

wellabe®

Great Western
Insurance Company
A Wellabe Company

Voyage Series Product Guide



Welcome to Wellabe®

Our name Wellabe comes from the phrase, “We’ll always be.” It’s a simple but accurate reflection of not just what we do, but who we are. We’ll always be ready — to serve, to build relationships, and to help our customers prepare for good days and bad. It’s who we’ve always been and who we’ll always be.

We have a deep desire to positively impact lives and build a world where people are empowered to be well — well prepared, well protected, and well loved. That’s why we create Preneed plans like Voyage — and its companion products Course and Destination — to help people prepare for tomorrow so they can live better today.

Taking Preneed insurance to another level, the Voyage Series life product is the first to simultaneously credit both favorable simple and compound growth rates, and then pay a death benefit equal to either the initial face amount plus the higher of the two growth rates or the total amount of the premiums paid.

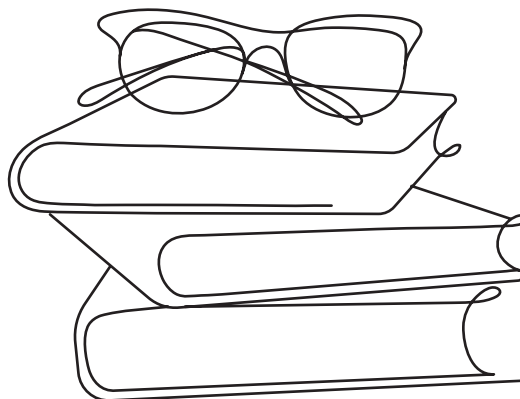
Voyage Series highlights

- It’s designed to credit a favorable growth rate to the face amount of the policy or return the premiums paid as a death benefit, whichever is greater.
- Customers will never pay more than what gets returned in a death benefit.
- It’s offered in Single-pay, One-year, Three-year, Five-year, and 10-year payment plans.
- Payment plans are restricted by age, up to age 89.
- Two health questions qualify customers for first-day coverage; otherwise, a graded death benefit plan is available.

This guide will help you understand the Voyage Series life product and properly complete applications. Please contact our home office with any questions at 866-689-1401.

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Voyage series at a glance

Plan options	Single premium	Down Payment rider	Add-on rider	First-day coverage: multi-pay	Guaranteed issue multi-pay
Minimum face amount	\$500	\$500	\$250	\$750	\$750
Available ages	0-89	0-89	0-89	0-89 1-pay 0-87 3-pay 0-85 5-pay 0-80 10-pay	0-87 3-pay 0-85 5-pay 0-80 10-pay*
Underwriting	None	None	None	2 health questions and physician information	None
Premium discounts	Available ages 0-70	Available ages 0-70	None	None	None
Death benefit during first and second year	Equal to the higher of the initial face amount plus any growth or total premiums paid**				See Limited Death benefit table, page 15
Death benefit after the second anniversary date	Equal to the higher of the initial face amount plus any growth or total premiums paid**				
Accidental death benefit	Not applicable				Increases regular death benefit up to the face amount (not double indemnity)
Away-from-home death benefit***	A standard \$500 for certificate holders with an initial face amount of \$2,000 or more who die 250 miles or more from their permanent residence				
Away-from-home supplemental rider	An additional \$500 benefit for a one-time, \$10 premium				
Grandchild rider	\$2,500 death benefit for one covered grandchild for a one-time, \$10 premium. Available to certificate holders who have a policy with an initial face amount of \$2,500 or more				
Expected plan growth	Figured from date of issue to date of death, growth will be the greater of a favorable simple rate or inflation-sensitive compound growth rate				

Technically, in states where group life plans are available, one policy covers an entire group. Individuals purchase a certificate under the group policy. A certificate looks and acts like a policy.

* In Missouri, the available ages are 0-75 for all payment options.

**All growth in certificates will accumulate from day one and be credited after the first 90 days and then monthly thereafter.

***The Away-from-home death and the Away-from-home supplement riders are not available in all states.

Common features

- **Away-from-home death benefit:** A standard \$500 benefit for holders of a certificate with an initial face amount of \$2,000 or more and who die 250 miles or more from their permanent residence. Wellabe will only pay one Away-from-home death benefit per insured life.
- **Accidental death benefit:** This is included on all guaranteed-issue multi-pay plans.
- **Policy growth:** This is credited monthly and calculated from the date of issue. The insured must live three full months after the issue date to receive any increase over the initial face amount.
- **Qualifications:** No insurance will be in force unless the insured is alive and his or her insurability remains as described in the application at the time the certificate is delivered, and the full premium for the mode selected is paid. A certificate is considered delivered 72 hours after it leaves our home office.

Enhanced options

- **Away-from-home supplemental rider:** An additional \$500 Away-from-home death benefit is available for a one-time, \$10 premium that must be paid at the time of application. To be eligible for the death benefit, the death must occur more than 250 miles from the insured primary residence. This rider may be attached to any first-day coverage or guaranteed-issue policy, and one rider may be issued per insured. No restrictions on face amount exist for this rider, and it is available for all Voyage Series plans, except in Kansas.
- **Exception:** For certificates with an initial face amount less than \$2,000, the rider may be purchased; however, the standard Away-from-home death benefit does not apply.
- **Grandchild rider:** This rider provides a \$2,500 death benefit for one covered grandchild who is naturally born or legally adopted. The cost of this rider is a one-time, \$10 premium that must be paid at the time of the Preneed application. This rider may be attached to any first-day coverage or guaranteed-issue policy with a minimum face amount of \$2,500 at the time of application and remains in effect as long as the grandparent is alive.

Tech tools

iPremium Calculator

Our Peneed iPremium Calculator is a simple way to calculate premiums based on the maximum face value by state.

The Peneed iPremium Calculator is compatible with iOS and Android operating systems. Contact your regional manager for an activation code.

