

Agent Field Manual

Final Expense Whole Life Insurance



Introduction

Thank you for choosing the Final Expense solution from Great Western Insurance Company (GWIC®), an affiliate of American Enterprise Group (AEG). With Assurance Plus and Guaranteed Assurance products, you will be able to help your customers secure their financial futures and save their families from a financial burden.

This manual will give you a complete description of the Final Expense insurance products and the available riders. It will guide you through the agent appointment and set-up process and give you the necessary information to provide excellent service to your customers. It will also describe the GWIC Standards of Conduct that you are required to follow as our agent.

We hope you have great success with our Final Expense product solutions. If you have additional questions, please contact us. We are here to assist you.

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Your partners for serving the senior market

Choosing the right insurance carriers to help you serve your customers is important. You need to know you are working with experienced organizations who care as much about your needs as they do about your customers. When you partner with AEG and GWIC[®], you can expect:

Ease of doing business

Throughout the entire process – from quoting, application submission, underwriting, commissions, claims, and providing customers with online access to policy information – we provide industry-leading technology and processes to make doing business with us simple and convenient.

Tools to grow your business

From sales training, marketing, and enrollment tools, you'll have the resources you need. And with our new online ordering system, receiving your new sales and marketing materials is easier than ever. Log in to the GWIC agent portal to access all these helpful tools and resources.

Strong agent support

When you need personal assistance, count on our knowledgeable and friendly Agent Care team for dedicated support.

Outstanding customer service

Our Customer Success team is committed to making our customers feel valued and appreciated by assisting them at their time of need. Customers can also access forms and their policy information online via our customer portal by registering for an account at gwic.com.

MyEnroller

Electronic application tool

The most effective way to enroll your customers in GWIC's Final Expense products is by using MyEnrollerSM, our electronic quoting and application tool. MyEnroller is available for desktop computers, laptops, or tablets and works with or without an internet connection. Completing and submitting applications through MyEnroller is fast and easy because it:

- Takes you through the application process step by step and ensures the correct state application version and required forms are all submitted
- Allows for quick application processing time by bypassing the data entry process and automatically loading into our system
- Accepts e-signatures and voice authorization on applications

GWIC Quote

Quoting website

Provide a quick quote with GWIC Quote. This tool allows you to easily select benefit options to create a customized quote in seconds with no username and password requirements.

Statement of ethics

As an appointed representative, you have a responsibility to develop and maintain relationships between customers and GWIC. You can only safeguard the integrity of these relationships by meeting the standards of professional and personal ethics.

Your duty is to help customers prepare for end-of-life expenses through the benefit of life insurance. Your customers trust you to act in their best interests. To honor the trust that your customers place in you, it is important your recommendations provide the best solutions to meet their needs.

To serve as a GWIC agent, it is important that you behave professionally and courteously in your dealings with your fellow agents and customers. Please keep in mind the following:

- Adhere to all federal and state laws and regulatory requirements as they apply to the selling of life insurance
- Be familiar with the products you sell
- Increase your knowledge and skills through continuing education
- Consider the suitability of the insurance product for the customer
- Keep confidential any information entrusted or obtained in the course of business
- Conduct all professional activities honestly and ethically
- Advise customers promptly of any error, noncompliance, or omission you know about or of which you have been given notice

In your role of providing care to customers, you serve in a unique position as liaison between the purchasers and suppliers of life insurance. While meeting the obligations to GWIC and the needs of the customer, balance is needed to avoid conflicts of interest. Please assist GWIC in establishing an atmosphere of trust, cooperation, and harmony as we work together to care for customers.

Products

Assurance Plus

This product is designed for those age 50-80 who are in good health and most interested in value. The death benefit will be 125% of the face amount from day one. This means that you can write a \$10,000 face amount policy and the insured will have \$12,500 of coverage. All of the product's highlights can be read on page 29.

The insured must provide his or her primary physician's name and contact information and be able to answer "No" to the application health questions. GWIC relies on the agent to perform point-of-sale underwriting through these questions. However, we may verify the proposed insured's health prior to issuing the policy. For a complete description of the underwriting procedures, see Underwriting, page 16. **If we cannot confirm the proposed insured's health, a Guaranteed Assurance policy will be issued instead of an Assurance Plus policy.**

Accelerated Death benefit rider**

Each Assurance Plus policy includes an Accelerated Death benefit rider at no additional cost. This rider gives the owner an option to take the present value of the death benefits up to 90% of the face amount if he or she is diagnosed with a qualifying medical condition as described below:

- **Terminal illness:** The insured has been diagnosed by a licensed physician with a disease expected to cause death within 12 months.
- **Chronic illness:** The insured cannot perform two activities of daily living for a period of at least 90 days, or the insured has severe and permanent cognitive impairment and requires substantial supervision. (The five basic activities of daily living include eating, bathing, dressing, toileting, and transferring.)

The Accelerated Death benefit will be paid as a lump sum payment. The benefit is calculated as the present value of the death benefit less present value of expected future premiums. Any loans on the policy will be deducted from the benefit before being paid to the policyowner. Acceleration of the death benefit will terminate the policy, and no future benefits will be paid. This rider terminates if there is a premium default on the policy and the default non-forfeiture option is applied.

In order to exercise this rider and receive the benefit, the owner must submit an application. The Accelerated Death benefit may be used for any purpose during the family's time of need. If the owner is applying for an Assurance Plus plan, submit a completed copy of the Accelerated Death benefit rider with the application and leave a copy with the applicant.

**The Accelerated Death benefit rider is not available in the state of California.

Guaranteed Assurance*

This product is designed for those age 40-80 who want a simplified application process that does not require answering underwriting questions or providing physician information. Everyone qualifies for this product regardless of health. For information on riders available with Guaranteed Assurance, see page 10, and to read all the product's highlights, see page 29.

*Guaranteed Assurance is not available in the state of Washington.

Limited Death benefit

This product has a Limited Death benefit during the first two policy years if the death occurs from anything other than accidental causes. The Limited Death benefit is 110% of the total premiums paid to date. After the two-year Limited Death benefit period, the full face amount is paid on all deaths.

Accidental death during the graded period

The full face amount of the policy will be paid if the insured dies of accidental causes during the graded period (first two policy years). A death certificate and police report describing the accident are required in order to pay the accidental death benefit. Certain exclusions apply.

Final Expense Whole Life policy highlights sheet

Please refer to the Final Expense Whole Life policy highlights sheet for more details and a comparison chart of the two plans available.

Completing the application

Both the Assurance Plus and Guaranteed Assurance products are available on one application. To apply for Assurance Plus, the applicant must be able to answer all health questions "No" and provide the physician name and contact information. For further information on whether the applicant qualifies for Assurance Plus, see Underwriting, page 16.

If the applicant does not qualify for Assurance Plus or simply wishes to apply for Guaranteed Assurance*, there is no need to complete the health questions or provide physician information.

