ASSURANT®

Agent Reference Manual

P-1146 Series

This manual is for agent reference and training purposes only. These guidelines are designed to assist in the efficient processing of business. The guidelines are not meant to be exhaustive and may not pertain to every situation. The guidelines may be amended or revised from time to time to better administer the business.

The Agent's authority to represent Assurant® and American Memorial Life Insurance Company (AMLIC) is always contingent upon you continuing to conform to any and all Assurant & AMLIC rules, guidelines and notifications that are listed in this reference guide or in any other communications to you by Assurant (whether written or oral) including but not limited to your agent's contract with AMLIC. In addition, as a continuing condition of doing business with Assurant, you have the personal and primary responsibility to remain knowledgeable about any legal requirements pertaining to you in the areas where you do business for Assurant & AMLIC. These legal requirements would include but not be limited to laws, rules, regulations or bulletins or other communications from regulatory authorities.

Failure of the company to follow any particular guideline or guidelines at any time shall not prohibit the company from enforcing that guideline in the future.

Please refer to the website for the most current information.

www.assurantfinalneed.com

Making plans in advance for your own funeral – or that of a loved one – can bring peace of mind when you or your family needs it most. And funding those plans in advance can help make things that much easier. It's just as practical and just as important as planning for a college education, a wedding, a new home or retirement. When you make plans for a funeral in advance, you can fund those plans with final need insurance.

Assurant helps protect things that are important to our customers, like their financial security and their most valuable possessions. Our mission is to bring value to the clients we serve and peace of mind to individuals when they need it most. Every day, our people focus their energy on serving our customers with integrity, passion, urgency and a commitment to serve.

Assurant (NYSE:AIZ) is a global leader in risk management solutions, helping protect where people live and the goods they buy. Millions of consumers count on Assurant's innovative products, services and support for major purchases like homes, cars, appliances, mobile devices and funerals. Assurant partners with leading companies that make, sell or finance those purchases to take great care of their customers and help their business grow. A member of the Fortune 500, Assurant has a market presence in 16 countries worldwide. As of September 30, 2017, the company had $32 billion in assets and $6 billion in annualized revenue.

Contents

Contact Reference

Elite Sales Processing (ESP)
Personal health interview: 888-842-2266
Dedicated Senior Underwriter: 888-842-5892

Submitting AMLIC new business:
Email: fmoefax@assurant.com
Fax: 605-719-0610

AMLIC new business FAX: 605-719-0610

To order supplies and materials
call 1-800-352-5173 or fax 1-800-214-7077
(Leave your "Agent Number" in message)

Final need sales and marketing: 800-621-7162
or email finalneed.marketing@Assurant.com

For licensing or commissions (agent services) information
call 1-800-742-7021, fax 605-719-0607
or email rap.licensing@Assurant.com

Assurant & AMLIC mailing address:
American Memorial Life
PO Box 2730
Rapid City, SD 57709-2730

Assurant physical address:
440 Mt Rushmore Rd
Rapid City, SD 57701

Agent Responsibilities

As a licensed representative of Assurant and AMLIC, your responsibility is to:

- Explain you are representing American Memorial Life Insurance Company as an insurance agent.
- Review the completed application form with the proposed insured. Ask them to read it and ask about any questions they may have.
- Comply with Assurant & AMLIC requirements that have been communicated to you in your agent contract and through communications from time to time by Assurant & AMLIC.

Field Underwriting

You are acting as a field underwriter and agent of the insurance company who assists the company in underwriting (assessing the risk) of the proposed insured. Responsibilities include but are not limited to making sure...

- The proposed insured answers the health questions and replacement questions.
- You are not coaching or interpreting the health questions.
- The application form is completed in its entirety.

Determining Product Eligibility

- Product eligibility is determined, among other functions, by a rules based application and personal health interview with ESP.
- Do not answer the health questions on their behalf, do not allow someone else to answer the questions on behalf of the proposed insured and do not interpret or explain the health questions.
- Fully explain that the coverage is contestable if death occurs in the first two years, depending on the coverage selected.
- A policy may be subject to further medical review if additional MIB and/or prescription codes are submitted to the underwriter after a policy has been issued. In such cases, AMLIC reserves the right to decline the policy and refund the premium to the consumer.
- Ascertain whether the policy owner and proposed insured are mentally capable of completing the application form, which includes being able to comprehend health questions and possibly purchasing life insurance.

Five-step Sales Process

1. Assess needs

- Help the family assess their end-of-life needs.

2. Pre-qualify

- Pre-qualify the proposed insured by completing the application prior to conducting the phone interview.
- Confirm that the proposed insured is able to participate without assistance in the phone interview.
- Decline the proposed insured if they answer any question "Yes" in PART A.

3. Personal health interview

- Performed by AMLIC's partner — Elite Sales Processing (ESP).
- ESP obtains verbal recorded authorization from the proposed insured and completes the Medical Information Bureau (MIB) look-up and prescription check.
- The proposed insured verifies the information on the application.
- The proposed insured must complete the personal health interview.

4. Finalize the application

- The interviewer from ESP will confirm the coverage available for the proposed insured with the agent.
  - Level Benefit Whole Life Rates — if questions in PART A and PART B are all "No."
  - Modified Benefit Whole Life/Return of Premium Benefit Rates — if all questions in PART A are "No" and any question in PART B is "Yes."
- Interview result possibilities:
  a) **Accepted** — collect correct premium and forward application and premium to AMLIC.
  b) **Declined** — do not collect premium, notify proposed insured, send application to AMLIC, and a decline letter will be sent.
  c) **Incomplete/Cancel** — if the application cannot be completed or the proposed insured stops the interview then the proposed insured is declined (go to step b, declined, above).
  d) **Additional opportunities to qualify** - Referred to Underwriter
- Add premium options, modal factors and various methods to submit the first premium.
- Complete other applicable forms to finalize the application.

Note: PA requires "Cash Value Disclosure." GA, IL, NH and WI require "Life Insurance Buyer's Guide."

Note: The agent must inform the proposed insured of the fraud warning.

Note: California requires the 24-hour Appointment \ Confirmation Notice if the proposed insured 65 years of age or older.

5. Submit

- Send in the properly completed application with initial premium.
- If the initial premium is paid by a check or money order, the application and premium can be mailed to:

  P.O. Box 2730,
  Rapid City, SD 57709.

New Issue Flow | Seen/Traditional Sales

Assess needs

Understand the family's needs.

