

SecureLife Plus

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
(A FULLY UNDERWRITTEN ISSUE UNIVERSAL LIFE INSURANCE POLICY)
(Policy Form No. 3609)

All products and riders not available in all states. Please check with the State Approval Grid under State Approvals on the Company website or check with the Home Office New Business Agent Support Team at 800-736-7311 (menu prompts 1, 1, 1) for other state approvals.

AGENT GUIDE FOR AGENT USE ONLY

COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll-free number **(800) 736-7311**. The following is a list of prompts that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	contracting@aatx.com	(254) 297-2110
Commissions	1 1 4	commissions@aatx.com	(254) 297-2126
Client Experience	1 1 7	cx@aatx.com	(254) 297-2105
New Business Agent Support	1 1 1	underwriting@aatx.com	(254) 297-2101
Policy Issue	1 1 1	policyissue@aatx.com	(254) 297-2101
Supplies	1 1 6	supplies@aatx.com	(254) 297-2791
Underwriting	1 1 1	underwriting@aatx.com	(254) 297-2102
Technical Support Helpdesk	2 8 0 8	helpdesk@aatx.com	(254) 297-2190

 **Not Sure Who To Call? Contact our New Business Agent Support:** (800) 736-7311, prompts: 1 1 1

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.



Want to Chat With Us? Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



www.americanamicable.com
www.iaamerican-waco.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

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PLAN DESCRIPTION

SecureLife Plus is a flexible premium adjustable life insurance policy (a fully underwritten universal life insurance policy) with 2 options available: A level death benefit (Option 1) and an increasing death benefit (Option 2).

NO LAPSE GUARANTEE – SecureLife Plus No-Lapse Guarantee offers guaranteed protection for 20 years or to age 90, whichever is less. This policy is guaranteed to remain in force if the sum of the premiums paid, plus premiums paid by waiver and less any indebtedness/withdrawals, are equal to or greater than the minimum premium as defined in the policy.

APPLICATION AND REQUIRED FORMS

Application, Form No. 9883:

Company specific with state exceptions.

Life Illustration Acknowledgment, Form No. 9113, OR a copy of the Illustration completed at point-of-sale.

Illustration Acknowledgement form or a copy of the Illustration signed by the applicant must be submitted to the Home Office with the application.

Accelerated Benefit Endorsement Disclosure, Form No. 9888 (AA, OL, PA, PS); AB501 (IAA):

Must be presented to the applicant and the agent must certify that it has been presented. (The states of KS, MS, WA, and VA require this disclosure form to be signed by the applicant and submitted with the life application.)

Disclosure for the Accelerated Benefits Rider-Confined Care, Form No. 9675SIG (AA, OL, PA, PS); AB502SIG (IAA):

This disclosure statement must be signed by both the applicant and the agent. One copy is left with the applicant and another copy is submitted with the application.

Notice and Consent for HIV-Related Testing form:

State Specific Form.

Additional Insured Application, Form No. 9901

Replacement Form:

Complete all replacement requirements as per individual state insurance replacement regulations.

HIPAA, Form No. 9526:

Must be submitted with each application.

Juvenile Applications:

Please print the juvenile's name at the top of the HIPAA form signed by the guardian.

Juvenile Questionnaire, Form No. 9825:

Required to be submitted for all applications with applicants issue age 0-17.

POLICY SPECIFICATIONS

ISSUE AGES (AGE LAST)	0 - 80 Non-Tobacco
	18-80 Tobacco
	18-80 Preferred Non-Tobacco
ISSUE LIMITS	Minimum: \$10,000 Standard \$25,000 Washington & California Standard \$100,000 Preferred
	Maximum: No stated maximum. Maximum face is determined by reinsurance treaty and Proposed Insured's medical and financial qualifications.
UNDERWRITING CLASSES	Male/Female
	Tobacco/Non-Tobacco
INTEREST RATE	Guaranteed is 2% in all states except California. The guaranteed interest rate in California is 3%.
MODAL PREMIUMS	Annual,
	Semi-Annual
	Quarterly
	Bi-Weekly allotment
	Monthly bank-draft are available(no modal factors)
POLICY FEE	\$84 annually (Commissionable)
UNDERWRITING	Fully Underwritten. NOT GUARANTEED ISSUE.

PARTIAL SURRENDERS

Partial surrenders can be made on any Monthly Anniversary Date after the first Policy year. The minimum partial surrender amount is \$500. A \$25.00 fee will be charged for each partial surrender. A pro rata surrender charge will be deducted from the policy value at the time of any partial surrender based on the resulting reduction in the face amount.

SURRENDER CHARGE

A surrender charge will be applied during the first fifteen (15) policy years and will be deducted from the policy value if the policy is surrendered, in whole, in part, or if the face amount is decreased. There are surrender charges for all classes of underwriting.

POLICY LOAN

A policy loan can be taken at any time. The amount cannot exceed the Accumulation Value minus Surrender Charge as of the date the loan is requested. The loan interest is 7.4%, 5.7% in US Virgin Islands.