*Not available in the state of Washington.

All applications will need to be submitted through MyEnroller, our online electronic application tool. MyEnroller shortens the application processing time because it ensures you are completing the correct forms and providing all the necessary information.

Maximum amounts of insurance

Face amounts of \$1,000* to \$40,000 are available for Guaranteed Assurance and \$2,500* to \$40,000 for Assurance Plus. Amounts over \$40,000 are not allowed. If more than one policy is written on a single insured, the maximum combined face amount is limited to \$40,000.

*Policy face amounts in the state of Washington are \$5,000 to \$40,000.

Multiple beneficiaries

The application allows for the owner to name a primary and a contingent beneficiary. If the owner would like to list more than one primary or contingent beneficiary, you can enter the information on the "Beneficiary information" screen in MyEnroller.

Legal designations: Power of attorney and guardianship

Proper paperwork must be submitted with the application (e.g., durable power of attorney, guardianship papers, etc.).

It is important to read and confirm the paperwork submitted entitles the person to purchase insurance. Do not accept a document just because it says POA or guardianship.

The POA or guardian should e-sign on the insured's signature line. Make sure the attorney-in-fact uses the proper signature format as stated.

Insurable interest

As the agent, it is your responsibility to know the insurable interest laws in your jurisdiction. Owners, if other than the applicant and beneficiaries, are required to have an insurable interest in the life of the insured. In California, the proposed owner of the policy must have insurable interest in the proposed insured at the time of the application. The following examples are based on what is required in the majority of states.

Family relationships

Insurable interest can generally be established between people closely related by blood or law, such as spouses, siblings, parents, children, fiancés, grandparents, and grandchildren.

Relationships that are generally not allowed under the close blood or law relationship are those of aunts, uncles, nieces, nephews, cousins, in-laws, stepparents, and stepchildren.

Economic relationships

State law usually requires an economic benefit in the continued life of the insured to establish insurable interest. This may include business partners or charitable organizations. In such situations, GWIC may choose to honor such requests when they are fully explained in a letter that is submitted to the underwriting department after the e-application has been completed.

GWIC may require additional documentation at any time to confirm or verify insurable interest.

When the insured and owner are the same individual, GWIC will not verify insurable interest. It is the responsibility of the owner/insured to determine whether the policy is in his or her own best interest.

Application questions

Below are explanations of key portions of the application questions. **They are not all inclusive, and please note questions and conditions may vary based on state regulations.**

Stay in hospital, nursing home, or hospice

In the last 24 months, if the proposed insured has been confined to a bed, received hospice care, been in a hospital or nursing home for **five days or more total**, the applicant should answer "Yes." The stay(s) can be for any reason, including medical scenarios completely unrelated to a disqualifying condition.

Examples of this include cosmetic surgery and other voluntary surgeries or confinement to a mental health institution.

Example: Harry McCord, age 51, was hospitalized for three days in May for pneumonia and three days in July for surgery on his knee. Does he qualify for Assurance Plus?

Answer: No. Harry would be issued a Guaranteed Assurance policy instead since he spent an aggregate of six days in the hospital, which is over the limit of five.

For more examples, visit the Appendix on page 27.

Routine activities

Activities of daily living (ADLs) are five activities that people do every day without needing assistance — eating, bathing, dressing, toileting, and transferring. If the proposed insured regularly requires any assistance, either paid or unpaid, to complete routine ADLs, the question should be answered “Yes.” The proposed insured must also be able to independently perform everyday tasks, such as administering medication and maintaining a household.

Example: Michael Baxter, age 55, is paralyzed from the waist down because of a skiing accident. He uses a wheelchair to move around his apartment, and he is able to transfer himself from the wheelchair to a bed or chair without assistance. Does he qualify for Assurance Plus?

Answer: Yes. Michael is able to perform routine tasks without assistance and should not be disqualified merely for using a wheelchair.

For more examples, visit the Appendix on page 27.

Diagnosis, treatment, or medication for disqualifying conditions

A disqualifying condition is a diagnosis by a health care provider of any of the conditions listed under the Medical Information portion of the application.

State regulations may apply; refer to specific wording on your application, if applicable.

This question has multiple parts:

1. Diagnosis of any of the disqualifying conditions

This is the identification of an illness or condition by a health care provider. For Assurance Plus purposes, diagnosis is limited to a diagnosis of a disqualifying condition. If a proposed insured has been diagnosed with a disqualifying condition in the last 24 months, they do not qualify for Assurance Plus but qualify for Guaranteed Assurance.

2. Treatment of any of the disqualifying conditions

This includes management, consultation, or care for the purpose of combating or controlling a disease or disorder, any therapy, prescribed medications taken to control or treat the disorder. For Assurance Plus purposes, treatment is limited to treatment for a disqualifying condition. Applicants are required to select “Yes” on the application if the proposed insured has consulted or received any treatment for any disqualifying condition in the last 24 months. A Guaranteed Assurance policy would be issued in its place.

Example: Melvin Cooper was diagnosed with cirrhosis of the liver over six years ago. He sees his doctor regularly for check-ups and blood work to monitor his condition. Does he qualify for Assurance Plus?

Answer: No. Melvin would be issued a Guaranteed Assurance policy instead since he is disqualified for his cirrhosis of the liver diagnosis because he had regular follow-ups and tests to monitor his condition within the last 24 months.

For more examples, visit the Appendix on page 27.

3. Prescribed medication connected with any of the disqualifying conditions

This includes medication that is ordered or recommended to be taken by a health care provider. For Assurance Plus purposes, prescription medication is limited to medication prescribed for a disqualifying condition. The prescription need not have been filled or the medication taken to be considered prescribed medication. If prescribed medication fitting the definition above has been prescribed to the insured within the last 24 months, then the insured is disqualified from Assurance Plus and should answer "Yes" to the health question.

Example: Franklin Greene was diagnosed with Parkinson's disease four years ago. He has been prescribed Sinemet to treat the Parkinson's disease and has been taking it daily for the last four years. Does he qualify for Assurance Plus?

Answer: No. Franklin would be issued a Guaranteed Assurance policy instead. Although he was diagnosed four years ago, he takes daily medication now. Therefore, he has been treated within the past 24 months.

For more examples, visit the Appendix on page 27.

Riders

Child or Grandchild rider

The Child or Grandchild rider is optional coverage that the applicant may purchase at the time of policy application, or if a policy is within the 30-day free look period, the rider can be added by the underwriting department or Customer Success. For a monthly premium of \$1, GWIC will pay a benefit of \$2,500 on the first death of a covered child or grandchild of the insured. **The addition of the rider must be included with the policy e-application, and the policy e-application must be a minimum of \$5,000 to add the rider.**

The single monthly premium covers all eligible children and grandchildren. The benefit is paid on the first death of an eligible child or grandchild. Only one benefit will be paid per rider. There is no limit on the number of covered children and grandchildren.