Pre-qualify

Agent 'pre-qualifies' proposed insured by completing the application

↓

Agent and proposed insured call ESP for the personal health interview (PHI)

Personal health interview

Now

Agent, proposed insured & ESP complete PHI

↓

ESP gives the results to the agent

After Hours

Agent leaves phone numbers and form number from application for ESP to call back

↓

Agent completes application from pre-qualification and collects initial payment

↓

ESP calls proposed insured, gathers form number from application and completes PHI

↓

ESP calls agent with PHI results

↓

Agent validates that the appropriate premium is collected

Finalize application

Approved

Agent collects proper initial payment only on approved qualifications and send directly to AMLIC

Pending

Referred to Underwriter

Declined

Send application to AMLIC. Do not collect premium

Submit

If agent is not appointed, the agent completes appointment forms/ requirements

↓

Agent sends application, initial payment and paperwork to AMLIC

Pre-Qualify

Completing the Application

Section #1: Proposed Insured

- Verify age and birth date and provide Social Security Number (SSN).
- Age is defined as age on last birthday (current age).
- Drivers license number is not required.
- Indicate if the proposed insured is a USA citizen (has SSN) or legal permanent resident with immigration card. The SSN/immigration card is used to verify the MIB and prescription check.
- Decline the application if proposed insured is not a USA citizen or legal permanent resident with immigration card.
- Indicate state of birth, height and weight.
- Indicate if proposed insured has applied for insurance in the last two years.

Section #2: Policy Owner Information

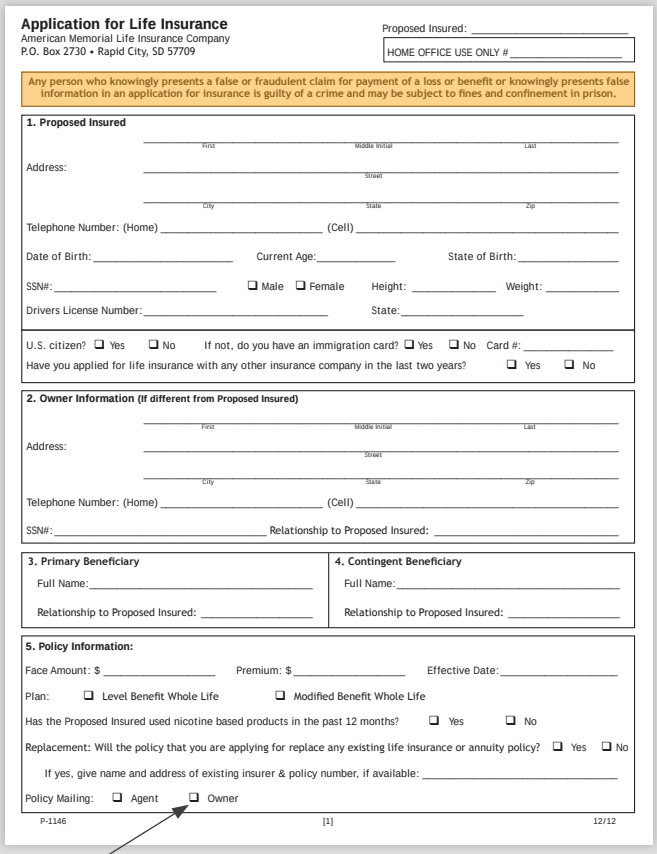
- The agent cannot be the policy owner of a policy nor can someone designated by the agent.
- Completion is only necessary when the policy owner is different from proposed insured.
- SSN for policy owner is not required, if different from the proposed insured.
- A funeral home, trust or charitable organization cannot be named the policy owner.

Section #3 & 4: Beneficiary* Information

- Indicate primary and contingent.
- The beneficiary must have an insurable interest in the life of the insured, be responsible for final expenses and/or have suffered an economic loss, in the event of the insured's death.
- If an insurable interest does not exist, then we will amend the application to read "Estate of the Insured."
- We will not accept an agent being named as a beneficiary unless he/she is an immediate family member.

Section #5: Policy Information

- Indicate face amount and premium. (Each item must be completed).
- Ensure proposed insured meets age requirements for plan.
- Effective date may be post dated up to 30 days
- Have the **proposed insured** answer the replacement question.



Application for Life Insurance
American Memorial Life Insurance Company
P.O. Box 2730 • Rapid City, SD 57709

Proposed Insured: _____
HOME OFFICE USE ONLY #_____

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

1. Proposed Insured

First _____ Middle Initial _____ Last _____

Address: _____ Street

_____ City _____ State _____ Zip

Telephone Number: (Home) _____ (Cell) _____

Date of Birth: _____ Current Age: _____ State of Birth: _____

SSN#: _____ ❑ Male ❑ Female Height: _____ Weight: _____

Drivers License Number: _____ State: _____

U.S. citizen? ❑ Yes ❑ No If not, do you have an immigration card? ❑ Yes ❑ No Card #: _____

Have you applied for life insurance with any other insurance company in the last two years? ❑ Yes ❑ No

2. Owner Information (If different from Proposed Insured)

First _____ Middle Initial _____ Last _____

Address: _____ Street

_____ City _____ State _____ Zip

Telephone Number: (Home) _____ (Cell) _____

SSN#: _____ Relationship to Proposed Insured: _____

3. Primary Beneficiary

Full Name: _____

Relationship to Proposed Insured: _____

4. Contingent Beneficiary

Full Name: _____

Relationship to Proposed Insured: _____

5. Policy Information:

Face Amount: $ _____ Premium: $ _____ Effective Date: _____

Plan: ❑ Level Benefit Whole Life ❑ Modified Benefit Whole Life

Has the Proposed Insured used nicotine based products in the past 12 months? ❑ Yes ❑ No

Replacement: Will the policy that you are applying for replace any existing life insurance or annuity policy? ❑ Yes ❑ No

If yes, give name and address of existing insurer & policy number, if available: _____

Policy Mailing: ❑ Agent ❑ Owner

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= fraud warning

Policy needs to be mailed to the owner

The proposed insured MUST complete the personal health interview. Someone with legal authority and financial responsibilities may sign the application and be named the owner of the policy.