BENEFITS AND RIDERS not available in all states

Accelerated Benefit Endorsement — Included with no additional cost

Waiver of Surrender Charge Endorsement — Included with no additional cost

Accelerated Benefits Rider – Confined Care — Included with no additional cost

Waiver of Specified Premium Benefit Rider

Accidental Death Benefit Rider

Children's Insured Benefit Rider

Term Insurance Benefit Rider

Additional Insured Benefit Rider

Waiver of Monthly Deduction Benefit Rider

Total Disability Benefit Rider (Disability Income Rider)

UNDERWRITING

CATEGORIES

Type	Face Amount Required	Issue Ages
Male or Female, Preferred, Non-Tobacco	\$100,000	18-80
Male or Female, Standard, Non-Tobacco	\$10,000	0-80
Male or Female, Tobacco	\$10,000	18-80

REQUIREMENTS

General Instructions to Determine the Amount of Risk:

The amount of risk equals:

- 1) the amount applied for, PLUS:
- 2) the total amount issued on a non-medical basis in the past two years.

Age	Up to \$99,999	\$100,000 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$1,999,999
18-40		P#	P#	P#	PE#
41-50		P#	P#	PE#	PE#
51-60		P#	PE#	PE#	P#*
61-65		PE#	PE#	P#*	P#*
66+	APS	APS	APS	P# APS	P# APS

Contact the home office for risk of \$2,000,000 or above.

Ages 0-17 - Face Amount less than \$100,000 = Non-Medical with a Juvenile Questionnaire

Ages 0-17 - Face Amount equal to or greater than \$100,000 = Juvenile Questionnaire and requirements at underwriter's discretion

ACRONYMS:

* = Blood profile includes NT - proBNP, HGBA1c, Microalbumin

P = Paramedical examination with urine specimen

E = Electrocardiogram

= Full Blood Profile

APS = Attending Physician's Statement

- APS requirements will be ordered by Home Office.
- Telephone inspection reports are required on all cases of \$1,000,000 or more will be ordered by Home Office.
- A motor vehicle report (MVR) required on all cases \$1,000,000 or more, all preferred cases, and when applying for ADB will be ordered by Home Office.
- A check with MIB and pharmaceutical related facility will be ordered on all applications.
- An HIV consent form must be signed by all clients that require blood testing and oral fluid testing. The Company reserves the right to request additional requirements or other evidence.

An oral fluid test, administered by the agent, is required in the states of California, Connecticut, Florida, and Maine. To obtain kits, please contact the New Business Agent Support Department at 1-800-736-7311, option 1,1,1. Agents must complete oral fluid collection training prior to use of the kits. Training is available at www.examone.com.

PREFERRED UNDERWRITING

Preferred underwriting is not offered to applicants under the age of 18.

To be eligible for Preferred class, the Proposed Insured must answer 'NO' to the following questions:

- 1) Have you used tobacco or nicotine products in the past 36 months?
- 2) Using the Build Chart in this guide, does your weight exceed the maximum weight corresponding to your height indicated in the Preferred column?
- 3) In the past 10 years, have you taken medication to treat high blood pressure or an elevated cholesterol level?
- 4) In the past 10 years, have you had, been tested for, received treatment, or been told by a medical professional that you have diabetes, cancer, or cardiac disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, or coronary artery disease)?
- 5) Has more than one member of your family (father, mother, brother, or sister) died before age 60 from breast, colon, intestinal, or prostate cancer, or from cardiovascular disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, or coronary artery disease)?
- 6) In the past 10 years, have you been treated for alcohol abuse?
- 7) In the past 10 years, have you been treated for drug abuse or used any drugs not prescribed to you?
- 8) In the past 5 years, have you had more than two moving motor vehicle violations or any DUI/DWI convictions?
- 9) In the past 5 years, have you been convicted of a felony or misdemeanor?

FRONT OF THE APPLICATION:

Proposed Insured:

Provide the Proposed Insured's full legal name.

Address:

Proposed Insured's physical address

City/State/Zip Code

Telephone Interview:

Check 'Yes' or 'No' (only required if applicant qualifies for a telephone interview based off Non-Med Limits). If 'Yes', provide the case number on the **Telephone Case Number** line.

List the applicant's phone number and email address, if available.

Male / Female:

Select appropriate gender.

Date of Birth:

Please enter as MM/DD/YYYY

Age:

Calculate based upon **age last birthday** as of the policy date.

State of Birth:

If the applicant was not born in the U.S., list the country of birth.

Social Security Number

DL# (Paper):

List the Proposed Insured driver's license number and the state of issue.

Height and Weight:

Record the Proposed Insured's current height and weight. Refer to the build chart of this guide to assist in determining the appropriate plan to apply for based on build.

Occupation:

List the Proposed Insured current occupation.

Annual Salary: \$

List the Proposed Insured Annual Salary.

