

announces a special preregistration plan of low cost life insurance for college students.

INSURANCE AS \$20 A YEAR

coverage on the 3rd, 5th, and 7th anniversaries of your policy *without a medical examination*. As an extra protection feature, any of these scheduled dates may be advanced in the event of marriage or the birth of a child.

If the insured is totally disabled for 6 months or more, future premiums need not be paid during continued total disability.

Guaranteed lifetime protection.

The Company guarantees to those who apply for the plan at this time that ...

- (1) coverages are both renewable and non-cancellable by the Company as long as premiums are paid when due.
- (2) rates cannot be increased.
- (3) restrictions cannot be added.
- (4) benefits cannot be reduced.
- (5) students who apply now but who do not finish college may continue coverage at the term rate until after their original expected graduation date.
- (6) the student has the right to change the term coverage to any one of many plans which will accumulate cash values.

Send your application and check today!

Enrolling in this plan gives college students the chance to purchase *inexpensive insurance* now; plus *guaranteed insurability* upon graduation, and future opportunities to buy up to \$50,000 of lifetime protection. This will be the only announcement of the availability of this plan until next year — so act now.

Money back guarantee.
If the insuring company approves your application, the policy will be mailed directly to your home. Upon arrival, read it carefully. Compare it with any other offers you might have received. Take it to

your lawyer, your banker, or any insurance man. If you don't feel that this plan offers you more protection for less money, just send the policy back within 30 days and ask for a full refund of your premium... no questions asked.

I HEREBY MAKE APPLICATION FOR PARTICIPATION IN THE UNITED STATES NATIONAL STUDENT ASSOCIATION INSURANCE TRUST.

Please check the appropriate box for your age level and the amount of insurance desired. Enclose a check for the amount indicated in payment of one year term insurance. Waiver Premium and Guaranteed Purchase Option to be effective on the Whole Life Plan.

	Annual Student Term Rates	
	\$10,000	\$20,000
Ages through 24	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40
Ages 25 through 28	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
Ages 29 through 33	<input type="checkbox"/> \$30	<input type="checkbox"/> \$60

Make check payable to
USNSA INSURANCE TRUST FUND.

Please send me _____ more applications.

Mail to:
USNSA Insurance Trust
The Boatmen's National Bank of St. Louis
P.O. Box 14502, St. Louis, Missouri 63178

American Health and Life Insurance Company—Home Office: 300 St. Paul Place—Baltimore, Maryland 21202
Application for Life Insurance on Term Plan automatically changing to Whole Life.

PLEASE PRINT

1. Name of Proposed Insured _____
First Name Middle Name or Initial Last Name

2. Date of Birth _____
Mo Day Year

3. Female Male

4. Home (Not College) Address _____
Street and Number City State Zip Code

5. College or University _____
Location City State

6. Name of Applicant if other than Proposed Insured _____
First Name Middle Initial Last Name Relationship to Proposed Insured

7. Proposed Insured's Expected Graduation Date (month & year) _____ 19____. Note: The premium due date following the expected graduation date will be the date of the whole life insurance.

8. Beneficiary: (Example: Mary A. Doe, NOT Mrs. John J. Doe) Use other side, if necessary.
 Name _____
First Name Middle Name or Initial Last Name Relationship to Proposed Insured
 If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the Estate of the Insured.

9. Proposed Insured's Height _____ ft. _____ in. Weight _____ lbs.

10. Do you know of any impairment in the health or physical condition of the Proposed Insured? Yes _____ No _____ If yes, give particulars. _____

11. Has the Proposed Insured consulted a physician for any reason during the past 3 years? Yes _____ No _____ If yes, give dates and particulars. _____

12. Has Proposed Insured ever had or been treated for high blood pressure, nervous disorder, rheumatic fever, cancer, tumor, goiter, diabetes or any disorder of heart, lung, kidney, or liver? Yes _____ No _____ If yes, circle illness, give dates and particulars. _____

13. Is Proposed Insured a member or planning to become a member of any military aviation unit including Advanced Air R.O.T.C.? Yes _____ No _____

14. Will this insurance replace existing insurance in this or any other company? Yes _____ No _____

The information given is true and complete to the best of the undersigned's knowledge and belief. It is further agreed that no insurance shall take effect unless and until this application is approved and accepted by the Company and until the first annual premium is received by the Company at its Home Office during the Proposed Insured's lifetime and then only if the insurability continues as stated in this application and the answers made in this application represent true and complete answers to the same questions as if asked at the time of delivery.

(To be signed by Resident Agent where required by law) _____ Signature of Insured or Parent/Applicant _____
 17366 _____ Date _____

CUT OUT AND MAIL THIS APPLICATION TODAY.