION" and continue.				
<b>CHILD #1</b>	Name		<b>CHILD #2</b>	Name			
	SSN			SSN			
	DOB			DOB			
	SEX			SEX			
	Iron    Bronze    Silver    Gold			Iron    Bronze    Silver    Gold			
If you would like to add additional children, please request a supplemental form.			<b>PAYMENT OPTION</b>	Monthly      Annual**			
<b>DATE OF INITIAL PAYMENT</b>	/    /      Proration may apply.		<b>DUE DATE</b> (Starting with the 2 <sup>nd</sup> Payment)	Every 1 <sup>st</sup> of the month      Every 15 <sup>th</sup> of the month			
<b>ADD-ON WILL</b>	Add on AtWillUSA service for a one-time fee of \$200.00: Yes      No						
<b>DELIVERY</b>	Mail Benefit to (If different than owner's address):						
<b><u>COVERAGE</u></b>			<b><u>CONTRIBUTION</u></b>				
Participant Coverage Amount		\$		Participant Contribution		\$	
Child 1 Coverage Amount		\$		Child Contribution #1		\$	
Child 2 Coverage Amount*		\$		Child Contribution #2		\$	
				AtWillUSA Service		\$	
				<b>TOTAL OF CONTRIBUTION</b>		\$	
				<b>MONTHLY</b>		<b>ANNUAL</b>	
<b>Iron</b> <b>Bronze</b> <b>Silver</b> <b>Gold</b> \$5k      \$10k      \$15k      \$25k							
<b>Sales Representative's Name</b>		<b>Sales Representative's Signature</b>		<b>Sales Representative's ID Number</b>		P4L	
<b>Signature of Owner</b>		<b>Signature Of Applicant</b>		<b>Date</b>			

This benefit is not an insurance policy. The owner of the benefit is responsible for payment. There is no beneficiary associated with the benefit as the coverage is provided solely for funeral related expenses. Pamana Funeral Expense Benefit does not include funeral planning services. By signing below, you are acknowledging that you have received and agree to Pamana Terms and Conditions. \*\*A 5% incentive discount will be applied if annual option is selected. Please email completed applications to [nb@plans4life.com](mailto:nb@plans4life.com)



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<b>Checking or Savings Account</b>		<b>Payment Type:</b>		<b>Checking</b>		<b>Savings</b>	
<b>Authorized Payor</b>				<b>2nd Authorized Payor</b>			
First Name		M.I.		First Name		M.I.	
Last Name				Last Name			
Routing Number		Financial Institution			Telephone Number		
Account Number				City		State	
<b>Credit Card</b>		<b>Payment Type:</b>		<b>Card Type:</b>			
		<b>Debit</b>		<b>Visa</b>		<b>Mastercard</b>	
		<b>Credit</b>		<b>Discover</b>			
<b>Name as it Appears on the Card</b>							
First Name		M.I.		Sequence Number			CVV Number
Last Name				Expiration Date			
Billing Address			Apt #	City		State	Zip
Your initial payment will be prorated and due immediately upon receipt at home office.							

I authorize Pamana Funeral Expense Benefit (hereafter "you" to collect the initial contribution and any future payments for this benefit by electronic or other means from the account identified above. I agree that the treatment of such payment, and all rights with respect to it, will be the same as if it were signed and initiated by me. I further agree that if any check, draft or debit is dishonored for any reason, you will not be under any liability, even though dishonor results in the forfeiture or lapse of coverage. This authorization is to remain in effect until you receive written notice from me of its revocation, unless you end it earlier. I understand that no coverage will go into effect until Pamana Funeral Expense Benefit has (a) received and approved the application for the funeral expense benefit, (b) issued a plan based on the application, (c) withdrawn the first contribution from the designated account. The applicant(s) must be alive at the time the payment is honored.

Authorized  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please include a void check from the account to be drafted if initial payment will be a checking account draft.**

Sales Rep ID Number **P4L**  
\_\_\_\_\_

Signature of  
Sales Representative \_\_\_\_\_ Date \_\_\_\_\_