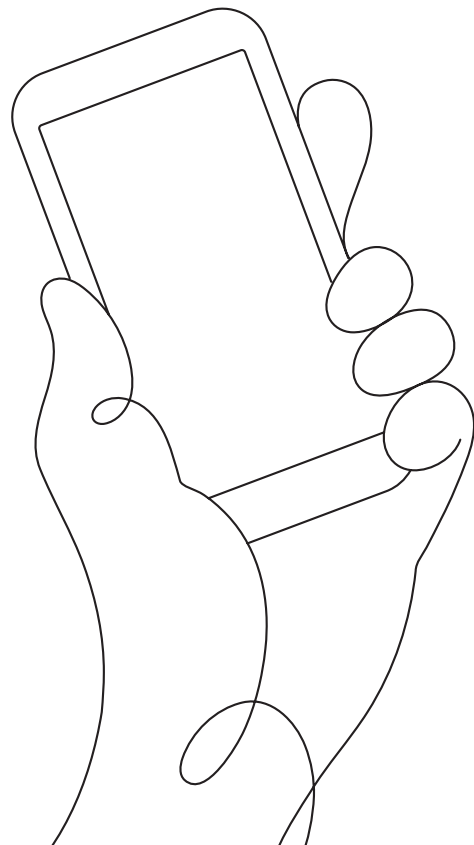
MyEnroller

If you haven't already, now is the time to try MyEnroller®, our electronic application tool. MyEnroller is available in the following states: Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Minnesota, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

MyEnroller is the most efficient way to submit your Peneed applications because it:

- Takes you through the application process step by step, ensuring the correct state application is used and all required forms are submitted
- Allows for quicker application processing time
- Accepts e-signatures and voice authorization
- Gives the ability to create funeral packages that auto-fill the funeral service agreement (FSA)

To use MyEnroller, please log into the agent portal and click on the "MyEnroller: Peneed" button.



Single Premium

The Single Premium plan was designed for people who wish to pay the full premium at the time of application. Premium discounts can be given to customers based on their age. Alternatively, customers can choose to receive an increased face value.

Here are the rate factors for the Single Premium plan. To calculate the discounted premium, multiply the factor by the face amount and round up the result to the next whole dollar. To calculate an increased face amount, divide the initial face amount by the factor and drop the remaining cents. A complete rate chart can be found [on page 14](#). iPremium will automatically calculate the amount if either the “Single Pay Enhanced” or “Single Pay Discounted” option is selected.

Age	0-45	46-50	51-55	56-60	61-65	66-70	71-100
	99.5%	99.5%	99.5%	99.5%	99.9%	99.9%	100%

Sample

Age: 65
 Funeral price: \$5,000
Increased face amount
 $\$5,000 \div 99.9\% = \$5,005$
 When calculating an increased face amount, drop the cents and do not round up.
Premium discount
 $\$5,000 \div 99.9\% = \$4,995$
 When calculating a reduced premium, round up the result to the next whole dollar.

Certificate Information

Total Face Amount \$	5,000	Total Paid to Agent \$	4,995
Base Face Amount \$	5,000	Modal Premium \$	4,995
<i>Down Payment Rider</i>			
Face Amount \$		Premium Amount \$	
<input type="checkbox"/> Away-From-Home Rider:		One-Time Premium \$10	
<input type="checkbox"/> Grandchild Rider:		One-Time Premium \$10	
<i>Payment Mode</i>	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
	<input type="checkbox"/> 5 yr	<input type="checkbox"/> 10 yr	<input type="checkbox"/> Mo
	<input type="checkbox"/> Qtr	<input type="checkbox"/> Semi	<input type="checkbox"/> Ann
<input type="checkbox"/> Automatic Withdrawal		<input checked="" type="checkbox"/> Voyage	
<input type="checkbox"/> Direct Bill (Coupon Sheet)		<input type="checkbox"/> Course	
Special Instructions			
<i>Initial Payment:</i> <input checked="" type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit			

Featured benefits

- Health questions are NOT required.
- Minimum policy amount: \$500
- Maximum amount: \$24,999; amounts \$25,000 or greater must be pre-approved by Wellabe. (Additional state and/or licensing restrictions may apply.)
- Available ages: 0-100
- Death benefit, at all times, is equal to the initial face amount plus any applicable growth.
- In situations where a customer wishes to pay the full premium but requires additional time to gather the entire amount, the policy can be issued as One-pay with 1/12th down. The policy will then be processed as an early pay-off payment when the balance is paid within 60 days of the certificate issue date. The certificate will be delivered as usual as a limited benefit One-pay. The certificate will be reissued as a Single Premium when the full premium has been received by our home office.

First-day coverage: Simplified underwriting

This product is designed for those who are in good health. The two simple health questions must be answered “no” and initialed, as well as physician information filled out completely, to qualify. Payment options for one, three, five, or 10 years are available.

Refer to the appropriate rate chart for premium factors and plan codes.

Featured benefits

- Minimum policy amount: \$750
- Maximum amount: \$24,999; amounts \$25,000 or greater must be pre-approved by Wellabe. (Additional state and/or licensing restrictions may apply.)
- Available ages: One-pay: 0-89, Three-pay: 0-87, Five-pay: 0-85, 10-pay: 0-80
- Death benefit, at all times, is equal to the initial face amount plus any applicable growth or total premiums paid, whichever is greater.
- A minimum of one modal premium must be collected at the time of application.
- All remaining premiums can be collected via automatic bank withdrawal for customer convenience. This also decreases lapse and cancellation rates. Direct bill payments are available but at an increased rate to the customer.
- The following health questions must be answered “no” and initialed by the applicant to qualify:*
 - Now or within the last two years, has the insured been hospitalized or in a nursing home, or has the insured been advised to be hospitalized or in a nursing home and refused?
 - In the last two years, has the insured been diagnosed with, treated for, or prescribed medication by a healthcare provider for any of the following diseases: cancer; tumor; insulin-dependent diabetes; human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or acquired immune deficiency syndrome-related complex (ARC); any disorder of the blood, kidney, lung, brain, heart, circulatory system, or liver?

Sample

Age: 70, perfect health

Funeral price: \$5,250

Five-year plan using automatic bank withdrawal

Certificate Information

Total Face Amount	\$ 5,250	Total Paid to Agent	\$ 129
Base Face Amount	\$ 5,250	Modal Premium	\$ 129
<i>Down Payment Rider</i>			
Face Amount	\$	Premium Amount	\$
<input type="checkbox"/> Away-From-Home Rider:		One-Time Premium \$10	
<input type="checkbox"/> Grandchild Rider:		One-Time Premium \$10	
<i>Payment Mode</i>	<input type="checkbox"/> Single	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
	<input checked="" type="checkbox"/> 5 yr	<input type="checkbox"/> 10 yr	<input type="checkbox"/> Mo
	<input type="checkbox"/> Qtr	<input type="checkbox"/> Semi	<input type="checkbox"/> Ann
<input checked="" type="checkbox"/> Automatic Withdrawal		<input checked="" type="checkbox"/> Voyage	
<input type="checkbox"/> Direct Bill (Coupon Sheet)		<input type="checkbox"/> Course	
Special Instructions			
<i>Initial Payment:</i> <input checked="" type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit			

- The physician information section must be completed to qualify.

If death occurs during the first two contract years of a first-day coverage policy, Wellabe will pay full benefits when the physician’s records confirm the customer’s information. If not confirmed, the death benefit will be a refund of the premiums paid.

* Questions may vary by state. For specific questions, see the Health Guidelines section.