Owner:

- Name
- Relationship to the Proposed Insured
- Social Security Number
- Address
- City/State/Zip

Payor:

- Name
- Relationship to the Proposed Insured
- Social Security Number
- Address
- City/State/Zip

Primary and Contingent Beneficiary:

- Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the Proposed Insured. Also provide the beneficiary's Social Security Number if it can be obtained.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.

Plan:

In the blank provided, write in the name of the product being applied for ('SecureLife Plus') or the product's initials ('SLP').

Automatic Premium Loan (APL):

Check 'Yes' or 'No' (Check 'Yes' to ensure the Proposed Insured has this option if ever needed.)

Face Amount of Insurance \$:

Enter the amount of coverage being applied for.

Mail Policy To:

Check the box to indicate the preference to whom the policy contract should be mailed.

Tobacco Use:

- Please check the box 'Yes' or 'No' to the tobacco use question.
- The question reads "During the past 12 months have you used tobacco in any form (**excluding occasional** cigar or pipe use)?"
Tobacco in any form includes: cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes. Excludes occasional cigar or pipe use.

Option (be sure to check the box next to the option being applied for):

- **Option 1**
— Check the box for Option 1 (Face Amount Only)- Level Death Benefit.
- **Option 2**
— Check the box for Option 2(Face Amount Plus Cash Value) - Death Benefit increasing.

Riders (be sure to check the box next to each rider being applied for):

- **Term Insurance Benefit**
— Check the box for 'Term 10' or 'Term 20'.
— Indicate the amount of coverage.
- **Additional Insured Benefit Rider**
— Check the box for Additional Insured Rider.
— Check the box for 'Term 10' or 'Term 20'.
— Indicate the amount of coverage.
- **Children's Insured Benefit Rider**
— Check the box for 'Child Rider (Units)'.
— Indicate the amount of coverage.
- **Accidental Death Benefit Agreement**
— Check the box for ADB.
— Indicate the amount of coverage
- **Total Disability Benefit Rider**
— Check the 'Disability Income' box.
— Indicate the amount of coverage.
- **Waiver of Specified Premium Benefit Rider**
— Check the box for 'Waiver of Specified Premium'.
— Indicate the amount of coverage.
- **Waiver of Monthly Deduction Benefit Rider**
— Check the box for 'Waiver of Monthly Deduction'.
— Indicate the amount of coverage.

Mode:

- **Bank Draft:** Monthly bank draft
- **Draft 1st Premium on Requested Date:** Monthly bank draft for which the 1st draft will occur upon the 'Policy Date Request' you will enter.

Modal Premium:

Enter the desired premium based on the frequency by which the client will pay.

CWA — (Check appropriate box, if applicable.):

- **eCheck Immediate 1st Premium** — Only select this option if the Company is to draft the Proposed Insured's bank account IMMEDIATELY upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
- **Collected \$** — Only select this option if collecting initial payment and mailing it to the Home Office.

Mail Policy To:

Check the box to indicate the preference to whom the policy contract should be mailed.

Policy Date Request:

The '**Requested Policy Date**' or the initial draft, if applicable, cannot be more than 30 days out from the date the application was signed.

Replacement Section:

- Answer questions A & B.
- If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.

NOTE: Complete any state required Replacement forms – For state specific replacement instructions & replacement forms, please refer to the Company website.

Other Proposed Insured's:

Provide details on any additional Proposed Insured's.

Section A:

All applicants must complete Section A. If the Proposed Insured answers '**Yes**' to any questions, the applicable condition should be circled.

Section B:

Give details to all '**Yes**' answers in Section A and list personal Physician information and current prescriptions.

Comments:

Use the space provided to list any information you want considered in addition to the application.

Signed at:

Provide both the city and state indicating where the applicant was when the application was taken.

Date Signed:

The application date should always be the date the Proposed Insured answered all the medical questions and signed the application.

Signature of Proposed Insured:

- The Proposed Insured should sign their own application.
- Power of Attorney (POA) signatures are not acceptable.

Signature of Owner:

Complete only if the Owner of the policy is different than the Proposed Insured. If Owner is different, they **MUST** sign and date the application as well as the Proposed Insured.

Agent's Report:

Complete all of the following:

- Answer both replacement questions
- Agent's Remarks - Provide any special instructions or notes for the Home Office.
- Agent's Printed Name
- Date
- Agent's Signature
- Agent Number
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

Pre-Authorization Check Plan:

Authorization to Honor Charge Drawn – Complete the following if premiums are being paid via bank draft. A complete explanation of bank draft procedures is found in this guide:

- Insured name
- Account Holder name
- Name of the bank or financial institution
- Address of the bank
- Transit/ABA Number (a.k.a. Routing Number)
- Account Number
- Check if the account is either a 'Checking' or 'Savings' account.
- Requested Draft Day – Day of the month for recurring drafts.
- Signature of the Account Holder
- Date

Replacement of Existing Insurance:

Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. Applications involving replacement sales are monitored daily. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.

Application Date / Requested Policy Date:

The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The **Requested Policy Date** cannot be more than 30 days out from the date the application was signed.

All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.