Please verify that the parents or guardians of the children/grandchildren listed are aware of this insurance rider policy and consent to its issuance.

Eligible child

An eligible child is the insured's natural child, legally adopted child, or a child that lives with the insured because the insured has been appointed his or her legal guardian. Stepchildren, unless legally adopted, are not eligible.

Eligible grandchild

An eligible grandchild is any eligible child of the insured's child.

Additionally, the following must be true for any eligible child or eligible grandchild to be covered:

- The covered person must be between the ages of 1 and 18 at time of death.
- The covered person must be unmarried and living with a parent, grandparent, or legal guardian at the time of his or her death.
- The policy must be active and current on premiums at the time of the covered person's death.

Coverage for newly eligible children or grandchildren will automatically be effective when they become eligible according to the definitions above.

If two applicants list the same individual(s) on the Child or Grandchild rider, then the rider should be added to only one of the policies to avoid redundant coverage.

This rider can be added to a policy after policy issue under the following circumstances:

- There was rider coverage under a spousal policy, which was terminated due to the spouse's death.
- The rider paid a benefit due to the death of a covered child or grandchild. This can only be added a second time.
- The insured did not have any eligible children or grandchildren previously, and a life event has caused the insured to now have an eligible child or grandchild.

If the rider is being added after policy issue, the rider application must be received by GWIC within 30 days of the qualifying event.

Appropriate use of replacements

You will need to become familiar with the definition of replacements and all replacement laws effective in the states in which you sell. In general, a replacement involves purchasing a new policy or contract while:

- Discontinuing the premiums on the current policy or contract
- Surrendering, forfeiting, or terminating an existing policy; amending the existing policy to affect either a reduction in benefits, term, or coverage; or reissuing the existing policy with a reduced cash value
- Assigning an existing policy to the replacing insurer
- Using an existing policy to finance a purchase

Best interest of owner

GWIC deems a replacement appropriate when it is in the best interest of the owner. As the agent, it is your responsibility to conduct a thorough interview to ascertain whether a replacement is appropriate. If the proposed owner may engage in a replacement, you must provide him or her with appropriate information regarding the nature of the replacement to assist in determining whether it fully meets their specific, stated needs. Factors that may potentially deem a replacement appropriate include the following:

- The new policy or contract offers benefits that the current policy does not or cannot.
- The additional cost (if any) of the replacing policy is reasonable in relation to the additional benefits provided by the new policy.
- The replacing policy offers comparable benefits but at a lower overall cost.

You must also be sure that the proposed owner is made aware of the consequences of replacement activity, including the loss of existing policy provisions, protections, rights, and benefits; surrender charges; and potential tax liability.

Replacement questions

In addition to considering the proposed owner's best interest, you must show diligence in acknowledging the proposed owner's intention to replace another policy or contract. You and the owner must both complete all questions on the application regarding replacements.

If the answers indicate that the policy will replace an existing policy, a replacement form must be completed. This form must be completed in its entirety, including the required list of each policy or contract proposed to be replaced. Be sure to ask all relevant questions regarding the possibility of using the existing policy as a source of financing for the new policy.

A copy of the replacement form must be left with the proposed owner. If the application has been completed electronically, ensure that the proposed owner understands how he or she will be provided a copy of the form. Please note: A replacement form may also be required in certain states if the proposed owner has an existing policy, regardless of whether the proposed owner has current plans to cancel the existing policy.

 **Helpful hint:** Avoid all appearances of churning (continual replacements to obtain commissions).

Monitoring

GWIC has implemented a system for supervision and control regarding replacements. Undisclosed replacements are prohibited by GWIC. If undisclosed replacements are discovered, there may be consequences. Be aware that if the State Department of Insurance investigates you for unreported or inappropriate replacements, your license may be subject to revocation or suspension, and you may face civil penalties.

1035 exchanges

Section 1035 of the Internal Revenue Code (IRC) permits an exchange of an existing eligible life or annuity contract for a new eligible contract with a different or same company. This process is considered a replacement. A 1035 exchange should not be requested unless it is of significant value to the customer. Do not provide guarantees with respect to the customer's tax treatment, but direct customers to their own tax advisers for advice. Please note: Existing insurers may delay processing the surrender request for up to six months.

Eligibility

An existing life insurance policy may potentially be exchanged for an Assurance Plus or Guaranteed Assurance product under Section 1035 when both policies list the same owner and insured. For eligibility, refer customers to their own tax advisers.

Process

All 1035 exchanges are subject to replacement rules and require approval. Requests will not be evaluated until all of the following have been received:

- **Assignment form:** The policyowner must assign the existing policy to GWIC. This assignment will not be valid until it is received and accepted by GWIC. Should death occur prior to the acceptance of the assignment, the coverage under the existing policy will still be available.

- **Surrender form:** Request to surrender the policy and send the cash value to GWIC. The cash value of the policy must be sent directly from the existing insurer to GWIC in order to qualify as a 1035 exchange.
- **Existing policy:** GWIC will submit the existing policy to the existing insurer with the other documentation.

Forms to assist in this process are available from Customer Success. Once this documentation has been received and approved, the 1035 exchange process can begin.

If the GWIC policy is issued as applied for, we will accept and sign the assignment form and surrender request; these documents and the old policy will be forwarded to the existing company. The GWIC policy will then be considered in force.

Premiums

Premium payments

GWIC accepts only preauthorized bank withdrawals and credit card payments (Visa and Mastercard only). This policy makes paying premiums easy for your customer and helps improve the persistency of your business. The Premium Withdrawal Authorization form must be submitted with the application so the ongoing premiums can be paid.

Initial premium

The initial premium paid by credit card or through automatic bank withdrawal will be drawn upon activation of the policy or on the specified draft date as noted on the Premium Withdrawal Authorization form.

Please be advised, all premium payments must be from a personal account from the applicant, owner, or payor. GWIC does not allow premiums to be paid by employers or other third parties (e.g., foundations, associations, etc.). You are not authorized to collect cash premiums at any time. You may not loan funds to the customer for premium payments.

Renewal premiums

All renewal premiums must be paid using credit card or authorized bank withdrawal. The Premium Authorization Withdrawal form gives the payor the ability to select a specific date, from the 1st through the 28th, each month for us to withdraw premium. If a draft date is not selected, the default draft date will be the day of the effective date.

Past due/Grace period

If a monthly premium fails to be withdrawn for any reason, such as insufficient funds, out-of-date credit card information, or payor cancellation of authorization, the policy will become past due. The policy has a 30-day (60-day in California, Texas, Minnesota, Tennessee, and Georgia) grace period where coverage will remain in effect. On the renewal date, if no premium has been received, a reminder notice of premium due is sent to the payee. If no premium is received, the policy will lapse at the end of the grace period, and one of the non-forfeiture options will be implemented. See Customer Success Processes below.