Legal Authority requirements

Power of Attorney (POA)
Guardianship
Conservator
Parent
Spouse

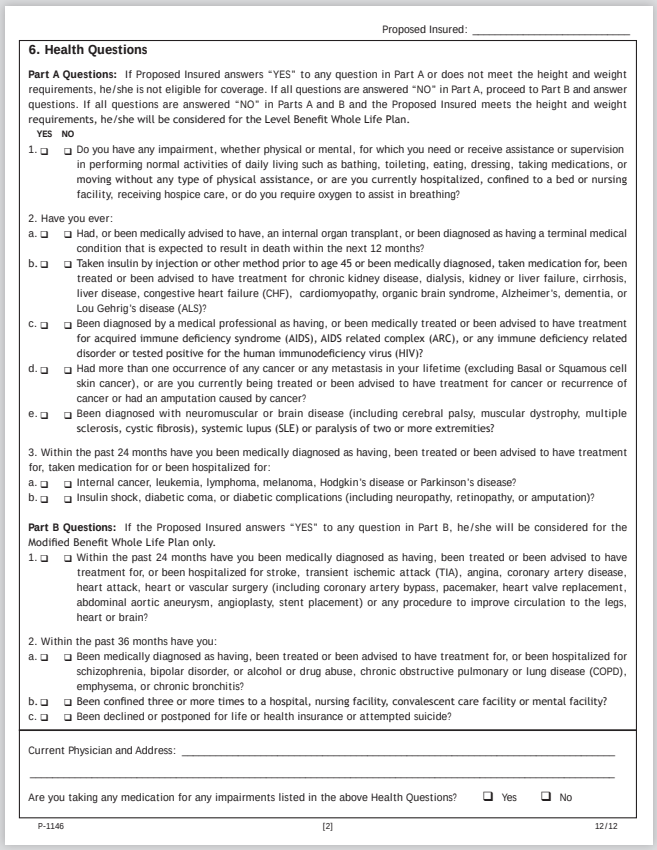
*** A named beneficiary should be the person who is financially responsible for handling the final arrangements of the proposed insured.**

Beneficiary Designation Examples:

Spouse	Mother/Father
Sister/Brother	Child
Grandparent	Grandchild
Responsible Friend/Partner or Relative	

Pre-Qualify

Completing the Application



Proposed Insured: _____

6. Health Questions

Part A Questions: If Proposed Insured answers "YES" to any question in Part A or does not meet the height and weight requirements, he/she is not eligible for coverage. If all questions are answered "NO" in Part A, proceed to Part B and answer questions. If all questions are answered "NO" in Parts A and B and the Proposed Insured meets the height and weight requirements, he/she will be considered for the Level Benefit Whole Life Plan.

YES NO

1. ❑ ❑ Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as bathing, toileting, eating, dressing, taking medications, or moving without any type of physical assistance, or are you currently hospitalized, confined to a bed or nursing facility, receiving hospice care, or do you require oxygen to assist in breathing?

2. Have you ever:

a. ❑ ❑ Had, or been medically advised to have, an internal organ transplant, or been diagnosed as having a terminal medical condition that is expected to result in death within the next 12 months?

b. ❑ ❑ Taken insulin by injection or other method prior to age 45 or been medically diagnosed, taken medication for, been treated or been advised to have treatment for chronic kidney disease, dialysis, kidney or liver failure, cirrhosis, liver disease, congestive heart failure (CHF), cardiomyopathy, organic brain syndrome, Alzheimer's, dementia, or Lou Gehrig's disease (ALS)?

c. ❑ ❑ Been diagnosed by a medical professional as having, or been medically treated or been advised to have treatment for acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the human immunodeficiency virus (HIV)?

d. ❑ ❑ Had more than one occurrence of any cancer or any metastasis in your lifetime (excluding Basal or Squamous cell skin cancer), or are you currently being treated or been advised to have treatment for cancer or recurrence of cancer or had an amputation caused by cancer?

e. ❑ ❑ Been diagnosed with neuromuscular or brain disease (including cerebral palsy, muscular dystrophy, multiple sclerosis, cystic fibrosis), systemic lupus (SLE) or paralysis of two or more extremities?

3. Within the past 24 months have you been medically diagnosed as having, been treated or been advised to have treatment for, taken medication for or been hospitalized for:

a. ❑ ❑ Internal cancer, leukemia, lymphoma, melanoma, Hodgkin's disease or Parkinson's disease?

b. ❑ ❑ Insulin shock, diabetic coma, or diabetic complications (including neuropathy, retinopathy, or amputation)?

Part B Questions: If the Proposed Insured answers "YES" to any question in Part B, he/she will be considered for the Modified Benefit Whole Life Plan only.

1. ❑ ❑ Within the past 24 months have you been medically diagnosed as having, been treated or been advised to have treatment for, or been hospitalized for stroke, transient ischemic attack (TIA), angina, coronary artery disease, heart attack, heart or vascular surgery (including coronary artery bypass, pacemaker, heart valve replacement, abdominal aortic aneurysm, angioplasty, stent placement) or any procedure to improve circulation to the legs, heart or brain?

2. Within the past 36 months have you:

a. ❑ ❑ Been medically diagnosed as having, been treated or been advised to have treatment for, or been hospitalized for schizophrenia, bipolar disorder, or alcohol or drug abuse, chronic obstructive pulmonary or lung disease (COPD), emphysema, or chronic bronchitis?

b. ❑ ❑ Been confined three or more times to a hospital, nursing facility, convalescent care facility or mental facility?

c. ❑ ❑ Been declined or postponed for life or health insurance or attempted suicide?

Current Physician and Address: _____

_____

Are you taking any medication for any impairments listed in the above Health Questions? ❑ Yes ❑ No

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General Rules for All Forms:

- Never use white out.
- Cross out error(s) with one line and have the proposed insured or policy owner and agent initial and date the correction.
- If there are more than three errors, complete a new form.
- Faxed changes are accepted. AMLIC does not need to have the original document.
- Do not use rubber stamps.
- Legibly printed or typed applications are allowed.

Section #6: Health Questions

- Do not interpret health questions. If proposed insured has a question, refer them to their personal physician. Proposed insured must read and physically answer each question. TTY or TDD (Text Telephone or Telecommunication Device for the Deaf) are also available to process the interview.
- The agent must inform the proposed insured that the policy contains a two year contestability provision, during which time the company can rescind coverage or deny a claim for material misrepresentations in the application.

AMLIC has chosen a rules based application processing program which aides the decision maker. This unique approach to the final expense market is a leader in providing easy application processing and immediate approval or decline of the application at the point of sale with the applicant and agent.

The underwriting tools, which include "Yes/No" options to the questions on the application, point of sale review of MIB results, and IntelliScript (drug search), allow for immediate approval or decline of the application. The rules-based underwriting process is impairment driven.

PART A

(Questions 1-3) if any question in PART A is answered "Yes" - Decline

Definitions:

Treatment: Treatment is defined as receipt of medical services, surgery, or therapeutic care due to disease or injury; this does not include routine checkups.

(Part A. #2a)
Internal Organ Transplant: The receipt by transplant of any of the following organs; heart, lung, kidney, pancreas, small intestine or bone marrow.

(Part A. #2b)
ALS (Amyotrophic Lateral Sclerosis - Lou Gehrig's disease) - A rare fatal progressive degenerative disease characterized by increasing and spreading muscular weakness.

(Part A. #2b)
Chronic Kidney (Renal) Disease: Chronic Kidney Disease (CKD), also known as chronic renal disease, is a progressive loss in renal function over a period

of months or years. Often, chronic kidney disease is diagnosed as a result of screening of people known to be at risk of kidney problems, such as those with hypertension/high blood pressure, diabetes and those with a blood relative with chronic kidney disease.