Third-Party Payor:

The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the Primary Insured, the spouse, business, or business partner (regardless of the mode of payment). Examples of 'Third-Party Payors' include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept SecureLife Plus applications where a Third-Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.

Applications on Juveniles (Issue Ages 0 to 17)

- If the grandparent or legal guardian applies for coverage on a child we need a copy of guardianship papers.
- All children within the family should be insured equally.
- We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
- Juvenile questionnaires (Form # 9825) are required to be submitted with the applications.

Applicants Re-applying for Coverage — A new application will not be processed if the Proposed Insured has had two policies with any of our Companies within the previous 12 months, or had three or more policies in the past five years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

It is often easier and in the best interests of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

Re-date and Reinstatement Request*:

- If the request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our **Client Experience Department** at cx@aetx.com.
 - There is no additional paperwork necessary.
 - * A policy can be re-dated ONE time only

Reinstatement Requests Only:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a 'Statement of Health' (Form No. 1110) & HIPAA (Form No. 9526) be completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
 - As an alternative a new application can be completed and submitted with '**Reinstatement**' and the policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.
 - If the policy lapse occurred more than one year after the policy date:
 - We require a new application to be completed and faxed to the **New Business Department** at **(254) 297-2100**.
- ** Upon request we will review these on a case-by-case basis to see if they can be considered for a re-date & reinstate.

PREMIUMS REQUIREMENTS

- UL or Non-ROP Term – Two months premium or one modal premium
- ROP Term – all missed premiums
- All other plans – all missed premiums

*In the case that the policy is over loaned we may need loan interest or a loan payment.

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines

BEFORE asking any health questions stress the importance for 'truthful and complete' answers, including tobacco use that will 'match' information already in the applicant's medical records, national prescription database, MIB, etc. If Proposed Insured answers '**YES**' to any health question, such as High Blood Pressure, Cholesterol, or Diabetes get full details. Ask the following information: age at onset, name all medications, applicant's last reading and how often the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records and speeds up issue time!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of submitting applications with non-admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. Medical records on those applicants will be requested until the Underwriting Department believes that agent has corrected their field underwriting problems.

Do not let poor field underwriting contribute to unnecessary delays in both the issuing of your business and the payment of your compensation.

SECURELIFE PLUS MEDICAL IMPAIRMENT GUIDE

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- Good Field Underwriting – Carefully ask all of the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for an interview, if required based on age and face amount. The interview will be brief, pleasant, and professionally handled.

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive, and State specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a State specific application, please contact the Home Office for a Risk Assessment via our Online Chat or at riskassess@aafx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

STATE SPECIFICS:

Alabama:

Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.

California:

- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his/her personal information.
- Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.

Connecticut:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida:

If applying for Children's Insurance Agreement and/or the Grandchild Rider, the Proposed Insured must sign and have legal guardianship. If someone other than Parent is signing the application, proof of child guardianship must be provided.

Idaho:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the life application.

Illinois:

Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 must be completed and sent to the Home Office along with the life application.

Kansas:

- Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Montana:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application.

Ohio:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Pennsylvania:

Addendum to Application Form No. 9960 (IAA- SA411) must be completed and sent to the Home Office along with the application when the death benefit applied for is \$50,000 or greater.

Rhode Island:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Utah:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE
ALL PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom of the back of the application. Please specify a **Requested Draft Day**, if a specific one is desired.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. If no date is specified, the draft will occur on the day the policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th, or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

Immediate Draft for Cash with Application (CWA) using eCheck:

- 1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The eCheck section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month, or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums draft on these same dates, please follow the instructions below:

- On the **'Requested Draft Day'** line of the **'PREAUTHORIZATION CHECK PLAN'** on the back page of the application, you will need to list one of the indicators below:
 - **'1S'** – if payments are received on the 1st of the month
 - **'3S'** – if payments are received on the 3rd of the month
 - **'2W'** – if payments are received on the 2nd Wednesday of the month
 - **'3W'** – if payments are received on the 3rd Wednesday of the month
 - **'4W'** – if payments are received on the 4th Wednesday of the month
- The **'Policy Date Request'** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point-of-sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. The rest of the application paperwork is completed in the normal fashion. Also, you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, mail, or fax. Refer to the Company website for instructions on AppDrop. If the application is scanned or faxed, be sure to transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Company website for the instructions on utilizing the eCheck procedure); otherwise, you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

Build Chart (This table applies to both men and women)								
Height	Preferred	Standard	Height	Preferred	Standard	Height	Preferred	Standard
4'8"	144	161	5'4"	188	210	6'	238	265
4'9"	149	166	5'5"	194	216	6'1"	245	273
4'10"	154	172	5'6"	200	223	6'2"	251	280
4'11"	160	178	5'7"	206	230	6'3"	258	288
5'	165	184	5'8"	212	237	6'4"	265	296
5'1"	171	191	5'9"	219	244	6'5"	272	304
5'2"	177	197	5'10"	225	251	6'6"	279	312
5'3"	182	203	5'11"	231	258	6'7"	287	320

EXAM ORDERING PROCEDURES

A paramedical exam is required on Proposed Insureds that meet the exam limits based on age and amount of coverage applied for.