Guaranteed issue

Everyone qualifies for this type of plan, regardless of their health. Premium rates are the same as the first-day coverage product. This makes it convenient for you to calculate the premium before determining the health status of your client. A limited death benefit during the first two years is the main difference from first-day coverage. After the two-year, limited-benefit period, the death benefit is equal to the initial face amount plus accumulated growth or total premiums paid from issue, just like a first-day coverage plan. Voyage only offers three, five, or 10 years payment options.

Featured benefits

- Health questions are NOT required.
- Minimum policy amount: \$750
- Maximum amount: \$24,999; amounts \$25,000 or greater must be pre-approved by Wellabe. (Additional state and/or licensing restrictions may apply.)
- Available ages: Three-pay: 0–87, Five-pay 0–85, 10-pay: 0–80*
- A minimum of one month’s premium must be collected at the time of application.
- All remaining premiums can be collected via automatic bank withdrawal for customer convenience. This also decreases lapse and cancellation rates. Direct bill payments are available but at an increased rate to the customer.

To calculate a limited death benefit, [see page 15](#).

Sample

Age: 68

Funeral price: \$6,000

Three-pay monthly plan using automatic bank withdrawal

Certificate Information

Total Face Amount	\$ 6,000	Total Paid to Agent	\$ 216
Base Face Amount	\$ 6,000	Modal Premium	\$ 216
<i>Down Payment Rider</i>			
Face Amount	\$	Premium Amount	\$
<input type="checkbox"/> Away-From-Home Rider:		One-Time Premium \$10	
<input type="checkbox"/> Grandchild Rider:		One-Time Premium \$10	
<i>Payment Mode</i>	<input type="checkbox"/> Single	<input type="checkbox"/> 1 yr	<input checked="" type="checkbox"/> 3 yr
	<input type="checkbox"/> 5 yr	<input type="checkbox"/> 10 yr	<input checked="" type="checkbox"/> Mo
			<input type="checkbox"/> Qtr
			<input type="checkbox"/> Semi
			<input type="checkbox"/> Ann
<input checked="" type="checkbox"/> Automatic Withdrawal		<input checked="" type="checkbox"/> Voyage	
<input type="checkbox"/> Direct Bill (Coupon Sheet)		<input type="checkbox"/> Course	
Special Instructions			
<i>Initial Payment:</i> <input checked="" type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit			

* Ages may vary by state.

Down Payment rider

This Single Premium rider is available for applicants who wish to purchase a multi-pay plan and make a large down payment (of \$500 or greater). This rider can be used with all One-, Three-, Five-, and 10-pay Voyage Series plans.

The initial payment, which includes the down payment and the first month's premium, is collected at the time of application. The rider initial face amount is subtracted from the total face amount to determine the base plan. The monthly premium payments are calculated from the remaining base plan amount.

The premium for the rider is discounted or the initial face amount is increased based upon the insured's age. Use the table below to determine the appropriate value.

Featured benefits

- Health questions are NOT required.
- Minimum rider amount: \$500
- Available ages: 0-89
- Death benefit, at all times, is equal to the initial rider face amount plus any applicable simple or compound growth.

To determine an increased face amount, divide the initial rider face amount by the factor in the chart and drop the cents. To calculate a discounted premium, multiply the initial rider face amount by the factor in the chart. Remember to round all premiums up to the next whole dollar.

Age	0-45	46-50	51-55	56-60	61-65	66-70	71-100
	99.5%	99.5%	99.5%	99.5%	99.9%	99.9%	100%

Sample

Age: 65
 Funeral price: \$5,000
 Five-year pay, monthly
 Automatic bank draft
 \$1,000 down payment
 $\$1,000 \div 99.9\% = \$1,001$
 $\$5,000 - \$1,001 = \$3,999$
 $\$3,999 \text{ (base)} \times 2.25\% \text{ (from rate chart)} = \$89.98 = \$90$
 $\$1,000 + \$90 = \$1,090$ total due at time of application

Certificate Information

Total Face Amount \$	5,000	Total Paid to Agent \$	1,092
Base Face Amount \$	3,999	Modal Premium \$	92
<i>Down Payment Rider</i>			
Face Amount \$	1,001	Premium Amount \$	1,000
<input type="checkbox"/> Away-From-Home Rider:		One-Time Premium \$10	
<input type="checkbox"/> Grandchild Rider:		One-Time Premium \$10	
Payment Mode	<input type="checkbox"/> Single <input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr <input checked="" type="checkbox"/> 5 yr <input type="checkbox"/> 10 yr	<input checked="" type="checkbox"/> Mo <input type="checkbox"/> Qtr <input type="checkbox"/> Semi <input type="checkbox"/> Ann	
<input checked="" type="checkbox"/> Automatic Withdrawal		<input checked="" type="checkbox"/> Voyage	
<input type="checkbox"/> Direct Bill (Coupon Sheet)		<input type="checkbox"/> Course	
Special Instructions			
Initial Payment: <input checked="" type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit			

Following along in this sample: First, determine the increased face amount using the \$1,000 for the rider portion. Remember to drop the cents.

Next, subtract the rider face amount from the total funeral amount to determine the base plan. Finally, the base plan of \$3,999 will be paid as a Five-pay plan. Take the factor from the rate chart and multiply by this new base plan. The total due at the time of application is \$1,092. Remember to round up to the next dollar.

Single-pay Add-on rider

The Single-pay Add-on rider is for clients who have previously purchased a Voyage Series plan and want to upgrade or add merchandise or services to their existing funeral service agreement. The rider is available for all plans.

The add-on amount will be issued as a rider and attached to the existing certificate. An additional, shortened application form is completed for this add-on rider. This rider is only available for existing Voyage Series plans. The growth rate on the rider starts on the 91st day after it is issued.

Featured benefits

- Health questions are NOT required.
- Minimum rider amount: \$250
- Available ages: 0-100
- Death benefit, at all times, is equal to the initial rider face amount plus any applicable growth.
- The full rider premium amount must be collected at the time of application.
- Premium discount is not available.
- Combined face amounts of all existing coverage cannot exceed \$24,999 without approval from Wellabe.