(Part A. #3 a & b)
Medication: Within the past 24 months have you been medically diagnosed as having, been treated or been advised to have treatment for, taken medication for or been hospitalized for:

- Medication being taken for preventative or maintenance reasons for the listed impairments and conditions that were diagnosed over 24 months ago is okay, providing that the proposed insured has been diagnosed by a medical professional as being cured or no active disease present.

Example: If cancer was diagnosed over 24 months prior to application and proposed insured has been diagnosed as cured or with no active disease by a medical professional it is okay to answer question as "NO" with the usage of preventative or maintenance medications.

Example: If taking medication for Parkinson's disease the answer to the question would be "Yes" since it is a progressive disease and on-going.

Answer the question "Yes" if proposed insured is still receiving medication as treatment for a listed impairment that still is considered active, not cured or not under control.

PART B

If any question in PART B is answered "Yes"- eligible for Modified/ROP Benefit

Definitions:

(Part B. #2a)
COPD/COLD: (Chronic obstructive lung disease or pulmonary disease), this health condition includes chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary granulomatosis, pulmonary edema, active tuberculosis, pneumoconiosis (black lung, farmer's lung, asbestosis, silicosis), bronchietasis, pulmonary sarcoidosis, histoplasmosis, and cryptococcosis. Asthma by itself is not considered COPD/COLD and is an acceptable risk factor.

Inhalers: Inhalers open the airway by relaxing the bronchial wall smooth muscle. Inhalers that are used for maintenance medications are not considered treatment and the usage of inhalers would be okay to answer "No" in question 2 (a) in Part B.

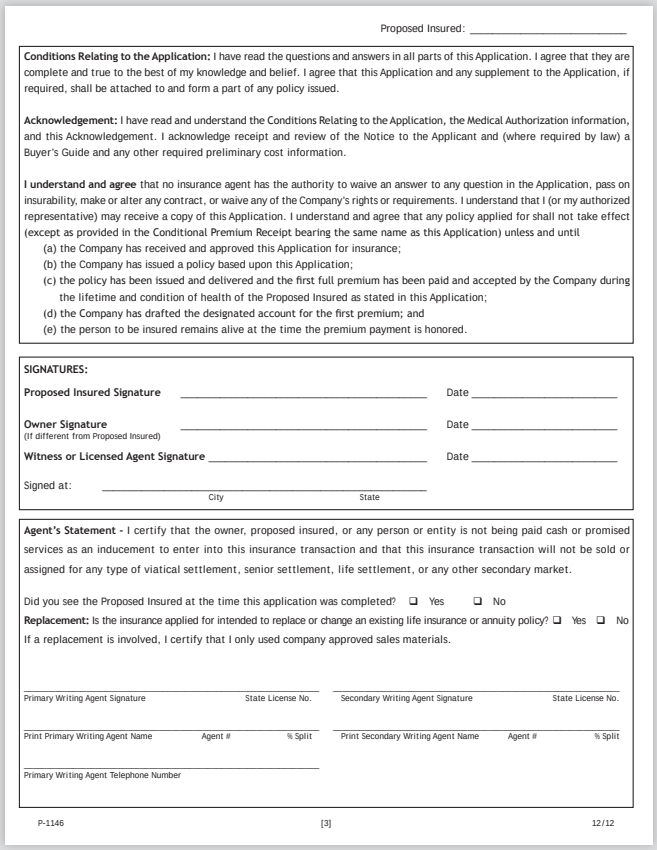
Nebulizer Treatments: A nebulizer or (atomizer) is a device that vaporizes liquid medication into a fine mist. This mist is inhaled into the lungs with a mask or mouthpiece and can deliver higher doses of medication in rescue situations and is not considered a maintenance medication. Nebulizer treatments will be considered treatment as per treatment definition and would be a "Yes" in question 2 (a) in Part B.

Note: There will be additional questions for "Refer to Underwriter" cases if there is a decline based on IntelliScript or MIB. Agent will be given the opportunity to choose decline or appeal to underwriter by having the applicant get back on the telephone for additional questions that could allow for issue on a Level, Modified/ROP, or stay a Decline. Cases that are sent to the senior underwriter will have a decision within 24-48 hours.

Final Question on pg #2: Are you taking any medication for any impairments listed in the above Health Questions? Remember this is a rules based process and is impairment driven not medication driven. The answer to this question does not determine whether or not the application is approved or declined. This question and answer allows for discussion and clarification to the questions in parts A & B.

Pre-Qualify

Completing the Application



Proposed Insured: _____

Conditions Relating to the Application: I have read the questions and answers in all parts of this Application. I agree that they are complete and true to the best of my knowledge and belief. I agree that this Application and any supplement to the Application, if required, shall be attached to and form a part of any policy issued.

Acknowledgement: I have read and understand the Conditions Relating to the Application, the Medical Authorization information, and this Acknowledgement. I acknowledge receipt and review of the Notice to the Applicant and (where required by law) a Buyer's Guide and any other required preliminary cost information.

I understand and agree that no insurance agent has the authority to waive an answer to any question in the Application, pass on insurability, make or alter any contract, or waive any of the Company's rights or requirements. I understand that I (or my authorized representative) may receive a copy of this Application. I understand and agree that any policy applied for shall not take effect (except as provided in the Conditional Premium Receipt bearing the same name as this Application) unless and until

(a) the Company has received and approved this Application for insurance;
(b) the Company has issued a policy based upon this Application;
(c) the policy has been issued and delivered and the first full premium has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in this Application;
(d) the Company has drafted the designated account for the first premium; and
(e) the person to be insured remains alive at the time the premium payment is honored.

SIGNATURES:

Proposed Insured Signature _____ Date _____

Owner Signature _____ Date _____
(If different from Proposed Insured)

Witness or Licensed Agent Signature _____ Date _____

Signed at: _____
City State

Agent's Statement - I certify that the owner, proposed insured, or any person or entity is not being paid cash or promised services as an inducement to enter into this insurance transaction and that this insurance transaction will not be sold or assigned for any type of viatical settlement, senior settlement, life settlement, or any other secondary market.

Did you see the Proposed Insured at the time this application was completed? ❑ Yes ❑ No

Replacement: Is the insurance applied for intended to replace or change an existing life insurance or annuity policy? ❑ Yes ❑ No

If a replacement is involved, I certify that I only used company approved sales materials.

_____ _____
Primary Writing Agent Signature State License No. Secondary Writing Agent Signature State License No.

_____ _____ _____ _____ _____ _____
Print Primary Writing Agent Name Agent # % Split Print Secondary Writing Agent Name Agent # % Split

_____
Primary Writing Agent Telephone Number

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Signature Section

INCLUDE:

- Signed at City, State
- Proposed Insured and Date
- Proposed Insured/Policy Owner and Date
- Witness-Licensed Agent and Date
- If the signature is printed, the agent must submit a statement indicating the reason why.