Processing new business

Submitting corrections

You may be asked by GWIC to make changes to the application or other forms before the policy can be issued. Changes must be initialed and dated by the applicant. Do not white out incorrect information. Draw a line through the incorrect information, correct it, and have the applicant initial and date the change.

Policy delivery

GWIC will mail every policy directly to the owner. The free-look period begins when the policy is delivered to the owner. If an owner decides to cancel during the free-look period, they should contact the home office and destroy the policy.

Restrictions on issuance

GWIC reserves the right to refuse coverage on any individual at any time. Under no circumstances will a policy ever be issued on an individual who is incarcerated. GWIC will also refuse to issue a policy when any party to the contract has known ties to terrorism, money laundering, or other illegal activities. Only individuals who are United States citizens, have permanent residency in the United States, or have Individual Taxpayer Identification Numbers (ITINs) may apply.

Save age

We will allow backdating of a policy up to one month in order to issue the policy at a younger age. The premium must be included to pay the policy current at the time of issuance.

Customer Success processes

If GWIC stops receiving premiums on a policy for reasons other than the death of the insured, then the policy is lapsed or placed on a non-forfeiture option. See Reinstatement page 15.

Non-forfeiture options

If the policy lapses after the policy has developed a cash value, the owner is entitled to the value of the policy through one of the following options:

- **Extended term insurance:** This is the default option for the policy. The full death benefit will be available for a limited amount of time. During that term of coverage, the cost of insurance will be deducted from the cash value of the policy until the cash value is depleted, at which point the term of coverage will end.
- **Continue as paid-up insurance:** The reduced death benefit will be available until time of need. The death benefit will be based on the cash value at the time of premium default.
- **Surrender for cash:** Under this option, GWIC will pay the owner the policy value. Payment may be deferred up to six months and interest will be paid at the rate required by state law.

Again, the default option is extended term insurance. If the owner wishes to change the default option, he or she may contact GWIC at any time before the premium payments stop. If the owner wishes to change the default option after the policy has lapsed, he or she must notify GWIC within 60 days of the premium due date.

Cancellations

If the owner wishes to cancel the policy, he or she must submit a Request for Service form, which may be obtained by calling the Customer Success team.

Secondary lapse notice

In certain states, an applicant has the right to designate a secondary addressee to receive notification of a lapse or termination of a policy for nonpayment of a premium. If the applicant wishes to exercise this option, the appropriate form must be completed and submitted with the application to GWIC. The owner has the right to designate a new secondary contact at any time after the policy has been in force by contacting GWIC.

Collateral assignment

GWIC accepts a standard banking collateral assignment that most banks provide. If a policy is active, the policyowner can use the cash value to take a loan with the bank and place a lien on the policy. While this lien is in place, GWIC does not allow changes to the policy and it cannot be surrendered. The lien remains on the policy until GWIC receives a notification from the bank that the loan is current. Until that time, the policy is coded as "collateral assignment" and all processing is stopped in our admin system.

Reinstatement

If a policy enters a non-forfeiture option due to a premium lapse, the policyowner may be reinstated during the five years immediately following the premium lapse. If the owner wishes to reinstate the policy, the policyowner must provide GWIC with the following two items:

- **Evidence of insurability:** GWIC requires the policyowner to submit a completed application for reinstatement, which can be requested by contacting Customer Success. The insured must be able to answer "No" to the health questions on the application for reinstatement, regardless of whether the policyowner had an Assurance Plus or Guaranteed Issue policy. If the insured is different than the owner, then they must also sign the application. The insured must also provide updated physician information. GWIC may request additional information and/or a telephone interview to determine eligibility for reinstatement.
- **Pay past-due premiums:** All premiums must be paid with 6% annual interest. Customer Success can provide a quote of the amount that is required to reinstate the policy.

If a policy is reinstated, the two-year contestable period is restarted from the date of reinstatement. If the policyowner is unable to meet the qualifications for reinstatement, the application will be denied. If this occurs, write a new Guaranteed Assurance product. See Guaranteed Assurance, page 6.

Underwriting

All applications for Assurance Plus are subject to medical underwriting. The applicant must answer all medical questions on the application. The following requirements are used by the underwriter to make their decision on the application.

Application for insurance

The underwriter will first review the answers the applicant provided on the application to determine whether additional information is needed to make their final decision.

Prescription history

The underwriter will review the applicant's past prescription history. The issued report contains information on the medication name, dosage, frequency, and number of fills. Any information obtained will be used to determine eligibility for coverage.

Telephone interview

When necessary, the underwriter will contact the applicant and obtain additional information concerning their health history and/or clarification of the answers provided on their application or prescription history. This recorded interview will help the underwriter make a final decision. The agent should instruct the applicant to have their medication list available for the interview. **Note: If an interview is needed and cannot be completed, the policy will be issued as Guaranteed Assurance*.**

*Guaranteed Assurance is not available in the state of Washington; therefore, if a telephone interview cannot be completed, the application will be closed out.

Primary care physician

All applications for Assurance Plus must list the proposed insured's primary care physician. If the proposed insured does not have a primary care physician, GWIC will accept a clinic in lieu of a physician. If a clinic is listed, the proposed insured must have visited the clinic at least twice in the last two years. The applicant **may not** list a hospital, urgent care, or emergency care facility. **If physician information is missing or incomplete, the policy will be issued as Guaranteed Assurance*.**

*Not available in the state of Washington.

First-day coverage denial

If the applicant is deemed ineligible for Assurance Plus and the policy is issued as Guaranteed Assurance, they will receive a letter explaining GWIC's decision. If the applicant would like the decision reviewed, they may provide complete medical records at their own expense.

Contestable period

During the two years following the policy issuance, GWIC will pay full benefits when the physician's assessment, prescription check, and the insured's medical records confirm the answers on the application. If the application is not confirmed, the premiums paid will be returned and the policy will be rescinded.

Medical records used to make an adverse decision will only be disclosed in accordance with GWIC's privacy policy and applicable laws.

Disqualifying conditions

Disqualifying conditions are listed below. For additional questions, please call our underwriting prescreen line at 800-626-2068, ext. 4443 or option 2.

If diagnosed, consulted, evaluated, or treated within the last 24 months for:

- Diabetes requiring insulin with complications (e.g., neuropathy, retinopathy, peripheral vascular disease, or kidney disease) or requiring three or more medications
- Internal cancer, malignant melanoma, leukemia, Hodgkin's disease, or lymphoma
- Heart surgery, including bypass, angioplasty, or stent placement; congestive heart failure (CHF); heart attack; stroke; peripheral vascular disease (PVD); or aneurysm
- Emphysema, chronic obstructive pulmonary disease (COPD), or oxygen use
- Neuromuscular disease, amyotrophic lateral sclerosis (ALS), Parkinson's disease, or multiple sclerosis
- Kidney failure or dialysis
- Liver disease, chronic hepatitis, or cirrhosis
- Dementia, Alzheimer's disease, or schizophrenia
- Alcohol or drug abuse
- Organ transplant
- HIV (human immunodeficiency virus), AIDS (acquired immune deficiency syndrome), or ARC (acquired immune deficiency syndrome related complex) **State regulations may apply; refer to specific wording on your application if applicable**

Note: Answering "No" to all of the medical questions on the application does not ensure an Assurance Plus plan will be issued. The underwriter will review the applicant's medical history to determine eligibility. Turn to page 27 for guidance on how to handle certain underwriting situations.