If an Agent prefers to order an exam, they should note on the application that an exam has been ordered and the exam company name. This will allow us to follow-up with the paramedical facility. However, the Underwriting Department will order the paramedical exam if not completed by the Agent. It is still important that the Agent prepare the Proposed Insured for an exam by advising them that a representative from a paramedical facility will be calling to schedule a convenient time and location to conduct the exam. Below are approved exam companies:

APPS	800-727-2999	www.appsnational.com
ExamOne	877-93-exam1	www.examone.com
Portamedic	888-856-7850	www.portamedic.com
Superior Mobile Medics	800-898-3926	www.superiormobilemedics.com

Please contact the Underwriting Department for international business.

WHERE DOES THE INSURANCE COMPANY GET ITS INFORMATION?

An insurance company gathers information from several sources:

The application: The basic source of underwriting information is from the completed application for life insurance. The questions on the application are designed to give the Insurer much of the information needed to decide. The company will then either accept the application, offer insurance at a certain rate, seek additional information, or decline the request for coverage.

Investigations: In some cases, an Insurer may request a report from an independent company that specializes in the investigation of personal matters. This inspection report may provide the insurer with a wide range of personal information about the Proposed Insured above and beyond what is on the application.

Prescription Database: To assist in the evaluation of the application for life coverage, a prescription search will be done. The database includes a record of prescription transactions. The Insurer reviews information to evaluate the Proposed Insured's medical history.

Information Bureaus: In addition to an inspection report, the Insurer may seek information from one of the cooperative information bureaus the insurance industry supports. The best-known example is the Medical Information Bureau (MIB), which maintains centralized files on the physical condition of individuals who have applied for life insurance with member companies.

Physical examinations: In life insurance, one of the primary factors in assessing risk is one's health. So, it's no surprise that one of the most important sources of underwriting information is a physical exam. After examining the Proposed Insured, a paramedical examiner supplies the company with a detailed medical report. This report generally tells the company all they need to know about the Proposed Insured's personal health.

WHAT IS THE PURPOSE OF THE UNDERWRITING PROCESS?

In a nutshell, the purpose of life insurance underwriting is to spread risk among a pool of insured lives in a manner that is fair to each Proposed Insured. It is not wise for the company to charge all their Policyholders the same premium. Underwriting enables the company to evaluate Proposed Insureds and to charge the appropriate premiums that are commensurate with their level of risk.

ILLUSTRATIONS

PRODUCT SOFTWARE

An NAIC Illustration is required for the sale. Presentation software is available on the Company websites. When running a SecureLife Plus illustration, several custom options are available to choose from. 4 options that impact the amount of premium and the term of the policy are explained below. A SecureLife Plus benefit can last through age 120 at the current interest rate.

PREMIUM PAYMENT OPTIONS

When choosing an option, consider the length of time your client wants their policy to last. A SecureLife Plus policy can be issued for as little as 20 years or as great as age 120. The following premium payment options are available:

- Minimum – Coverage for 20 years or to age 90, whichever is less. See the 20-Year No-Lapse Guarantee section on page 3 for more details
- Target – Coverage for approximately 5 years past average life expectancy*
- Specified – Allows a choice of coverage options for a specific age up to age 120
- Maximum – Provides an increasing death benefit and cash value up to the maximum tax-advantaged amount allowed by the IRS

**Average life expectancy is based on current mortality tables.*

DEATH BENEFIT OPTIONS

OPTION 1: LEVEL

A level death benefit that does not vary. At the time of death, this option pays the face amount of the policy. This option is good for a client who wants the benefit of a permanent life policy and the choice to use the cash value account as a safety net to cover premium payments, should that become necessary at some point in the life of the policy.

OPTION 2: INCREASING

An increasing death benefit grows as the policy's cash value grows. At the time of death, this option pays the face amount plus the cash value of the policy. This option is good for a client who wants both the benefit of a permanent life policy and a death benefit that includes the accumulated cash value.

MATURE OR ENDOW

These options can be selected under the Specified premium option window on the illustration input options page.

MATURE

The mature option allows a level death benefit to be extended to the age of the client's choice, up to age 120.

ENDOW

When an insurance policy's cash value equals the initial death benefit, it is said to endow. When choosing this illustration option, the death benefit chosen will impact the results as follows:

- With the level death benefit option chosen, the illustration will match the cash value with the face amount to age 100.
- With the increasing death benefit option chosen, the illustration will match the cash value with the increasing face amount to a specified age. This age can be specified up to age 120.

Some reasons for endowing a policy include:

- A desire to grow the cash value account as much as possible.
- A desire to fund the policy at a greater rate early on so the cash value can make the premium payments for the client at a later time, such as after retirement.
- If at the age of endowment, the client no longer needs the death benefit, they can surrender the policy and be paid out the cash value.
- Should your client survive the life of the policy, the Owner will receive the accumulated cash value which is equal to the face amount.