Agent's Statement Section

INCLUDE:

- Licensed Agent's Signature
- Agent's State License ID Number
- Agent's Printed Name
- Agent Number
- Agent Telephone Number
- Replacement Question, "Yes/ No"
- If a split sale, each agent must sign the application.

Note: Assurant and AMLIC encourages face-to-face selling. The agent can protect the company from poor risk acceptance if they are physically present when the application is completed. We understand that cases may arise where a non-seen sale is unavoidable, and in that case, non-seen is acceptable. (See page 14 "Voice Authorization")

Section #7: Payment Options

Initial Payment options

- Insured **must have** a valid bank account to take out a policy. If not, the policy will not be issued.
- Assurant prefers that a premium payment be submitted with the application. If the initial premium is to be taken via Pre-Authorized Check (PAC), Assurant will draft the premium immediately. However, a PAC date can be set a maximum of 30 days from the application date.
- PAC, Check or Money Order are acceptable initial payment options.
- Do not accept cash.
- Complete the initial and subsequent premium payment choices.
- Ensure calculations for premiums are correct.

Checks/Money Order

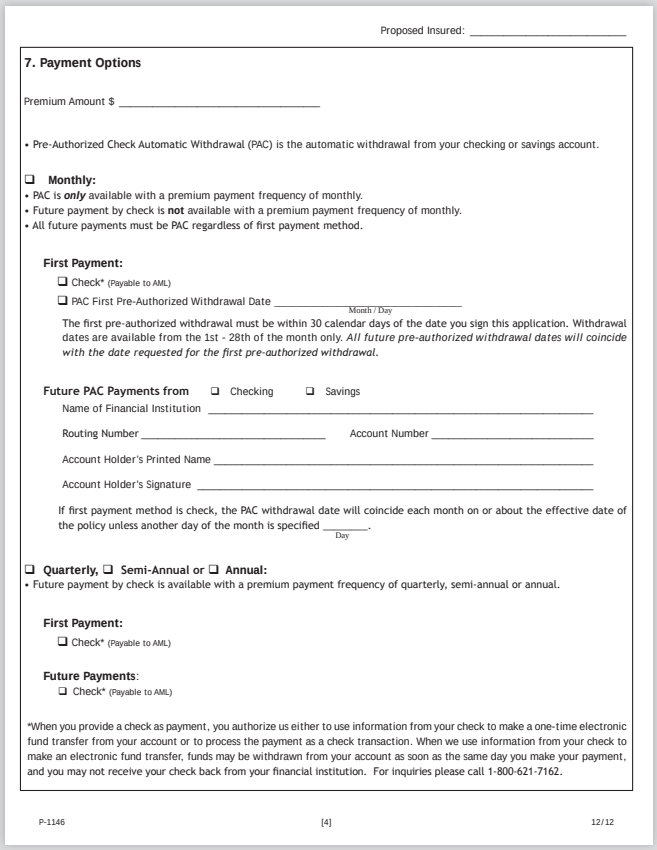
- Ensure checks or money orders are made payable to AMLIC or AML.

Subsequent Payment Options

- Monthly: PAC
- Quarterly, Semi-Annual, Annual: Check

Pre-Authorized Check (PAC)

- Indicate bank/financial institution name.
- Indicate checking or savings.
- Complete routing and account numbers and validate (incorrect numbers could cause a delay in commissions).
- Enter the account holder's printed name and have the account holder sign.
- A voided check or savings withdrawal slip is required. The routing and account numbers will be taken from the slip and not from the information on the application.
- If a voided check is not provided, the "Bank Verification Form" is required.
- If you select PAC, make sure you specify a withdrawal date between the 1st and the 28th.
- PAC date must be set by the 28th of next month if on a monthly schedule.
- PAC date can be set a maximum of 30 days from the application date.



Proposed Insured: _____

7. Payment Options

Premium Amount $ _____

• Pre-Authorized Check Automatic Withdrawal (PAC) is the automatic withdrawal from your checking or savings account.

❑ **Monthly:**
• PAC is ***only*** available with a premium payment frequency of monthly.
• Future payment by check is **not** available with a premium payment frequency of monthly.
• All future payments must be PAC regardless of first payment method.

First Payment:
❑ Check* (Payable to AML)
❑ PAC First Pre-Authorized Withdrawal Date _____ (Month / Day)

The first pre-authorized withdrawal must be within 30 calendar days of the date you sign this application. Withdrawal dates are available from the 1st - 28th of the month only. *All future pre-authorized withdrawal dates will coincide with the date requested for the first pre-authorized withdrawal.*

Future PAC Payments from ❑ Checking ❑ Savings
Name of Financial Institution _____
Routing Number _____ Account Number _____
Account Holder's Printed Name _____
Account Holder's Signature _____

If first payment method is check, the PAC withdrawal date will coincide each month on or about the effective date of the policy unless another day of the month is specified _____ (Day).

❑ **Quarterly,** ❑ **Semi-Annual** or ❑ **Annual:**
• Future payment by check is available with a premium payment frequency of quarterly, semi-annual or annual.

First Payment:
❑ Check* (Payable to AML)

Future Payments:
❑ Check* (Payable to AML)

*When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you may not receive your check back from your financial institution. For inquiries please call 1-800-621-7162.

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Pre-Qualify

Completing the Application

Medical Authorization
For use with Life Insurance Applications.
This Authorization complies with the HIPAA Privacy Rule.

Proposed Insured: _____

_____ _____
Name of primary proposed insured/patient Date of birth

_____ _____
Name of unemancipated minors Date of birth

I authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy benefit manager, pharmacy, MIB, Inc., laboratory, medical facility, insurance company, insurance support organization (or any of its members or affiliates), the Veteran's Administration, my employer, consumer reporting agency, or any other health care provider that has provided payment, treatment or services to me or on my behalf or on the behalf of my unemancipated minor children (collectively, "My Providers") to disclose the entire medical record and any other protected health information concerning me or my above named unemancipated minor children to American Memorial Life Insurance Company ("the Company") or its reinsurers, their agents, employees, and representatives. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. I acknowledge receipt of the MIB, Inc. Pre-Notice and Fair Credit Reporting Act Pre-Notice.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information or that of my unemancipated minor children do not apply to this authorization and I instruct My Providers to release and disclose the entire medical record without restriction.

This protected health information is to be disclosed under the authorization at my request, as permitted by §164.508 of the privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rule").