Sample

Age: 65
Add \$375 to an
existing plan

Application to Great Western Insurance Company		<i>(Please Print)</i>	
IA State	Print Agent Name Joe Agent	Agent Number 00000	Date (mm/dd/yyyy) 11/11/2020
Insured's Information			
Full Name John Preneed			
Social Security # XXX-XX-XXXX	Sex Male	Age 65	Birthdate 10/10/----
Mailing Address 123 Any Street			
City Any town			State Iowa
Zip 00000	Telephone # (866) 689-1401		
Add-on Rider Information			
Existing Policy # 000000000		Face Amount and Premium Amount \$ 375	
Does the applicant have any existing policy or annuity? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No			
Will the proposed insurance replace any existing policy or annuity? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No If yes, please complete a replacement form			
<p>Agreement By signing below, I agree that: (1) To the best of my knowledge and belief, statements in this Application are complete and true. (2) When the policy is delivered, the Applicant must be alive or there will be no insurance. Also, the full premium for the chosen period must be paid by the time the policy is delivered. (3) By accepting the policy, I approve any change(s), correction(s), or addition(s) that Great Western made when issuing it. If my approval requires written consent, a form will be included.</p> <p>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.</p>			
Signed in Any town, IA	11/11/2020	Insured Signature John Preneed	
City and State	(mm/dd/yyyy)	Signature of Parent or Guardian, If Juvenile Insured	
Owner Signature _____		Agent Signature Joe Agent	
If Other than Insured		Signature of Agent	
		Replacement of insurance is involved? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<p>To the Applicant: You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of Great Western Insurance Company at the address listed above.</p>			

Grandchild rider

This rider allows a grandparent to provide funds for a grandchild's funeral expenses. For a one-time premium of \$10, a grandparent may be provided a benefit of \$2,500* upon the death of a grandchild. Both naturally born and legally adopted grandchildren are eligible. The \$2,500 benefit will be paid upon the death of a grandchild if the following criteria are met.

- The grandchild has never been married and is living with a parent, grandparent, or guardian at the time of death.
- The grandchild is at least one year of age and has not attained the age of 18.
- The grandparent who is insured was alive at the time of the grandchild's death.
- The grandparent who is insured has an active policy and is current on premium payments.

This rider may be attached to any first-day coverage or guaranteed-issue policy with a minimum face amount of \$2,500 at the time of application. It will remain in effect as long as the grandparent is alive. Only one grandchild rider can be issued per insured.

An eligible grandchild is any naturally born or legally adopted grandchild who, at the time of death, met these criteria:

- Was unmarried and living with their parent, grandparent, or guardian
- Was between the ages of 1 and 18
- Grandparent-insured was alive
- Grandparent-insured's policy was active and current with premium payments

* This is a one-time benefit, with \$2,500 payable on the death of one covered grandchild.

Grandchild Protection Plan (Rider Application for Life Insurance) (Please Print)

____ State (Print Agent Name) _____ Agent Number _____ Date (mm/dd/yyyy) _____

Insured's Information

Full Name			
Social Security #	Sex	Age	Birthdate
Mailing Address			
City		State	
Zip	Telephone # ()		

Grandchild Protection Rider Information

Existing Certificate #	Rider Premium \$10.00	Does the applicant have any existing policy or annuity? <input type="checkbox"/> Yes or <input type="checkbox"/> No Will the proposed insurance replace any existing policy or annuity? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please complete a replacement form
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Conditions of Grandchild Protection Plan

I apply for the Grandchild Protection Plan and understand that only the Covered Grandchildren listed below, who meet the following conditions, will be covered.

- The Covered Grandchild has never been married and is living with a parent, grandparent or guardian at the time of death.
- The Covered Grandchild is at least one year of age and has not attained the age of 18 years.
- The Covered Grandchild died while the Insured on the base Certificate was alive.
- The coverage under the base Certificate to which this Certificate is attached is active and current in its premium payments.

Grandchildren

Grandchild's Full Name	Date of Birth	Grandchild's Full Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agreement

Agreement By signing below, I agree that: (1) to the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Certificate is delivered, the Applicant and listed grandchildren must be alive. Also, the full premium must be paid by the time the Certificate is delivered. (3) By accepting the Certificate, I approve any change(s), correction(s), or addition(s) that Great Western made when issuing it. If my approval requires written consent, a form will be included.

Signed in _____ on _____ Date _____ Insured _____
Location _____ Date _____ Parent or Guardian, If Juvenile Insured _____

Owner _____ Agent _____
if Other than Proposed Insured _____ Replacement of Insurance is involved? YES NO

To the Applicant: You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of the Great Western Insurance Company at the address listed above.

AP320AG-1207 43 112 1113 0419 US

Sample

Age: 75

Funeral price: \$5,950

Five-pay quarterly plan with Grandchild rider option selected

Automatic bank withdrawal

Certificate Information

Total Face Amount	\$ 5,950	Total Paid to Agent	\$ 467
Base Face Amount	\$ 5,950	Modal Premium	\$ 467
<i>Down Payment Rider</i>			
Face Amount	\$	Premium Amount	\$
<input type="checkbox"/> Away-From-Home Rider:		One-Time Premium \$10	
<input checked="" type="checkbox"/> Grandchild Rider:		One-Time Premium \$10	
Payment Mode	<input type="checkbox"/> Single	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
	<input checked="" type="checkbox"/> 5 yr	<input type="checkbox"/> 10 yr	<input type="checkbox"/> Mo
	<input type="checkbox"/> Qtr	<input checked="" type="checkbox"/> Semi	<input type="checkbox"/> Ann
<input checked="" type="checkbox"/> Automatic Withdrawal		<input checked="" type="checkbox"/> Voyage	
<input type="checkbox"/> Coupon Sheet		<input type="checkbox"/> Course	
Special Instructions			
Initial Payment: <input checked="" type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit			

Away-from-home supplemental rider

This rider increases the standard, \$500 Away-from-home death benefit to \$1,000.* For a one-time premium of \$10, this rider will pay an additional death benefit of \$500 on top of the standard \$500 benefit and all other death benefits paid under the policy if:

- The insured purchased this rider when the base policy was issued.
- The insured died 250 or more miles from his/her permanent residence.
- The insured's policy was active and current with premium payments.
- The insured's policy was for \$2,000 or more.

This rider may be attached to any first-day coverage or guaranteed-issue policy, and one rider may be issued per insured.

*Standard Away-from-home death benefit applies to any policy with a minimum face amount of \$2,000.