Agent licensing and appointment processes

Contracting

GWIC requires the following documents to be completed and signed by all parties in order to be accepted and contracted. Please send the documents to GWIC via SuranceBay, a paperless appointment system; email; mail; or fax.

- Agent Agreement Form
- Agent Demographic Form
- Commission Schedule
- Producer Hierarchy Set-up Sheet
- IRS W-9 Form (unless LOA)
- Producer Training Guide to Anti-Money Laundering Requirements under the USA Patriot Act Form

Licensing

You must be properly licensed in the state(s) in which you sell, solicit, and/or negotiate applications for insurance. It is your responsibility to renew your license(s) in a timely manner and to notify GWIC if there are any changes that may impact the validity of your license(s).

Applications written in state(s) where agents do not hold active license(s) will not be accepted.

Appointment

GWIC utilizes Just-in-Time (JIT) appointing in states where allowed. JIT appointing means that your appointment is requested in each state upon receipt of the first submitted application. Pennsylvania and Montana do not allow JIT appointing. We are required to appoint agents immediately upon contracting in these states.

GWIC is not responsible for determining fairness, accountability, legality, or requirements of employment contracts. However, GWIC will comply with all judicial rulings regarding non-compete clauses and market restrictions when court ordered.

Overrides

You must be licensed in your resident state to receive override commissions.

GWIC has researched producer licensing legislation in all states to determine how each state interprets the NAIC Producer Licensing Model Act (PLMA) regarding non-resident licensure. States that acknowledge PLMA allow payment of non-resident override commissions without the agent/agency holding a non-resident license. In these states, overrides can be paid as long as the agent/agency does not sell, solicit, or negotiate insurance.

States that do not follow PLMA require that all agent/agencies be licensed and appointed in order to receive any override commissions.

Anti-money laundering (AML)

The Producer Training Guide to Anti-Laundering Requirements under the USA Patriot Act Form must be completed prior to the activation of any Agent Agreement. We cannot issue any business without a valid form on file. A new form may be required periodically.

Continuing education

GWIC does not monitor continuing education requirements. It is your responsibility to complete the necessary continuing education.

Agent transfers

GWIC's policy is to remain a neutral observer in the agreements between general agencies and individual agents. It is neither our position nor our desire to become a third-party arbiter in agency disputes.

GWIC does not have an employment contract with any of the agents or agencies representing our insurance products nor is there an employee-employer relationship between GWIC and agents or agencies. This non-vested interest precludes GWIC from establishing or enforcing employment standards or conditions on or between the agency and agent.

GWIC requires agents to notify their existing upline agency of any desire to change their working relationship before GWIC will become involved in structuring a new licensing agreement. Dual contracting is not allowed.

Any agent/agency contracted with GWIC that has been contracted longer than six months and has not written business in the last six months, may transfer without a written release from their original agent/agency.

Any agent/agency contracted with GWIC that has not been contracted at least six months and/or has written business in the last six months, cannot transfer without a written release from their original agent/agency.

Commissions

General information

Advances and commissions will be paid based upon the election you select:

- Daily
- Biweekly
- Monthly

You can view your commission statements by logging in to the agent portal my.gwic.com. All new agents will need to register by clicking on Request New Profile and completing all the necessary fields. After the information has been submitted, return to the login page and use the newly created username and password. If you need help logging in or have any questions, please email: m1agentsupport@americanenterprise.com.

Your commissions must be greater than \$50 before a payment will be sent.

Premium must be applied to a policy in order for commissions to generate.

Split commissions are allowed on any policy.

Advance commissions

Agent commissions may be paid as earned or advanced. If you select advancing, GWIC will advance six months of first-year commissions on an issued policy, with a \$500 cap per policy. No additional commissions will be paid on a policy until the policy's earned commissions exceed that policy's advance commissions, at which time commissions will be paid as earned.

If you are listed as earned and wish to change to advance commissions, please contact your upline. Any policies that have been issued prior to you being placed on advancing will be paid to you as earned.

Any unearned advanced commissions are subject to chargebacks and secured by any and all future commissions – both advanced and renewal.

GWIC may, at its sole discretion and at any time, change the agent to “as earned” commissions. Business submitted on immediate family/controlled business will be paid as earned only. Immediate family is defined as spouse, children, parents, and siblings.

Direct deposits

Direct deposits will appear in your bank account within two to three business days from the payment date. The next day you will be able to log on to the agent portal and see a detailed commission statement. If you wish to sign up for direct deposit or change your direct deposit information, please email us at m1agentsupport@americanenterprise.com.

If you elected to receive advances, your advance and commission payments will be paid separately, and each must be greater than \$50 before a deposit will sent.

If you do not sign up for direct deposit, your payments will be sent annually, if the minimum has been met. GWIC will not pay interest, and you will not earn interest on the money that is held.

Tax information

Commissions paid are reported on the 1099 form in the year in which they are paid. Payments issued in one year and voided and reissued in the next year will be reported on the 1099 for the year in which the original payment was issued.

A 1099 will only be mailed to you in January if you have earned \$600 or more with GWIC. If your earnings fall below this amount, a 1099 will not be sent.

Chargebacks

The agent is obligated to return 100% of the commissions paid if any of the following occurs on a policy:

- Early death occurs during the first 9 months from the effective date on a policy written before May 1, 2021, or during the first 12 months from the effective date on a policy written May 1, 2021, and after
- Insured dies by suicide at any time during the two-year suicide exclusion period
- Policy lapses, is surrendered, or is canceled by the owner during the first three months of coverage
- Policy is rescinded
- Refund of premiums by reason of fraud, malfeasance, or omission of any kind by any party or applicant at any time
- Refund of unearned premium

If there is a reduction in coverage during the first year, GWIC will pay commission on the reduced coverage as if it had been originally issued for that reduced amount.

GWIC will hold commissions from one policy to cover a chargeback for another policy submitted by the same writing agent.