This authorization shall remain in force for 24 months following the date of my signature below, regardless of my condition and whether living or deceased, and a copy of this authorization is as valid as the original. I understand that I have the right to obtain a copy of this authorization and to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company at Attention: Privacy Task Force, P.O. Box 2730, Rapid City, SD 57709. I understand that a revocation is not effective to the extent that any of My Providers has relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). However, the company will protect the privacy of health information in accordance with other applicable state and/or federal privacy laws and its own privacy policies.

I understand that My Providers may not refuse to provide treatment or payment for health care services because I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record or that of my unemancipated minor children, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I acknowledge that I (or my authorized representative) have received a copy of this authorization.

_____ _____
Signature of Primary Proposed Insured/Personal Representative Date

_____ _____
Signature of Primary Proposed Insured/Personal Representative Date

If signed by an individual's Personal Representative, describe authority to sign on behalf of individual:
{ } Parent { } Power of Attorney { } Legal Guardian { } Other _____

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Medical Authorization

The Medical Authorization is required to be signed by the proposed insured and must be submitted with the application.

The form may be used in the event death occurs within the first 24 months of the policy. By signing the form, the insurance company can review medical records.

Pre-Qualify

Height and Weight Chart

It is important to keep the height and weight consistent with the actual height and weight of the proposed insured on both the paper application and the personal health interview.

Minimum and maximum weights are subject to change.

If the proposed insured exceeds maximum weight – it is a decline.
If the proposed insured is below the minimum weight – it is a decline.

Height	Min. weight (lbs)	Max. Weight (Full Benefit)	Max. Weight (Mod./ ROP Benefit)
	Unisex	Unisex	Unisex
4’8	74	182	194
4’9	76	177	201
4’10	79	198	208
4’11	82	205	215
5’0	84	212	222
5’1	87	219	230
5’2	90	226	237
5’3	93	234	245
5’4	96	241	253
5’5	99	249	261
5’6	102	257	269
5’7	105	264	277
5’8	109	272	286

Height	Min. weight (lbs)	Max. Weight (Full Benefit)	Max. Weight (Mod./ ROP Benefit)
	Unisex	Unisex	Unisex
5’9	112	281	294
5’10	115	289	303
5’11	118	297	311
6’0	122	305	320
6’1	125	314	329
6’2	129	323	338
6’3	132	332	348
6’4	136	340	357
6’5	139	349	366
6’6	143	359	376
6’7	146	368	386
6’8	155	377	395
6’9	170	387	405

Personal Health Interview

AMLIC has partnered with Elite Sales Processing (ESP), a consumer-reporting agency with extensive life insurance experience, to provide point-of-sale inspections. Interviewers are focused on providing excellent customer service. They are trained to accurately verify the information with you and the proposed insured in a non-threatening manner and to give you approval or declination while on the phone call.

Emergency Office Closures:

In the unlikely event of an office closure due to inclement weather, ESP will conduct interviews remotely. Please leave a detailed message with a call back time for the ESP representative.

Begin the personal health interview by contacting ESP at (888) 842-2266.

Personal Health Interview* Steps

1. ESP asks you (the agent) contact information questions.
2. ESP reads the proposed insured a legal statement and initiates recording.
3. ESP verifies the information with the proposed insured.
4. ESP confirms with the agent product eligibility.

*The average Personal Health Interview is 10-15 minutes

ESP Office Hours (CST)

Monday-Thursday
8:00 a.m. to 9:30 p.m.
Friday
8:00 a.m. to 7:00 p.m.
Saturday
10:00 a.m. to 2:00 p.m.

If calling after hours, leave a voice mail and be sure to include the name, phone number and best time to call both the agent and the proposed insured. Also, include the form number of the application (i.e., P-1146).

Note: When sending in your appointment paperwork and the first application for insurance at the same time, inform the phone interviewer that your agent number is still pending.

Common PHI Results

Typical Process	If Additional Underwriting is Needed	
If all questions in Part A and Part B are "No" + (Build is within guidelines, MIB and IntelliScript are okay and within guideline) **Approved Full Benefit**	During the PHI - If the interviewer determines that application will be Referred to Underwriter – Interviewer will perform drill down questions on the impairment or reason for referral at the time of the PHI.	All declines based on MIB or IntelliScript Results **Refer to Underwriter**
If all questions in Part A are "No" and any question in Part B is "Yes" + (Build is within guidelines, MIB and IntelliScript are okay and within guideline) **Approved ROP Benefit**	All Declines based on a "Yes" answer to this question: "If been declined or postponed for Life or health insurance within the last 36 months." **Refer to Underwriter**	There will be No Exam, Blood, HOS or APS – Underwriter will base decision on Drill-Down questions and IntelliScript. **24-48 Hours for decision**
If any question in Part A is "Yes" or Build is not within guidelines **Decline**	APS (Attending Physician Statement) can be obtained when agency appeals a case on a rare special case basis. Underwriter decision to allow appeal. **Appealed Decision will usually take 10-15 days.**	**Underwriting Decision Guideline** Table 2 (100%-150%) = Full Benefit Table 3-6 (175%-250%) = ROP Table 7 (275% and over) = Decline

Voice Authorization

The proposed insured has the opportunity to provide a verbal authorization to obtain insurance coverage using the non-seen sales approach. There is no longer a need to fax, email or mail an application to the proposed insured to obtain a wet signature for a non-seen sale (agent not physically at the same location). The authorization can now be given verbally.

The following is an outline of the non-seen process:

Agent contacts proposed insured via telephone, pre-qualifies proposed insured asking health questions on application.

Note: The maximum face amount for non-seen sales is $15,000. The agent must be licensed in the state in which the proposed insured resides and the application for the resident state must be used. Example: Agent in PA calls client in SD; agent must be licensed in SD and the SD application used.

1. After completing the application the agent contacts Elite Sales Processing (ESP) to conduct a personal health interview. 888-842-2266

2. ESP representative will confirm verbal authorization and mail required disclosure forms to the proposed insured with a postage-paid return envelope.

3. Agent signs application, notes voice authorization of proposed insured in all instances where a signature is required, including time & date and sends fully completed application to American Memorial Life.

Example: Jane Customer, Voice Authorized 1-1-15 at 1:00 p.m.

4. If the owner of the policy is different from the insured, the application will need to be physically signed by the owner.