BENEFITS AND RIDERS not available in all states

20 YEAR NO-LAPSE GUARANTEE

The SecureLife Plus 20 year no-lapse guarantee is included automatically at issue with no additional cost. As long as the minimum premium is paid, the policy is guaranteed to remain in force for the entire guarantee period. The guarantee period for every SecureLife Plus policy is the lesser of the 20 years or until age 90 is attained. The guarantee period is reduced for issue ages 71-80 (see the table below).

Issue Age	Guarantee Period	Issue Age	Guarantee Period	Issue Age	Guarantee Period
0-70	20	74	16	78	12
71	19	75	15	79	11
72	18	76	14	80	10
73	17	77	13		

INTEREST RATE BONUSES

Prior to each Policy Month after the fourth Policy Anniversary, an effective annual bonus interest rate is calculated according to the following table:

Declared Interest Rate	Bonus Interest Rate
2% to 4%	0%
5%	0.75%
6%	1.25%
7%	1.75%
8%	2.25%
over 8%	2.25%

Children's Insured Benefit Rider

Policy Form No. 9886 (AA, OL, PA, PS); CIB301 (IAA))

Children's Issue Age:	15 days to 18 years
Primary Insured Age Limit:	15 to 55 years
Minimum Amount:	\$2,000 (2 Units)
Maximum Face Amount:	\$25,000 (25 Units)
Premium:	\$6.50 Annually per \$1,000 (Per Unit)

For each unit purchased under this rider, \$1,000 of term insurance is provided on the life of every insured child. An insured child means a child of the Insured, a child of the Insured's spouse, a child legally adopted by the Insured whose name is on the application or who was born or legally adopted after the date on which the application was signed. The rider automatically terminates at the child's 25th birthday. If the Insured dies while the rider is in force, the children's benefit will become fully paid-up. The benefit may be converted to an individual policy on the child before their 25th birthday, up to five times the death benefit amount or \$50,000, whichever is less, without evidence of insurability.

TOTAL DISABILITY BENEFIT RIDER
Policy Form No. 9785 (AA, PA, PS, OL); TD301 (IAA)

Issue Ages: 18 – 55

Minimum Total Disability Benefit: \$500 monthly

Maximum Total Disability Benefit: 2% of the life insurance specified amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum DIR benefit is 2% of the life insurance specified amount up to \$900 monthly benefit, whichever is less.

If elected, the Total Disability Benefit Rider will pay a monthly benefit up to 2% of **specified** amount (up to a maximum monthly benefit as described above) if the Insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period (180 days in Maryland) and the benefits are not retroactive. The maximum benefit period is two years and disability must begin before age 65.

TOTAL DISABILITY BENEFIT INCOME GUIDELINES

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months.**
- **The following Proposed Insured occupations are not eligible for DIR:**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High-Risk Avocations within past 12 months
 - Individuals carrying a weapon in their occupation
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners & Workers
 - Unemployed (except stay-at-home spouses, significant others, or students)
 - Casino Workers
 - Retired
 - Housekeepers
 - Self-employed
 - Janitors
 - Migrant laborers

TERM INSURANCE BENEFIT RIDER**Policy Form No. 9884 (AA, OL, PA, PS); T1301 (IAA)****ADDITIONAL INSURED BENEFIT RIDER****Policy Form No. 9885 (AA, OL, PA, PS); AIB301 (IAA)****Two Options:** Term 10 years - Term 20 years**Issue Ages for Term 10:** **Non-Tobacco:** 0-60 **Preferred Non-Tobacco:** 18-60 **Tobacco:** 18-60**Issue Ages for Term 20:** **Non-Tobacco:** 0-50 **Preferred Non-Tobacco:** 18-50 **Tobacco:** 18-50**Minimum Amount:** **Standard:** \$10,000 **Preferred:** \$100,000**Maximum Amount:** 3x the base policy

Complete Additional Insured Application when applying for the Additional Insured Benefit Rider.

Term insurance is available for the Primary Insured and the Additional Insured benefit is available for up to four additional Insureds. This is a simple way to obtain short term security. Benefits can help pay off mortgages and other outstanding debts in the event of a premature death. Additional Insured benefit riders can also insure a client's spouse or business partner. Premiums remain level for the full duration of the term and the rider can be converted to a new policy on the life of the Insured prior to age 65 without evidence of insurability.

ACCIDENTAL DEATH BENEFIT AGREEMENT (ABD)**Policy Form No. 9892 (AA, OL, PA, PS); ADB301 (IAA)****Issue Ages:** 0-60**Maximum Amount:** The lesser of \$150,000 or the face amount of the policy.

This benefit is paid to the beneficiary upon receipt of written proof that the Insured died from an accident, which is defined as an unforeseen and unintended event that is not the result of any fault or misconduct on the part of the Insured. The death must occur within 365 days of the accident and while the rider is in force. Death cannot be caused or contributed to by, either directly or indirectly, any physical or mental illness, or disease or treatment for the illness or disease. The rider automatically terminates at the policy anniversary nearest the Insured's 65th birthday.