Sample

Age: 62

Funeral price: \$5,100

Selects 10-pay annual premium with automatic bank withdrawal

Away-from-home rider selected

Certificate Information

Total Face Amount	\$ 5,100	Total Paid to Agent	\$ 986
Base Face Amount	\$ 5,100	Modal Premium	\$ 976
<i>Down Payment Rider</i>			
Face Amount	\$	Premium Amount	\$
<input checked="" type="checkbox"/> Away-From-Home Rider:		One-Time Premium \$10	
<input type="checkbox"/> Grandchild Rider:		One-Time Premium \$10	
<i>Payment Mode</i>	<input type="checkbox"/> Single	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
	<input type="checkbox"/> 5 yr	<input checked="" type="checkbox"/> 10 yr	<input type="checkbox"/> Mo
	<input type="checkbox"/> Qtr	<input type="checkbox"/> Semi	<input checked="" type="checkbox"/> Ann
<input checked="" type="checkbox"/> Automatic Withdrawal		<input checked="" type="checkbox"/> Voyage	
<input type="checkbox"/> Direct Bill (Coupon Sheet)		<input type="checkbox"/> Course	
Special Instructions			
<i>Initial Payment:</i> <input checked="" type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit			

Policy highlights

Voyage Series	Course Series	Destination Series
Death benefit		
The higher of: (1) the total premiums paid, (2) initial face amount plus a simple growth rate, or (3) initial face amount plus a compound growth rate.	The initial face amount plus either a simple growth rate or a compound growth rate, whichever is greater.	The greater of the premium paid or the cash surrender value.
Payment options and issue ages		
<ul style="list-style-type: none"> • Single premium: A single payment option is available for ages 0–100. Questions about the applicant's health are not required for enrollment. 		This single plan is available to all ages. Questions about the applicant's health are not required for enrollment.
Face amounts²		
<ul style="list-style-type: none"> • Single premium \$500–\$24,999 	<ul style="list-style-type: none"> • Multi-payment \$750–\$24,999 	<ul style="list-style-type: none"> • Payment amounts \$500–\$24,999
Additional features		
<ul style="list-style-type: none"> • Standard away-from-home rider: For policies with a face amount of \$2,000 or more when death occurs 250 miles or more away from the applicant's permanent residence, this rider is provided at no-cost and pays a benefits of \$500. • Away-from-home supplemental rider: Optional rider that will pay a benefit of \$500 if death occurs 250 miles or more away from their permanent residence. The applicant can purchase the rider at the time of application for a one-time payment of \$10. • Grandchild rider: Optional rider for policies with a face amount of \$2,500 or more that will pay a one-time benefit of \$2,500 on the death of an eligible grandchild. An applicant can purchase the Grandchild Rider at the time of application for a one-time payment of \$10. • Add-on rider: An applicant can purchase extra coverage on an existing policy by using an add-on rider form. Coverage will need to be added in increments of \$250 or more. 		<ul style="list-style-type: none"> • Conversion option: Annuities that are still active after 11 months can be converted to a single premium life insurance policy, unless the annuitant elects otherwise. • Additional funds: The annuitant can add additional money to their annuity at anytime.
Applications		
<ul style="list-style-type: none"> • First-day coverage: The applicant must answer "no" to two simple health questions and provide their physician's information in order to qualify. The insured will be 100% covered from day 1, plus any growth. • Guaranteed issue: Everyone qualifies regardless of health. A limited death benefit will be applied during the first two years for non-accidental death; however, it will return 100% of the premiums paid, less any policy loan. 		Available for ages 0–100 facing imminent death within 12 months.
Chargebacks		
<ul style="list-style-type: none"> • 100% on deaths within the first nine months after the policy is issued • 100% when the applicant cancels, the policy is not taken, or lapses within 12 months • 100% of early payoffs within the first two years or 24 months; commissions reissued at a Single premium level 		100% when the applicant cancels the policy
Policy loans: Available when the policy has cash surrender value		None
Non-forfeiture options: Reduced paid-up policy or cash surrender		Cash surrender

1. A Course One-year payment plan is guaranteed issue only, and a Voyage One-year payment plan is first-day coverage only.

2. Up to \$50,000 face amount may be available for all plans with Underwriting approval. Additional state and/or licensing restrictions may apply.

Voyage Series premium rate schedule

Effective date: April 14, 2023

(This schedule applies to all business written on or after the effective date.)

Round up to the next dollar after performing all other calculations.

All premiums are a percentage of the face amount.

Age	3-pay monthly bank draft %	5-pay monthly bank draft %	10-pay monthly bank draft %
0-35	3.16667%	2.11667%	1.41667%
36-40	3.16667%	2.11667%	1.41667%
41-45	3.16667%	2.11667%	1.41667%
46-50	3.25000%	2.15000%	1.44167%
51-55	3.41667%	2.28333%	1.51667%
56-60	3.50000%	2.40000%	1.61667%
61-65	3.58333%	2.50000%	1.73333%
66-70	3.75000%	2.61667%	1.87500%
71-75	3.91667%	2.71667%	1.96667%
76-80	4.09722%	2.88333%	2.16667%
81-85	4.09722%	3.08333%	N/A
86-87	4.09722%	N/A	N/A
88-89	N/A	N/A	N/A

Other modal premiums

Direct bill rate: Monthly bank draft rate + \$2

Quarterly: Monthly direct bill x 2.915

Semi-annually: Monthly direct bill x 5.720

Annually: Monthly direct bill x 11

These options are available both as direct bill and automatic bank draft. Additional discounts for automatic bank draft are not available for modes other than monthly.

Single Premium and Down Payment rider discount factors

Age	0-45	46-50	51-55	56-60	61-65	66-70	71-100
	99.5%	99.5%	99.5%	99.5%	99.9%	99.9%	100%

For **discounted** premium, **multiply** the face amount by the percentage in the table based on the buyer's age.

For **increased** face amount, **divide** the face amount by the percentage in the table based on the buyer's age.

Away-from-home supplemental rider

Grandchild rider

Single-pay add-on rider (separate application required)

One-time premium \$10

One-time premium \$10

Premium is equal to rider face amount

Limited Death benefit table

Use this table to determine the Limited Death benefit during the first two years of a guaranteed-issue plan. Certificate or policyholders who answer “yes” to any health questions qualify for this type of plan.

1. Determine the policy month of the death of the insured in the first column and read across the row.
2. Read the percent in the table that corresponds to the payment plan selected.
3. Multiply the initial face amount by the percentage factor and round the result to the next dollar.

Example: Mr. Jones has a Five-pay guaranteed-issue plan with an initial face amount of \$5,500.

He dies in the 15th month.

The percentage factor from the table (52.3%) multiplied by the initial face amount of \$5,500 = \$2,877.

Policy month	1-pay	3-pay	5-pay	10-pay
1	9.4%	4.1%	3.3%	2.5%
2	18.8%	8.2%	6.6%	5.0%
3	28.2%	12.3%	9.9%	7.5%
4	37.6%	16.4%	13.2%	10.0%
5	47.0%	20.5%	16.5%	12.5%
6	56.4%	24.6%	19.8%	15.0%
7	65.8%	28.7%	23.1%	17.5%
8	75.2%	32.8%	26.4%	20.0%
9	84.6%	36.9%	29.7%	22.5%
10	94.0%	41.0%	33.0%	25.0%
11	100%	45.1%	36.3%	27.5%
12	100%	50.0%	40.0%	30.0%
13	100%	54.1%	44.1%	33.3%
14	100%	58.2%	48.2%	36.6%
15	100%	62.3%	52.3%	39.9%
16	100%	66.4%	56.4%	43.2%
17	100%	70.5%	60.5%	46.5%
18	100%	74.6%	64.6%	49.8%
19	100%	78.7%	68.7%	53.1%
20	100%	82.8%	72.8%	56.4%
21	100%	86.9%	76.9%	59.7%
22	100%	91.0%	81.0%	63.0%
23	100%	95.1%	85.1%	66.3%
24	100%	100%	90.0%	70.0%
25	100%	100%	100%	100%

Health guidelines for first-day coverage

The following information provides general health guidelines to assist the proposed insured with correctly answering the health questions on the application. Listed below are the names of some common illnesses associated with the disorders named in the health questions. Please contact Wellabe if you have specific questions.