Online resources

GWIC's agent portal provides you with a variety of reports to assist you in managing your accounts. Commission, debit balance, and policy information is at your fingertips. All information displayed on the agent portal is updated nightly to provide the most current information available. Reports include:

- **Final expense commissions statement:** Shows the commissions paid to you or your downline agents. It is available on the Commissions page and can be exported to Excel or a PDF.
- **Hierarchy Report:** Provides a list of agents within your hierarchy structure along with their demographic and contract information. It is available on the Reports page and can be exported to Excel.
- **Policy Search:** Allows you to view all business and export details to Excel or a PDF. Additional policy details can be found by clicking on a policy number within the report. It is available on the Reports page.
- **Production Report:** Displays summarized and detailed production information and has the ability to filter by agent and year. It is available on the Reports page and can be exported to Excel or a PDF.
- **Agent Debit Balance:** Provides a visual of aged debit balances and has the ability to view by agent and date. It is available on the Reports page.
- **Quality Report:** This grouping of reports tracks final expense and agent production. The summary report displays submitted, issued, taken, and lapse, along with FDC%, FDC-failed – GI%, GI%, average face amount, and average issue age. It excludes pending issue or pending taken policies. It is available on the Reports page and cannot be exported to Excel or as a PDF.

If reports can be exported to Excel or as a PDF, you will see icons above the grid. The green box will open your data in the Excel format, and the PDF will open the data in a PDF format. When you open the data in Excel, you are able to manipulate the data. The PDF format does not allow for any manipulation.

Simply click on the icon of your choice and a pop-up box will appear. Select to open the document or save the document. By selecting "Open," you will be able to view the information in the format selected. If you click the dropdown arrow by "Save," you can save the information to your personal computer.



If you have not yet registered for the [agent portal](#), you may request a user ID by contacting m1agentsupport@americanenterprise.com.

Commission statement information

Your commission statements on GWIC's agent portal provide policy information, such as policy number, insured name, plan type, your commission rate, and the amount you earned on the policy.

A statement will only appear on the agent portal if you have commission activity for that pay cycle. It is your responsibility to go to the agent portal to view payment information. A statement will not be emailed to you.

The different plan types are:

- GI: Guarantee Issue
- FDC: First Day Coverage

Sample commission statement:

| Great Western Insurance Company (866) 252-5594 | | Commission Report | | | | | | | | | | | | | |
|---|----------------|-------------------|-------------|----------------|--------------|--------------|-------------|---------|--------|--------|------------------|-----------------|--------|----------|---------------|
| YOUR NAME 120 HAPPY DR BEL AIR, IA 51515 YOUR EMAIL ADDRESS Agent Number- 12345 | | | | | | | | | | | | | | | |
| Date 3/10/20 | | | | | | | | | | | | | | | |
| Commission Credits | | | | | | | | | | | | | | | |
| Policy Number | Insured Name | Plan Type | Face Amount | Effective Date | Premium Mode | Paid to Date | Policy Year | Premium | Rate | Earned | Apply to Advance | Advance Balance | Paid | Comments | Writing Agent |
| 00GWF7604851 | DANIEL SHIPPER | GI | 20,000 | 09/19 | 01 | 04/20 | 01 | 117.92 | 70.000 | 82.54 | .00 | .00 | 82.54 | | YOUR NAME |
| 00GWF7620653 | JASPER GHOST | FDC | 4,000 | 07/19 | 01 | 03/20 | 01 | 65.25 | 65.000 | 42.41 | .00 | .00 | 42.41 | | YOUR NAME |
| 00GWF7720800 | DAVID START | GI | 8,000 | 06/19 | 01 | 03/20 | 01 | 149.59 | 70.000 | 104.71 | .00 | .00 | 104.71 | | YOUR NAME |
| 00GWF7724852 | BO JACKSON | G1 | 20,000 | 04/20 | 01 | 05/20 | 01 | 257.92 | 70.000 | 180.54 | 180.54 | 319.46 | 0.00 | | YOUR NAME |
| 00GWF7725856 | JOHN DENVER | FDC | 15,000 | 03/20 | 01 | 04/20 | 01 | 71.67 | 65.000 | 46.58 | 46.58 | 232.55 | 0.00 | | YOUR NAME |
| 00GWF7726797 | ARVID HOPKINS | FDC | 5,000 | 04/20 | 01 | 05/20 | 01 | 65.78 | 65.000 | 42.75 | 42.75 | 213.80 | 0.00 | | YOUR NAME |
| 00GWF7730825 | SARAH WHITE | GI | 1,500 | 03/20 | 01 | 04/20 | 01 | 25.42 | 70.000 | 17.80 | 17.80 | 88.96 | 0.00 | | YOUR NAME |
| Total Commission Credits: | | | | | | | | 753.55 | | | | | 229.66 | | |

If you elected to receive advances, you will see amounts in the Apply to Advance and Advance Balance columns. The field descriptions are:

- Apply to Advance: Amount of commissions that is being applied towards the policy's advance balance
- Advance Balance: Remaining balance still owed on the policy after commissions have been applied

The Comments column may be populated with various notes, such as:

- Advance: Initial advance on a policy
- Bal Recov: Recouping a debit balance from a previous statement
- CommAdj: Manual adjustment
- NSF: Non-sufficient funds
- Reversal: Premium is being reversed
- Unsec Adv Rcv: Unsecured advanced recovery

The reconciliation for the statement is located below your commission detail. You will be able to see how much you earned, what portion was applied towards advances (if you elected advancing), and the amount due. The last line will identify the type of payment — electronic funds transfer or unpaid commission balance.

If you see a Beginning Balance, you will need to look at the previous statement to see which policy(ies) comprise this amount. The commission detail is not carried forward.

| Summary of Agents Account | |
|---|-------------|
| | Amount Paid |
| Beginning Balance - See Prior Statement for Details | 0 |
| Commissions Earned | 517.33 |
| Applied to Advances | -287.67 |
| Ending Balance | 229.66 |
| Electronic Fund Transfer | 229.66 |

You have the ability to view statements for your downline. Simply click the box next to "View Downline Statements."

View Downline Statements

| Company Name | Agent Number |
|--------------|--------------|
|--------------|--------------|

If you only want to see one specific agent, click in the "View Downline Statements" box and select the agent name.

View Downline Statements Agent Name: --All--

| Company | Name | Agent Number | Paid Name | Paid Code | Amount |
|---------|------|--------------|-----------|-----------|--------|
|---------|------|--------------|-----------|-----------|--------|

Debit balances

The debit balance report on the agent portal allows you to check your debit balance with GWIC. The report will display your secured and unsecured advance balances. You can also drill into the report and see the policy information associated with the balance.

You can select the date that you would like to view by using the "Date" dropdown arrow and clicking on "View Debit Balances."

Date: 07-15-2018

View Debit Balances

A grid will appear listing your agent information. To see the detailed information behind that debit balance, simply click on your name. You will see a status column populated with either a "S" or "U," which means:

- "S": Policy is active and earning back the advance.
- "U": Policy is no longer active; any future payments you earn will be applied towards the unsecured balance.

When a policy number appears with all "999s," it indicates there is a debit balance on a commission statement. You will need to reference your commission statements to see what comprises of this balance.