ANNUAL PREMIUM RATES PER \$1,000

Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
0-45	\$1.00	48	\$1.15	51	\$1.30	54	\$1.45	57	\$1.60	60	\$1.75
46	\$1.05	49	\$1.20	52	\$1.35	55	\$1.50	58	\$1.65		
47	\$1.10	50	\$1.25	53	\$1.40	56	\$1.55	59	\$1.70		

WAIVER OF MONTHLY DEDUCTION BENEFIT RIDER
Policy Form No. 9891 (AA, OL, PA, PS); WMD301 (IAA)*

Issue Age: 18-55

Waiting Period: 4 Months

Premium: Run Illustration to obtain premium. Contact New Business Agent Support if any questions (800-736-7311 prompts 1, 1, 1).

This Rider provides that the standard monthly fees deducted by the Company will be waived retroactively from the date of total disability* after 4 months of total disability provided that the total disability occurred before the Insured's 60th birthday. This rider automatically terminates when the policy terminates or on the date of the Insured's 60th birthday.

WAIVER OF SPECIFIED PREMIUM BENEFIT RIDER
Policy Form No. 9890 (AA, OL, PA, PS); WSP301 (IAA)*

Issue Age: 18-55

Waiting Period: 4 Months

Minimum Amount: No less than the required minimum premium.

Maximum Amount: The lesser of \$400 monthly or the monthly equivalent of the current planned periodic premium.

This rider provides that upon written proof of total disability*, the selected premium will be waived. This benefit amount will be credited to the policy value and will have the same effect on the policy value as if it had been paid on the monthly anniversary. Premiums may continue to be paid while a benefit is being paid under the terms of this rider. This rider will automatically terminate when the policy terminates or on the date of the Insured's 60th birthday.

***Waiver of Monthly Deduction Benefit Rider and Waiver of Specified Premium Rider cannot be issued on the same policy.**

RATES PER \$100 TO BE WAIVED											
Age	Male		Age	Male		Age	Female		Age	Female	
	NS	S		NS	S		NS	S		NS	S
18	2.85	3.22	37	4.06	4.65	18	3.91	4.20	37	5.50	6.30
19	2.90	3.27	38	4.22	4.84	19	3.97	4.26	38	5.66	6.48
20	2.94	3.32	39	4.40	5.04	20	4.02	4.30	39	5.84	6.79
21	2.95	3.33	40	4.60	5.26	21	4.05	4.31	40	6.01	7.10
22	2.97	3.35	41	4.81	5.54	22	4.08	4.32	41	6.17	7.21
23	3.00	3.36	42	5.02	5.89	23	4.11	4.34	42	6.34	7.44
24	3.04	3.37	43	5.25	6.26	24	4.14	4.35	43	6.51	7.76
25	3.08	3.38	44	5.48	6.58	25	4.17	4.44	44	6.68	8.02
26	3.10	3.39	45	5.73	6.94	26	4.22	4.54	45	6.87	8.32
27	3.11	3.41	46	6.00	7.39	27	4.27	4.65	46	7.04	8.67
28	3.17	3.47	47	6.28	7.76	28	4.35	4.82	47	7.22	8.92
29	3.29	3.56	48	6.56	8.03	29	4.44	4.99	48	7.38	9.09
30	3.38	3.64	49	6.85	8.41	30	4.54	5.13	49	7.54	9.30
31	3.46	3.70	50	7.14	8.76	31	4.66	5.25	50	7.68	9.46
32	3.52	3.78	51	7.43	9.04	32	4.79	5.36	51	7.81	9.66
33	3.57	3.93	52	7.72	9.35	33	4.93	5.51	52	7.93	9.88
34	3.65	4.12	53	8.04	9.69	34	5.04	5.70	53	8.07	10.12
35	3.77	4.32	54	8.38	10.05	35	5.16	5.93	54	8.22	10.36
36	3.91	4.48	55	8.77	10.43	36	5.34	6.13	55	8.39	10.65

**Total Disability means a total and continuous inability to perform every duty of any occupation for which the Insured is reasonably suited by reason of education, training, or experience, caused by an injury or sickness for which the Insured requires the regular care and personal attendance of a licensed physician. (This definition may vary in some states.)*

RIDERS INCLUDED AT NO ADDITIONAL COST

ACCELERATED BENEFIT ENDORSEMENT

Policy Form No. 9887 (AA, OL, PA, PS); AB402 (IAA)

With this benefit (where available) the Insured can receive up to 75% or \$100,000 (whichever is less) of the death benefit of the policy if diagnosed as terminally ill.

WAIVER OF SURRENDER CHARGE ENDORSEMENT

Policy Form No. 9893 (AA, OL, PA, PS); WSC401 (IAA)

After the first year, if the Insured resides in a nursing home, they can withdraw some of the cash value without any surrender charge. Only one surrender charge waived per policy year. Waiver applies to the first 25% of the policy value withdrawn. Further withdrawals are subject to surrender charges.