During the contestable period, Wellabe will pay full benefits when the physician's assessment confirms the proposed insured's information. It will only return premiums paid if the information requested has been misstated. If you have ANY questions about what qualifies or doesn't qualify, write a guaranteed-issue plan.

- Now or within the last two years, has the insured been hospitalized or in a nursing home, or has the insured been advised to be hospitalized or in a nursing home and refused?

If the applicant was hospitalized or advised by a physician to be hospitalized, for any reason, and chose not to follow such advice, he or she should answer "yes," and a guaranteed-issue policy should be written.

If the applicant is in a nursing facility; or was advised by a physician to go into a nursing facility and chose not to follow such advice; or cannot maintain his or her own residence and sufficiently perform everyday tasks, such as administering medication or maintaining a household, the health question should be answered "yes," and a guaranteed-issue policy should be written.

If the applicant has had an overnight stay in the hospital within the last two years, for any reason, write a guaranteed-issue policy.

- In the last two years, has the insured been diagnosed with, treated for, or prescribed medication by a healthcare provider for any of the following diseases: cancer; tumor; insulin-dependent diabetes; human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or acquired immune deficiency syndrome-related complex (ARC); any disorder of the blood, kidney, lung, brain, heart, circulatory system, or liver?

This health question has two parts: The first part deals with the insured being diagnosed or treated by a doctor for any of the listed disorders (see following pages). The second part refers to taking prescription medication connected with all of the disorders listed.

NOTE: If the applicant has any hesitation or uneasiness about the health questions, write a guaranteed-issue policy.

Disorders

Blood disorder — including, but not limited to:

- Aplastic anemia
- Hemophilia
- Leukemia
- Lymphoma
- Sickle cell anemia

Brain disorder — including, but not limited to:

- Alzheimer's disease
- Bipolar disorder
- Cerebral embolism

- Cerebral hemorrhage
- Cerebral palsy
- Cerebral vascular accident
- Dementia
- Encephalitis
- Epilepsy
- Meningioma
- Multiple sclerosis
- Parkinson's disease
- Stroke

Cancer — any malignant cellular tumor, including, but not limited to:

- Carcinoma
- Chronic lymphocytic leukemia
- Hodgkin's disease
- Lymphoma
- Melanoma
- Metastasis
- Sarcoma

Circulatory disorder — including, but not limited to:

- Aneurysm
- Atherosclerosis
- Hemorrhage
- Peripheral vascular disease
- Thrombosis

Hypertension (high blood pressure) is not considered under Wellabe's guidelines as a heart disorder if it is managed and controlled under the care of a physician. One measure of control would be the same medication at the same dose (or less) for two or more years. If the applicant has uncontrollable hypertension through normal treatment with a physician, or if the applicant has "hypertensive crisis," then hypertension should be considered a heart disorder, and a guaranteed-issue policy should be written.

Diabetes mellitus or insulin-dependent diabetes (IDDM) — If the applicant requires insulin for diabetes, answer "yes," and write a guaranteed-issue policy.

Heart disorders — including, but not limited to:

- Angina pectoris
- Congenital heart disease
- Congestive heart failure
- Coronary artery disease
- Coronary insufficiency

- Coronary occlusion
- Heart attack
- Ischemic heart disorder
- Myocardial infarction
- Pacemaker
- Valvular diseases

HIV antibodies — If the applicant was diagnosed as having HIV antibodies, answer “yes,” and write a guaranteed-issue policy. It includes but is not limited to:

- Human immunodeficiency virus (HIV)
- Acquired immune deficiency syndrome (AIDS)
- Acquired immune deficiency syndrome-related complex (ARC)

Kidney disorder — including, but not limited to:

- Nephritis
- Nephroptosis
- Pyelitis
- Renal failure

Liver disorder — including, but not limited to:

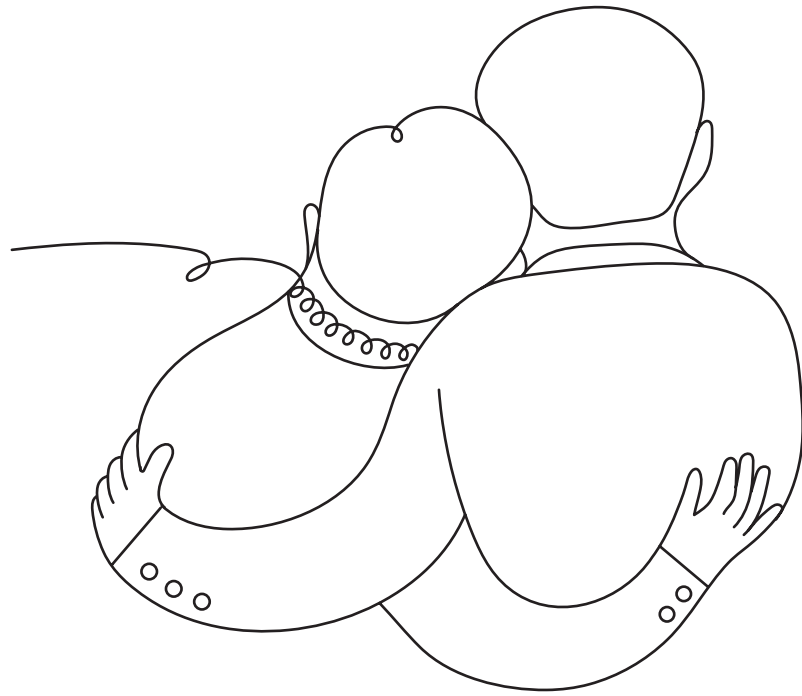
- Cirrhosis of the liver
- Hepatitis
- Hepatoma

Lung disorder — including, but not limited to:

- Asthma
- Bronchitis
- Chronic obstructive pulmonary disorder (COPD)
- Chronic pneumonia
- Chronic respiratory disorder
- Emphysema
- Pulmonary edema
- Pulmonary embolism
- Pulmonary fibrosis
- Tuberculosis (in any part of the body)

If applicant is on oxygen, answer “yes,” and write a guaranteed-issue policy.