Premium Rates

Seen/Traditional Sales Minimum and Maximum Face Amounts:

Level Benefit Whole Life (Age Range: 0 - 85)			Modified Benefit Whole Life - ROP Benefit (Age Range: 40 - 80)		
Ages	Max/Life	Min/Life	Ages	Max/Life	Min/Life
0-60	$50,000	$5,000	40-60	$15,000	$5,000
61-70	$25,000	$3,000	61-70	$15,000	$3,000
71-80	$25,000	$3,000	71-80	$10,000	$3,000
81-85	$20,000	$3,000	--	--	--

Non-Seen Face Amount Maximum is $15,000 (*Please refer to page 14 for instructions on non-seen sales)*

Annual rates per $1,000 plus a $30 annual policy fee

	Level Benefit Whole Life				Modified Benefit Whole Life - ROP Benefit			
	Female		Male		Female		Male	
Age	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
0	12.89	--	14.88	--	--	--	--	--
1	12.99	--	14.97	--	--	--	--	--
2	13.08	--	15.07	--	--	--	--	--
3	13.18	--	15.16	--	--	--	--	--
4	13.27	--	15.25	--	--	--	--	--
5	13.37	--	15.35	--	--	--	--	--
6	13.46	--	15.44	--	--	--	--	--
7	13.56	--	15.54	--	--	--	--	--
8	13.65	--	15.63	--	--	--	--	--
9	13.86	--	15.84	--	--	--	--	--
10	14.07	--	16.05	--	--	--	--	--
11	14.27	--	16.25	--	--	--	--	--
12	14.48	--	16.46	--	--	--	--	--
13	14.69	--	16.67	--	--	--	--	--
14	14.86	--	17.03	--	--	--	--	--
15	15.03	--	17.39	--	--	--	--	--
16	15.20	16.98	17.74	20.42	--	--	--	--
17	15.37	17.21	18.10	20.86	--	--	--	--
18	15.54	17.43	18.46	21.30	--	--	--	--
19	15.75	17.69	18.48	21.30	--	--	--	--
20	15.96	17.96	18.50	21.30	--	--	--	--
21	16.16	18.22	18.52	21.30	--	--	--	--
22	16.37	18.49	18.54	21.30	--	--	--	--
23	16.58	18.75	18.56	21.30	--	--	--	--
24	16.90	19.17	18.88	21.66	--	--	--	--
25	17.22	19.58	19.20	22.02	--	--	--	--
26	17.54	20.00	19.52	22.37	--	--	--	--
27	17.86	20.41	19.84	22.73	--	--	--	--
28	18.18	20.83	20.16	23.09	--	--	--	--
29	18.40	21.29	20.50	23.71	--	--	--	--
30	18.62	21.75	20.84	24.33	--	--	--	--
31	18.83	22.20	21.18	24.94	--	--	--	--
32	19.05	22.66	21.52	25.56	--	--	--	--
33	19.27	23.12	21.86	26.18	--	--	--	--
34	19.49	23.58	22.20	26.80	--	--	--	--
35	19.70	24.04	22.54	27.41	--	--	--	--
36	19.92	24.49	22.88	28.03	--	--	--	--
37	20.13	24.95	23.22	28.64	--	--	--	--
38	20.35	25.41	23.56	29.26	--	--	--	--
39	21.16	26.73	24.64	30.69	--	--	--	--

Annual rates per $1,000 plus a $30 annual policy fee

	Level Benefit Whole Life				Modified Benefit Whole Life - ROP Benefit			
	Female		Male		Female		Male	
Age	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
40	21.97	28.05	25.72	32.12	30.15	36.29	36.01	42.62
41	22.79	29.36	26.79	33.55	30.79	36.93	36.65	43.26
42	23.60	30.68	27.87	34.98	31.42	37.56	37.28	43.89
43	24.41	32.00	28.95	36.41	32.06	38.20	37.92	44.53
44	24.77	33.86	29.44	38.21	33.21	39.83	39.92	47.00
45	25.13	35.72	29.93	40.01	34.37	41.46	41.92	49.48
46	25.48	37.58	30.42	41.80	35.52	43.08	43.93	51.95
47	25.84	39.44	30.91	43.60	36.68	44.71	45.93	54.43
48	26.20	41.30	31.40	45.40	37.83	46.34	47.93	56.90
49	27.09	43.11	32.63	47.71	39.25	48.48	50.20	59.55
50	27.98	44.92	33.85	50.02	40.66	50.62	52.46	62.19
51	28.78	45.59	34.63	51.36	42.04	52.24	54.73	64.80
52	29.58	46.25	35.41	52.69	43.43	53.87	56.99	67.42
53	30.38	46.92	36.19	54.03	44.81	55.49	59.26	70.03
54	31.58	47.29	37.36	55.03	45.38	57.17	60.45	72.21
55	32.77	47.65	38.52	56.02	45.95	58.85	61.63	74.38
56	34.64	49.21	41.32	58.51	46.48	61.43	62.82	76.55
57	36.50	50.77	44.11	61.00	47.02	64.00	64.02	78.72
58	38.37	52.33	46.91	63.49	47.55	66.58	65.21	80.89
59	39.18	54.06	48.53	66.37	49.35	69.60	67.06	85.80
60	39.99	55.79	50.14	69.24	51.14	72.62	68.90	90.70
61	42.25	57.96	52.83	73.41	53.57	76.04	70.76	96.75
62	44.50	60.12	55.51	77.58	56.01	79.45	72.61	102.80
63	46.76	62.29	58.20	81.75	58.44	82.87	74.47	108.85
64	47.73	65.35	60.21	87.06	61.25	86.77	80.47	117.10
65	48.70	68.40	62.22	92.37	64.06	90.67	86.46	125.35
66	51.85	70.90	67.05	98.26	67.43	94.44	92.47	134.03
67	54.99	73.40	71.89	104.16	70.81	98.20	98.49	142.72
68	58.14	75.90	76.72	110.05	74.18	101.97	104.50	151.40
69	59.70	79.27	79.52	116.76	78.66	107.05	113.00	164.98
70	61.25	82.63	82.32	123.46	83.13	112.13	121.50	178.55
71	66.74	87.45	89.83	133.80	89.21	119.06	130.03	193.50
72	72.24	92.26	97.34	144.14	95.28	125.98	138.57	208.46
73	77.73	97.08	104.85	154.48	101.36	132.91	147.10	223.41
74	79.79	102.23	107.30	166.27	109.45	141.65	158.53	244.85
75	81.85	107.37	109.74	178.06	117.53	150.38	169.95	266.29
76	90.27	114.62	119.81	186.20	126.59	161.78	178.35	279.33
77	98.68	121.88	129.88	194.33	135.66	173.19	186.74	292.36
78	107.10	129.13	139.95	202.47	144.72	184.59	195.14	305.40
79	113.66	133.56	148.94	207.12	156.52	200.05	211.06	333.18
80	120.22	137.99	157.92	211.77	168.31	215.51	226.98	360.96
81	125.13	140.95	161.38	214.87	--	--	--	--
82	130.03	143.90	164.83	217.98	--	--	--	--
83	134.94	146.86	168.29	221.08	--	--	--	--
84	144.61	164.44	183.69	249.71	--	--	--	--
85	154.27	182.01	199.08	278.34	--	--	--	--

Payment Frequency Factor

Monthly	0.09
Quarterly	0.26
Semi-Annual	0.51

Age is age on last birthday (current age).