You also have the ability to keep track of your downline's debit balances. Select the date you want to view, select "View Downline Statements," and then click on "View Debit Balances."

Date: 07-15-2018

View Debit Balances

View Downline Statements

If you have an unsecured balance, GWIC will notify you? and your upline of the debit balance. If the debit balance is not cleared in a timely manner, GWIC will demand immediate payment, and your appointment with GWIC will be terminated. Failure to send a payment within 30 days of the letter may also result in GWIC reporting the status of the delinquency of your obligation to Vector One.

Vesting information

Your commissions are fully vested as an agent, and they accrue at the rate set forth in your Commission Schedule, unless one of the following occurs:

- You are terminated for cause.
- Your debts are not paid within 60 days from when the debts were due.
- Paying your commissions would be in violation of the law.
- The total vested commissions fall below \$1,000 during a calendar year; GWIC may then pay you a single lump sum equal to 100% of that year's commission in lieu of future commissions.

Please refer to your Agent Agreement for further information regarding vesting guidelines.

Business practices

Client advertising/Intellectual property

Any form of advertisement (including direct mail) that includes GWIC or the product names Guaranteed Assurance or Assurance Plus, in any context, must be submitted to GWIC for approval prior to use. If state approvals are required, GWIC will submit the advertisement to the appropriate state authority.

The GWIC name and logo are statutorily protected by the federal government under the Lanham Act (the Trademark Act) and the Federal Trademark Dilution Act. The company name and logo may not be duplicated, altered, referenced, or used in connection with, in reference to, or amended without the express written permission from GWIC.

Privacy policy

GWIC's business model is based on integrity and trust. Therefore, agents who represent GWIC must operate their businesses under the same guidelines. You must be committed to our customers' personal privacy and only collect information necessary to complete the application and corresponding documents. You may not give or sell any customers' or former customers' nonpublic personal information to anyone; you are also prohibited from selling customers' nonpublic personal health or medical information. You must maintain physical, electronic, and procedural safeguards to secure the information that you receive from customers. Never hold onto an application for longer than necessary. Once an application has been received by GWIC and you have received confirmation that the policy has been issued, you must destroy all documentation containing nonpublic personal information or health and medical information. Do not retain any information that may violate our customers' privacy.

GWIC will send each policyowner a copy of GWIC's privacy policy with the insurance policy, and thereafter in accordance with state laws. You may acquire a copy by contacting GWIC. Any violation of GWIC's privacy policy will be investigated, and the perpetrator will be immediately terminated "for cause" and prosecuted to the fullest extent of the law.

Selling to seniors

Selling life insurance to adults who are age 65 and older (seniors) will require an added measure of diligence on your part. In these sales, take special care to apply all appropriate ethical standards and to meet your duty of honesty, good faith, and fair dealing. The following suggestions will help ensure that your sale is in the senior's best interest:

- Clearly explain that you are an insurance producer and that you are soliciting a life insurance policy.
- Reconsider the sale if the senior seems confused. If you feel you have an ethical need to proceed because of the senior's compelling need, consult with the customer's family members, advisors, or legal representatives. Document any conversations you have with them, and invite them to approve the sale.
- Do not use any confusing, misleading, or unfamiliar insurance terms or professional designations that may indicate or imply that you have special training or certification. If your designation has been approved for use by the appropriate state department, be clear and specific about the training and authority that designation may give you; do not mislead a senior as to the significance of the designation.
- Avoid high-pressure selling tactics. Some seniors may be vulnerable and easily intimidated. While it is important to help customers identify and meet real needs, take care not to cause alarm. If the senior wishes to end the conversation, respect that desire.
- Be conservative when determining the suitability of the product for the senior. Avoid any appearance of overselling.
- Avoid statistics or facts that have the potential to mislead or confuse.

GWIC takes all agent interactions with seniors seriously. If it is alleged that you took advantage of a senior in any way while selling Guaranteed Assurance or Assurance Plus, GWIC will investigate. If these allegations are found to have any substance, GWIC will not hesitate to contact the appropriate state department. You may also be disciplined for such behavior, up to and including termination.

Prizes, gifts, and other incentives

GWIC does not provide opportunities for owners and prospective owners to participate in raffles or receive other gifts and incentives. However, as the agent, you may organize such activities if permissible by law in the state in which you are selling. You are responsible for compliance with all applicable rules and regulations, including state-mandated limits on the amounts for such prizes and gifts. Generally, these prizes and gifts may take the form of gift certificates, merchandise, meals, and event tickets; in no circumstances may they take the form of cash. Providing these items cannot be conditioned on purchase of insurance.

Anti-fraud policy

As a GWIC representative, agents must be aware of insurance fraud red flags and make every effort to avoid and prevent such fraud from occurring. If it is discovered that you have perpetrated fraud in any way, GWIC will investigate and, if the evidence concludes you committed fraud, prosecute to the

full extent of the law. If you are made aware of any illegal or deceptive actions committed by other agents or individuals against GWIC or any of its customers, it is your responsibility to report it to the company's Special Investigation Unit by emailing compliance@gwic.com. Please include in your email a full description of the event and your phone number.

The following suggestions will assist you in your desire to avoid fraud and misrepresentation in all its forms:

Know your customer

As an insurance agent, you are required by state and federal law to know with whom you are doing business. Verify the applicant's identity by checking his or her government-issued picture identification. Witness the applicant sign the application. Never sign an insurance application that you did not negotiate with the applicant.

Money laundering

A red flag for money laundering is a prospective owner applying for several high-face policies at the same time, paying with cash or money order, and then canceling for a refund. In this scenario, the prospective may exhibit disinterest in the product or in the loss of premiums that may result from cancellation. If you see this occur, or if you have any suspicions that a prospective owner intends to launder money through purchase of Guaranteed Assurance or Assurance Plus products, report the instance to GWIC immediately.

Proper signature

Never sign the applicant's name to any documents; this is considered forgery.