Tumor — If a tumor is present in any part of the body, answer “yes,” and write a guaranteed-issue policy.



Application completion procedures

1. Agent information: This section of the application will allow Wellabe to expedite the accurate processing of the application. Failure to complete this section correctly may delay our ability to process the application immediately.

- a. **State abbreviation:** Include the two-letter state abbreviation.
- b. **Date:** Clearly print the date of the application.
- c. **Agent name:** Clearly print your full name.
- d. **Agent #:** Clearly print your Wellabe agent number. If you are unsure about the exact number, contact your general agent or agent appointments by calling 866-689-1401.

State	Date	Agent Name	Agent #	—
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2. Proposed insured

- a. **Full name:** Record the legal name of the proposed insured, including first name, middle initial, and last name.
- b. **DOB:** Record the proposed insured’s birth date as month/day/year.
- c. **Age:** Record the proposed insured’s age at time of application. Refer to DOB year to confirm stated age.
- d. **Male/Female:** Mark the box that corresponds with the proposed insured’s gender.
- e. **SSN:** Record the Social Security number of the proposed insured (optional).
- f. **Phone:** Record the area code and telephone number of the person to contact about all certificate information.
- g. **Mailing address:** List the address where all certificate information should be sent, including city, state, and ZIP.
- h. **Email:** List the email address where electronic correspondence can be sent.

Proposed Insured

Full Name			
DOB	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	
SSN	Phone		
Mailing Address			
City	State	ZIP	
Email			

3. Proposed owner (if other than proposed insured): Complete this section only if someone other than the proposed insured is to be designated as the owner. To become the owner of a life insurance policy, the person must have an insurable interest as defined by their state's statutes or the proposed insured can designate the owner by also signing the application. Remember, the owner is the only one who may make changes to the certificate.

- a. **Full name:** Record the legal name of the proposed insured including first name, middle initial, and last name.
- b. **Relationship:** Record the relationship the proposed owner has to the proposed insured.
- c. **Male/Female:** Mark the box that corresponds with the proposed owner's gender.
- d. **SSN:** Record the Social Security number of the proposed owner (optional).
- e. **Phone:** Record the area code and telephone number of the person to contact about all certificate information.
- f. **Mailing address:** List the address where all certificate information should be sent, including city, state, and ZIP.
- g. **Email:** List the email address where electronic correspondence can be sent.

Proposed Owner (if other than Proposed Insured)

Full Name		
Relationship		<input type="checkbox"/> Male <input type="checkbox"/> Female
SSN	Phone	
Mailing Address		
City	State	ZIP
Email		



4. Designated beneficiaries

- a. **Primary beneficiary full name:** In most states, the funeral home (only as their interest may appear) with which the customer is contracting his or her funeral services is usually recorded as the primary beneficiary. For example: “XYZ funeral home, as their interest may appear.” This designation is made in exchange for the guaranteed funeral goods and services, where applicable. In some states, a separate assignment form must be used.
- b. **Relationship:** List the relationship of the primary beneficiary to the proposed insured, e.g., provider, spouse, son, or trust.
- c. **SSN:** List the Social Security number for any persons listed as primary beneficiaries. A SSN is not required for funeral home designations, since “as their interests may appear” in the SSN space further defines their relationship as the provider.
- d. **DOB:** Record the primary beneficiary’s birth date as month/day/year.
- e. **Address:** Record the complete address, including street, city, state, and ZIP code, for all primary beneficiaries.
- f. **Contingent beneficiary full name:** A contingent beneficiary must be listed when a funeral home is designated as the primary beneficiary. The contingent beneficiary can be anyone who the customer would like to receive any excess proceeds after the funeral home has been paid.
- g. **Relationship:** List the relationship of the contingent beneficiary to the proposed insured, e.g., provider, spouse, son, trust.
- h. **SSN:** List the Social Security number for any persons listed as contingent beneficiaries.
- i. **DOB:** Record the contingent beneficiary’s birth date as month/day/year.
- j. **Address:** Record the complete address, including street, city, state, and ZIP code, for all contingent beneficiaries.

Designated Beneficiaries (Do not leave blank)

<i>Primary Beneficiary</i>	
Full Name	
Relationship	
SSN	DOB
Address	
<i>Contingent Beneficiary</i>	
Full Name	
Relationship	
SSN	DOB
Address	

5. Certificate information

- a. **Total face amount:** This should be the cost of the funeral from the funeral service (goods and services) agreement.
- b. **Total paid to agent:** Record the total premium amount, including rider premiums, collected with the application. This also serves as a receipt for monies received.
- c. **Base face amount:** The total funeral cost is the base plan face amount, unless a rider is attached. When an initial-issue down-payment rider is used, the base plan face amount becomes the total funeral cost less the rider face amount.
- d. **Modal premium:** Record the total premium to be paid based on the proposed insured's age, type of plan purchased, payment period desired, and if payments are to be sent directly by the payor or electronically transferred from the payor's bank account by Wellabe. When calculating a premium, round up to the next dollar.
- e. **Down Payment rider face amount:** If a down-payment rider is selected at the time of application, record the face amount of the rider here. When calculating the face amount, drop the cents.
- f. **Premium amount:** Record the total premium for the rider to be paid based on the proposed insured's age.
- g. **Away-from-home supplemental and Grandchild riders:** Record any one-time, \$10 premium(s). Not available in every state.
- h. **Payment mode:** Mark the appropriate box for the type of certificate sold, the payment period desired, and if the customer desires an automatic bank withdrawal or direct bill.
- i. **Voyage/Course:** Mark the appropriate box for Voyage or Course Series or enter the plan code (if applicable) for the type of certificate purchased. If an initial-issue down-payment rider is selected, enter the plan code for the base plan, not the rider.
- j. **Special instructions:** Include any special payment instructions in this box.
- k. **Initial payment:** Mark the appropriate box for the method used to make the initial payment. If you would like to be set up to make mobile deposits, please contact Agent Sales Support.