Example: $10,000, Female, Level Benefit - Preferred, Non-smoker, Age 65

Annual Rate per $1,000	$48.70	
Amount of insurance	$10,000	
Policy fee	$30.00	
Annual premium	$517.00	(rate (amt ins/1000)) + $30 Pol fee
Monthly premium	$46.53	Annual x Factor
Quarterly premium	$134.42	(517.00 x 0.26)
Semi-annual premium	$263.67	(517.00 x 0.51)

Policy Procedures & Guidelines

Policy Procedures

30-Day Cancellations & Surrender Requests
Initial request must come from the consumer in writing. Requests can be faxed or emailed to the home office.

Policy Rewrites
An agent is permitted to rewrite or replace a policy one time. The agent should contact the home office for approval prior to rewriting the client.

Smoker to Non-smoker
In the event a policy holder has stopped using nicotine-based products, a request may be submitted to switch to non-nicotine rates. Requests can be faxed or emailed to the home office after 12 months of being nicotine free.

Policy Reinstatements
A lapsed policy may be reinstated up to two years after the lapse date, providing all the back premium is paid and the evidence of insurability form is completed.

Policy Conservation
In the event a premium is returned due to NSF or incorrect bank info, AMLIC has a policy conservation process to assist the consumer. We can also assist with lapsed policies and getting them reinstated.

Policy Mailing
Policies are mailed directly to the consumer. If a policy is to be mailed to the agent for delivery, indicate that on page one of the application.

Death Claims
It is very important that you complete the agent survey as soon as possible on a contestable claim, in order to minimize any delays with settling the claim.

Top Pending Reasons

Agent not appointed This may take a couple of days depending on the history/background checks.

No personal health interview completed It is vital to complete the Personal Health Interview prior to sending in the application/forms.

Health questions are not completed or do not match the personal health interview answers It is important to keep the answers consistent in both the Personal Health Interview and the application.

Incorrect form type/wrong application Please make sure the application/forms that you are using are for the correct state. We use the "insured's signed at state" for the contracting state.

Post dated applications The application will be issued on effective date. The premium draft date must be within 30 days of the effective date.

No PAC information for monthly bank drafts Indicate bank/financial institution name and complete the additional details from the "Application: Payment Options" on page 10.

Not enough premium to cover the first payment Ensure calculation and information is correct. (See pages 10, 15 & 16)

Premium miscalculated Ensure calculation and information is correct, you can always call our home office to verify that the premium is correct (See page 15-16).

Missing premium amount Don't forget to include the "Premium Amount $___" on page 1 of the application. (See page 6)

Annual/semi-annual premiums will be issued, but commission will be held for 21 days The policy will be issued, but as an added protection for possible large chargebacks to your account; we hold the commissions for 21 days.

Minimum/Maximum Face Amount for age group See page 15 for the chart.

Date of birth does not correlate to age Age is defined as age on last birthday (current age).

Backdating We can backdate to save age, for up to six months unless the insured is over age 85, all questions on the application must be answered as of today's date. Note: Multiple premiums could be taken out at the same time to have the policy paid up to date.

Application effective dates
Effective date of coverage is based on the latter of the application date or date on check or credit card withdrawal. Effective date may be post dated up to 30 days.

Poor Document Quality Use the highest quality if using a fax machine.

Missing Forms Include all forms (such as Replacement Forms).

Replacement Guidelines

American Memorial Life Insurance Company is a non-replacing life insurance company.

We do not promote the replacement of any existing coverage with new coverage from AMLIC nor should you propose the replacement of existing coverage. While we do not encourage it, a policy owner has the right to replace their existing coverage with our policy. It is your duty in those situations to determine, as much as you're able, that the replacement of the existing coverage is a suitable decision for the policy owner.

The following steps are required to determine if a replacement is involved in each transaction:

- Ensure that both the proposed insured and agent replacement sections on each application are properly completed. You are both required to answer and the answers should match.
- If the proposed insured answers yes to the question in the replacement section you are required to present and read to them the appropriate replacement notice.
- Ensure that the replacement notice is fully completed and signed and that a copy is left with the proposed insured and a copy is submitted with the application.

The following steps are required when a replacement is indicated:

- You are required to obtain the appropriate information regarding each existing policy, including existing insurer(s) name, address and telephone number, the existing policy number(s), and any other requested information on the form, which will assist us in notifying the existing insurance company as required.
- You are required to leave copies of any sales materials used during the transaction. As a reminder, you are only permitted to use sales material that have previously been approved by AMLIC.

Internal Replacement Guideline

It is unacceptable to initiate any internal replacement. You should not knowingly write a new policy that will replace an existing AMLIC policy.

A new policy may be considered a replacement based on the actions taken on another policy, especially such actions that result in a termination or lapse of a previously purchased policy at any point from six months prior to twelve months after the purchase of a new policy.

Monitoring of Replacements

We will regularly monitor any replacement activity to determine compliance with these guidelines. We will look for replacement trends that indicate the active promoting or initiating of replacement; we will also monitor for violations of our internal replacement guideline or indications of churning, as well as any violation of state law regarding replacements.

Advertising & Marketing

The term "advertisement" means material designed to create public interest in an insurance product or an insurer or to encourage the public to purchase, increase, modify, reinstate or retain a policy.

The definition of advertisement includes but is not limited to: printed and published material, audio visual, direct mail, newspapers, radio scripts, sales aids of all kinds, booklets, websites, logos, service marks, illustrations, etc.

All advertising and sales materials **must** be reviewed and approved by the AMLIC Home Office before they may be used.

Policies for Family

Policies may be written on family members. However, the agent will be paid commission on an "as-earned" basis. The agent cannot be named the policy owner or designated payor on the policy(s).

True Group and/or Association Sales Guidelines

FMO's, MGA's and agents can market the final expense product through groups or association provided at least all the following conditions are met:

- Presentation of the product must be done outside of work hours and offered as a voluntary product.
- Individual proposed insured must complete the application and personal health interview with Elite Sales Processing (ESP).
- ESP underwriting interview and application completed within 7 days of each other and submitted to AMLIC within 4 days of completion.
- The policy owner of the policy must be the proposed insured or valid related party. A group or association cannot be named the policy owner or pay the premiums.
- "Group billing" or "List Billing" is not available. Premiums must be paid monthly via bank draft (PAC) and must be paid directly from the proposed insured's or payor's bank account.
- Additional conditions may be required upon review of the group.

In addition to the above criteria, AMLIC reserves the right to impose a face amount limitation and/or commission cap depending on the type of group situation and risk assessment.

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