

# Farmers New World Life Insurance Company

## Interpretation Amendment



Proposed Insured(s)  
/Insured(s) \_\_\_\_\_

Application/  
Policy Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Application Dated \_\_\_\_\_

Farmers Insurance representative \_\_\_\_\_

Representative Code \_\_\_\_\_

**When used with new business:** All references to "Insured(s)" mean the Proposed Insured(s) and all references to "Policy Owner" mean the Proposed Policy Owner(s).

**When used with an application:** This section is to be translated by the interpreter and signed by the Insured(s) and Policy Owner(s), if other than the Insured(s).

**When used with a medical examination:** This section is to be translated by the interpreter and signed by the individual being examined.

I affirm that information and questions on the Life application; Application for Policy Change/Reinstatement; and/or medical examination form were read to me in a language I speak and understand. I also affirm that information on the fraud warning and other notices listed on Form 31-4226 for my state of residence, if any, were read to me in a language I speak and understand. I declare that the statements and answers to the questions are true and complete to the best of my knowledge and belief. I agree that any questions I have asked about the application; Application for Policy Change/Reinstatement; medical examination; fraud warning and other notices; and/or the insurance coverage for which I am applying have been answered to my satisfaction. I understand that documents from Farmers New World Life Insurance Company are in English, including, but not limited to: policy contracts; applications; consent and disclosure forms; premium notices; and lapse notices. I agree to be bound by contracts and documents I sign. I understand that, should I be issued a life insurance policy; additional coverage; or reinstatement by Farmers New World Life Insurance Company, this amendment will form a part of the policy contract.

\_\_\_\_\_  
Signature of Insured(s) or parent (or legal guardian), if Insured is a juvenile

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policy Owner(s), if other than Insured(s)

\_\_\_\_\_  
Signature of Witness

### To be completed by the interpreter (must not be the Policy Owner or Beneficiary):

As interpreter, please print your full name, address and telephone number:

Name \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What language was used during the interpretation? \_\_\_\_\_

What is the native language of the Insured? \_\_\_\_\_ Of the Policy Owner? \_\_\_\_\_

What is your native language? \_\_\_\_\_

What is your relationship to the Insured? \_\_\_\_\_ To the Policy Owner? \_\_\_\_\_

What is your relationship to the soliciting Farmers Insurance representative? \_\_\_\_\_

I acknowledge that I have acted as interpreter on behalf of the above listed Insured(s) for life insurance with Farmers New World Life Insurance Company; this includes the Policy Owner(s) if other than the Insured(s). I further acknowledge that the Insured(s)/Policy Owner(s) and I speak and understand the language used in this interpretation. I acknowledge that information and questions on the Life application; Application for Policy Change/Reinstatement; and/or medical examination form were read and understood by the Insured(s)/Policy Owner(s). I further acknowledge that information on the fraud warning and other notices listed on Form 31-4226 for the state of residence, if any, were read and understood by the Insured(s)/Policy Owner(s). The Insured(s)/Policy Owner(s) signed the application; Application for Policy Change/Reinstatement; and/or medical examination forms where requested. All questions were asked of the Insured(s)/Policy Owner(s). All answers provided by the Insured(s)/Policy Owner(s) were accurately recorded on the application; Application for Policy Change/Reinstatement; and/or medical examination forms.

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

### Farmers New World Life Insurance Company

Life Home Office: 3120 139th Ave SE Suite 300, Bellevue, WA 98005 / 1-800-238-9671  
Mailing address: PO Box 248831, Oklahoma City, OK 73124  
Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008  
Index UL Service Center: PO Box 725409, Atlanta, GA 31139 / 1-888-794-0608



## Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

**Alabama, Arkansas, Louisiana, Rhode Island and West Virginia** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** – **"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."**

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Georgia** – NOTICE: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

**Illinois** – (Public Act 96-1513, the "Civil Union Law") Farmers New World Life Insurance Company recognizes civil unions entered into in accordance with Illinois law. Parties to a civil union are treated identically to spouses of a marriage.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Maine** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** – "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Minnesota Guarantee Association Notice** – ***This applies only to the variable funds of life and annuity policies: This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.***

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** – ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**Oklahoma** – WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** – "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**Tennessee, Virginia and Washington** – "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

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