ACCELERATED BENEFITS RIDER-CONFINED CARE

Policy Form No. 9674 (AA, OL, PA, PS); AB301 (IAA)

With this benefit, if the Insured is confined to a nursing home at least 30 days after the policy is issued the Insured can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy, excluding the policy fee, will decrease in proportion to the amount of the benefit paid. This rider (where available) is added to policies issued at no additional premium. Remember the disclosure statement Form No. 9675SIG (AA, OL, PA, PS); AB502SIG (IAA) must be signed by both the applicant and the agent. One copy is left with the applicant and another copy is submitted with the application. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid.

SECURELIFE PLUS MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive, and State specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a State specific application, please contact the Home Office for a Risk Assessment via our Online Chat or at riskassess@aetx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

Generally Accepted Risks – the following is a list of impairments that are generally accepted for underwriting consideration at Standard Underwriting Rates.

Adhesions – surgically corrected

Allergies

Amputation – traumatic, only 1 limb, no complications

Arthritis – unless severe, rheumatoid, or with spine involvement

Asthma – mild or seasonal

Back Sprain – strain, including mild whiplash, not chronic

Bell's Palsy – single episode, no residuals

Brain Concussion – mild, no surgery, no residuals, 6 months since injury

Breast Disease – benign, fibrocystic, cystic mastitis, mammary dysplasia, fibroadenoma, no immediate family members with breast cancer

Bronchitis – acute

Bursitis

Carpal Tunnel Syndrome

Cataract

Congenital Kidney Absence – incidental discovery, no history of kidney or urinary tract disorders

Cysts – sebaceous, ganglion, pilonidal

Deafness

Deviated Septum

Disc Disorders (spinal) – herniated, slipped, mild not chronic

Diverticulitis – no complications

Encephalitis – post infectious or viral, recovered 3 months, no residuals

Esophagitis – due to GERD, not alcohol abuse, no dysplasia, no complications

Fractures – except skull, fully recovered

Gallstones

Gastritis – not due to alcohol abuse, no complications

Glaucoma

Goiter – except severe, uncontrolled

Headaches / Migraines – unless chronic or disabling

Hypertension – treated, well controlled by medication, average readings in past two years not exceeding 140/90

Hypothyroidism

Intestinal Obstruction – operated, recovered 6 months

Keratoses

Kidney Stone – infrequent, no complications

Labyrinthitis

Meniere's Disease

Meningitis – acute bacteria or viral, recovered 6 months, no residuals

Mitral Valve Prolapse – no greater than slight murmur

Osteochondritis

Osgood-Schlatter's Disease

Osteoporosis

Otitis Media

Otosclerosis

Ovarian Cyst – confirmed benign

Pancreatitis – acute, single episode, no alcohol abuse, recovered six months

Peptic Ulcer Disease – controlled, no complications

Pericarditis – acute, single episode, recovered 6 months

Phlebitis – single episode, recovered 2 months

Pleurisy – single episode, fully recovered

Pneumonia – recovered

Pneumothorax

Proctitis

Prostatitis, Benign Prostatic Hypertrophy – with normal PSA and urinalysis

Pyelitis – single episode, recovered

Rheumatic Fever – single episode, recovered, no residuals

Sinusitis

Temporomandibular Joint Syndrome (TMJ)

Tendonitis

Tenosynovitis

Urinary Tract Infection

Uterine Disorders – dysmenorrhea, amenorrhea, D&C, fibroids

Vaginitis

Varicose Veins – except with stasis dermatitis or ulcerations

Generally Rated or Declined Risks – the following is a list of impairments that are generally Rated (R) or Declined (D) when given underwriting consideration.

Alcohol Abuse – current (D)

Cancer – breast, colon, lung, melanoma, ovarian, prostate (R-D) depending on stage, grade and time since diagnosis and successful treatment

Coronary Artery Disease (R-D) – with diabetes (D)

Depression – major (R), manic-depression / bipolar (R), recent hospitalization, suicidal tendency or attempt (D)

Diabetes – uncontrolled (D), controlled with coronary artery disease (D)

Emphysema (R) – with tobacco use (D)

Enlarged Heart (R)

Heart Attack (R-D) – depending on recency

Hepatitis – chronic, active, symptomatic (R-D)

HIV / AIDS (D)

Obesity – morbid (greater than 100 lbs. overweight) (R-D)

Pancreatitis – chronic (R-D)

Status Asthmaticus (D)

Stroke (R-D) – depending on recency



QUALITY. SERVICE. EXCELLENCE.

SERVICE HOURS

LIVE CHAT

8:00 a.m - 4:45 p.m. Monday - Friday
Central Time (excluding holidays).

PHONE HOURS

8:00 a.m - 4:00 p.m. Monday - Friday
Central Time (excluding holidays).

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All products and riders not available in all states. Please check with the State Approval Grid under State Approvals on the Company website or check with the Home Office New Business Agent Support at (800)736-7311 (prompt 1, 1, 1) for approvals.