Appendix

Several factors determine whether a client is eligible for Assurance Plus coverage. These examples may help you evaluate your client's health history to gauge whether they should buy an Assurance Plus or Guaranteed Assurance plan. More examples and application details can be found on page 8.

| | Conditions | Medications | Health status | Eligibility |
|----|--|---|--|--|
| 1 | Heart attack 8 years ago | Started Metoprolol for hypertension and Simvastatin for cholesterol | No changes in medications since onset; still taking medication daily | Eligible for Assurance Plus |
| 2 | Diagnosed with hypertension in the last 24 months | Started Atenolol, 40 mg | Still taking medication daily | Eligible for Assurance Plus |
| 3 | Diabetes diagnosed 12 years ago | Treated with Metformin, Glyburide, and Pioglitazone | No changes in medications in last 24 months | Not eligible for Assurance Plus due to three medications to treat diabetes |
| 4 | Insulin-dependent diabetes diagnosed 5 years ago | Treated with Novalog daily on a sliding scale | Still taking medication daily | Not eligible for Assurance Plus due to insulin-dependent diabetes |
| 5 | Iron deficiency anemia diagnosed in the last 24 months | Started ferrous sulfate | Still taking medication daily | Eligible for Assurance Plus |
| 6 | COPD diagnosed 6 years ago | Started Qvar, Pulmacort, and Flovent | No changes to medications in last 24 months | Not eligible for Assurance Plus due to COPD diagnosis with current treatment |
| 7 | HIV positive diagnosis 13 years ago | Treated with Truvada | No changes in medications in last 24 months | Not eligible for Assurance Plus due to HIV diagnosis and current treatment |
| 8 | Seizure disorder diagnosed in the last 24 months; hospitalized for one night | Kepra prescribed in the last 24 months | Still taking medication daily | Eligible for Assurance Plus |
| 9 | Alcohol abuse diagnosed and had inpatient treatment 4 years ago | Started Antabuse 3 years ago | Still taking medication; no changes to medication in 24 months | Not eligible for Assurance Plus due to alcohol abuse with current treatment |
| 10 | Asthma diagnosed in the last 24 months | Started Albuterol | Still taking medication as needed | Eligible for Assurance Plus |
| 11 | Essential tremor diagnosed in the last 24 months | Started Primidone | Still taking medication daily | Eligible for Assurance Plus |

| | | | | |
|-----------|---|--|---|---|
| 12 | Cancer diagnosed 4 years ago; treated with surgery, chemotherapy, and radiation | None | No follow-ups, testing, or treatment required in the last 24 months | Eligible for Assurance Plus |
| 13 | Congestive heart failure diagnosed 6 years ago | Treated with cardivlol, digoxin, and furosemide | Medications taken daily; regular follow-ups every 6 months with a cardiologist | Not eligible for Assurance Plus due to medications being taken and regular follow-ups |
| 14 | Heart bypass surgery 14 months ago due to blockage | Clopidogrel, metoprolol, and lisinopril started after bypass | Medications taken daily | Not eligible for Assurance Plus due to less than 24 months since surgery |
| 15 | Stroke 3 years ago | Low-dose aspirin taken daily | No further treatment or residuals from stroke | Eligible for Assurance Plus |
| 16 | Diabetes diagnosed 15 years ago | Metformin | Controlled with medication; no complications due to diabetes | Eligible for Assurance Plus |
| 17 | Diabetes with amputation 4 years ago | Trulicity and metformin | Uncontrolled blood sugar levels and poor circulation | Not eligible for Assurance Plus due to diabetes complications |
| 18 | In a wheelchair | Amlodipine for blood pressure; simvastatin for cholesterol | No restrictions; able to perform all activities of daily living independently without assistance or supervision | Eligible for Assurance Plus |
| 19 | Kidney disease, Stage II | Lisinopril with HCTZ | No complications or treatment required | Eligible for Assurance Plus |
| 20 | Kidney disease, Stage V | Lasix and quinapril | End-stage renal disease; receiving dialysis | Not eligible for Assurance Plus due to kidney dialysis |

FINAL EXPENSE WHOLE LIFE

POLICY HIGHLIGHTS



The death of a loved one is stressful, but all too frequently, this hardship is compounded by a financial loss that could have been minimized or eliminated altogether with adequate life insurance. Your client may think a Final Expense policy is needed only to pay for a funeral, but these funds can also cover many other financial needs. In addition to funeral costs, a Final Expense policy can be used to alleviate other financial burdens, such as estate settlement costs, medical expenses, income replacement, outstanding debts, and even a college fund.

| | ASSURANCE PLUS (LEVEL BENEFITS) | GUARANTEED ASSURANCE (GRADED BENEFITS) |
|----------------------------------|--|--|
| ISSUE AGES | Age last birthday: 50-80 | Age last birthday: 40-80 |
| Issue classes | Male/Female Face amounts: \$2,500*-\$40,000 | Male/Female Face amounts: \$1,000-\$40,000 |
| Benefit | Level Death benefit: First-day coverage with additional 25% payout on the total face amount. | Limited Death benefit for the first two years for non-accidental death; however, it will return 110% of the premiums paid, less any policy loan. |
| Features | <p>Accelerated Death benefit rider at no additional cost. Benefit paid as a lump sum payment based on the present value of the death benefit.</p> <ul style="list-style-type: none"> Terminal illness: Life expectancy is 12 months or less Chronic illness: Cannot perform ADLs for at least 90 days or requires substantial supervision <p>Child/Grandchild rider: Optional coverage that the applicant can purchase at the time of application for only \$1 per month. This rider will pay \$2,500 on the death of a dependent child or grandchild.</p> | <p>Accidental Death: Pays out the full face amount if the insured dies of accidental causes during the first two years.</p> <p>Child/Grandchild rider: Optional coverage that the applicant can purchase at the time of application for only \$1 per month. This rider will pay \$2,500 on the death of a dependent child or grandchild.</p> |
| Simplified application | To be considered for Assurance Plus coverage: The proposed insured must be able to answer all Part D health questions "No." | Guaranteed Assurance coverage: Anyone qualifies, regardless of health. The applicant is not required to answer any of the health questions. |
| Personal health interview | The underwriter may contact the applicant and obtain any additional information concerning their health history and/or obtain clarification of the answers provided on their application. | |
| Policy loans | Available when policy has cash surrender value | |
| Non-forfeiture options | Reduced paid-up policy, automatic premium loan option, or extended term | |
| Premiums | Premiums will never change during the life of the policy. Payment mode options: <ul style="list-style-type: none"> Automatic bank withdrawal: Monthly, quarterly, semi-annually, and annually Credit/Debit card (on e-application only): Monthly, quarterly, semi-annually, and annually | |
| Annual policy fee | \$35 (commissionable; included in premiums) | |

*Assurance Plus face amounts in Washington are \$5,000-\$40,000.

This policy is a non-illustrated product. This policy has limitations and exclusions. Policy availability, exclusions, and limitations may vary by state. See the plan in your state for complete details.

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Solutions to help your customers secure their financial futures

Rated A (Excellent)
by AM Best

(March 2021) For the latest rating,
access www.ambest.com.

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Customer Success: 800-733-5454
New Business prescreen: 800-626-2068, ext. 4443 or option 2

Fax numbers

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Commissions: 515-247-2435
New Business: 515-247-2500

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Commissions: commissions@gwic.com
Customer Success: GWIC@americanenterprise.com
New Business: fenew@gwic.com

Websites

my.gwic.com
www.gwic.com
www.americanenterprise.com



This brochure is intended to provide a general description of the policy/certificate benefits. Plans, policy/certificate provisions, and benefits may vary from state to state. Please see the policy/certificate for further details, including policy limitations and exclusions.

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