Certificate Information

Total Face Amount \$	Total Paid to Agent \$
Base Face Amount \$	Modal Premium \$
<i>Down Payment Rider</i>	
Face Amount \$	Premium Amount \$
Away-From-Home Rider:	One-Time Premium \$10
Grandchild Rider:	One-Time Premium \$10
<i>Payment Mode</i>	<input type="checkbox"/> Single <input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr <input type="checkbox"/> 5 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Mo <input type="checkbox"/> Qtr <input type="checkbox"/> Semi <input type="checkbox"/> Ann
<input type="checkbox"/> Automatic Withdrawal <input type="checkbox"/> Direct Bill (Coupon Sheet)	<input type="checkbox"/> Voyage <input type="checkbox"/> Course
Special Instructions	
<i>Initial Payment:</i> <input type="checkbox"/> Deposit Ticket <input type="checkbox"/> Mobile Deposit	

6. Multi-pay health questions

- a. Health questions need only be answered if the agent is writing a first-day coverage plan.
- b. Both questions should be read carefully by the proposed insured or the person attesting to the recorded information. Mark the appropriate box for each question indicating the answer, and obtain the applicant’s initials confirming the answers. (An applicant’s lack of knowledge is not a defense for contestability. Please note in Florida and Wisconsin, the application has a third health question regarding HIV.)
- c. If either answer is “yes” or not answered, the proposed insured will receive a guaranteed-issue policy.
- d. For guaranteed-issue policies, initial the acknowledgment line regarding the limited death benefit.

Multi-Pay Health Questions

1. Now or within the last two years, has the Insured been hospitalized or in a nursing home, or has the Insured been advised to be hospitalized or in a nursing home and refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial
2. In the last two years, has the Insured been diagnosed with, treated for, or prescribed medication by a healthcare provider for any of the following diseases: Cancer; Tumor; Insulin-Dependent Diabetes; Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-Related Complex (ARC); or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System, or Liver?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial
If either of the questions is answered “Yes” or is not answered, I understand that I will be issued a certificate with up to a two-year limited death benefit as provided on the reverse side of this Application.	_____ Initial

7. Primary care physician information

- a. When applying for first-day coverage, record the proposed insured’s primary care physician information, including full name, phone, and address. This allows Wellabe to verify and pay first-day coverage claims more quickly.

Primary Care Physician Information <i>(Complete only if applying for first-day coverage payment plans)</i>		
Name	Phone	Address

8. Privacy policy

- a. Mark the box if the applicant chooses to opt out of receiving electronic notices.

<input type="checkbox"/> <u>Opt out of electronic notice:</u> I do not want to receive privacy and other notices electronically. (By not marking the box, I agree to electronic delivery to the email address above.)

- 9. Proposed insured’s full name:** Record the full name of the proposed insured, in case page 2 of the application gets separated from the rest of the application.

Proposed Insured’s Full Name _____

10. Irrevocable assignment: Complete this section if the proposed insured desires to irrevocably assign and transfer all policy benefits and proceeds to the funeral home. This is designed to help the insured qualify for assistance from Medicaid, yet it is not a guarantee of qualification. Certain state-specific restrictions may apply to assignment; verify with our home office.

- a. If assignment is not desired, skip this section and move on to section 11: Replacements.
- b. If assignment is desired, record the name of the funeral home to which the customer wishes to assign the benefits. The insured or owner (if applicable) must initial his or her approval of the assignment.

Irrevocable Assignment

_____ Initial	I hereby <i>irrevocably assign</i> and <i>transfer</i> the Death Benefits of this certificate to the following Funeral Home as their interest may appear: _____ . I understand fully the effects of this assignment and transfer. I understand that by irrevocably assigning the benefits, I waive my rights to access the cash value after the 30-day right to cancel, including surrendering the certificate for its cash value and obtaining a policy loan.
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11. Replacements: The applicant must mark the boxes in the area under the Replacements section.

- a. The applicant should indicate his/her response by marking the appropriate box and adding his/her initials to confirm. You are also required to verify the applicant’s answer by marking the appropriate box and adding your initials.
- b. Some applications include an additional question required in many states. Because the question asks if they have “any” existing insurance, many will answer “yes” to this first question. If the answer here is “no,” they do not need to answer the next question. Only complete a replacement form if the answer to the second replacement question is “yes”.
- c. Use replacement forms, depending upon your state’s requirements. Check with your regional manager. If your application has the question, “Does the applicant have an existing life policy or annuity?” and the answer is “yes,” use a replacement form.
- d. If you are located in Montana, North Carolina, Ohio, Oregon, South Dakota, or Kentucky, you must complete a Life Replacement Advertising form if other coverage is being replaced.

Replacements

Insured: Is replacement of existing life insurance involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial: _____	<i>If replacement is involved, complete a replacement form.</i>
Agent: Is replacement or may replacement be involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial: _____	

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.

12. Bank authorization

- a. Automatic bank withdrawals: If the customer elects this option, mark the automatic bank withdrawal box in the certificate information area and complete the authorization agreement section. If the bank account is anything other than a regular checking account, you must contact the appropriate bank to verify that funds can be drafted electronically. Carefully complete each section of this form. Please submit a voided check, not a deposit slip.
- b. Enter the date of the first automatic bank withdrawal as shown above.
- c. The ongoing withdrawal date should be at least 30 days and not more than 45 days from the application date and is the date withdrawals will be made each month. You cannot use the 29th, 30th, or 31st as the withdrawal date, since those days do not occur in every month.

Authorization Agreement for Preauthorized Automatic Bank Withdrawal *(Submit Voided Check)*

Financial Institution Name	Financial Institution City and State
Routing No.	(Nine-digit number on check)
Account No.	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Please indicate a premium withdrawal schedule: <i>(Select one)</i> <i>(Dates specified for monthly payments cannot exceed 45 days from application signature date)</i>	
<input type="checkbox"/> Initial premium to be withdrawn immediately	
<input type="checkbox"/> Both one-time initial (withdrawn immediately) and subsequent premium withdrawals every <input type="checkbox"/> Mo <input type="checkbox"/> Qtr <input type="checkbox"/> Semi <input type="checkbox"/> Ann beginning ___/___/___ (choose day 1-28)	
<input type="checkbox"/> Ongoing premium only . To be withdrawn every <input type="checkbox"/> Mo <input type="checkbox"/> Qtr <input type="checkbox"/> Semi <input type="checkbox"/> Ann beginning ___/___/___ (choose day 1-28)	
I hereby authorize Great Western Insurance Company (The Company) to initiate debit entries. If necessary, the Company may credit entries on the above named financial institution and account. This authorization is to remain in full force and effective until the Company receives written notice of its termination (minimum of three weeks in advance).	
Print Authorized Name _____	
Signature _____	Date _____



13. Agreement

- a. **Signed at:** Record the city and state where the application was written and the date, including day, month, and year.
- b. **Insured's signature:** The person for whom the policy is written. If the customer is a juvenile, the parent or guardian must sign here.

If someone is signing under the authority of a power of attorney, guardianship, or conservatorship, they should sign on the insured line. The correct format should be "the insured's name" by "the authority name," followed by the authority designation. For example, "the proposed insured's name" by "the power of attorney's name," followed by the letters POA or the words "power of attorney."

Care should be taken to ensure that the supporting paperwork provided is current and includes the name of the signer and authorizes the signer to purchase life insurance for the insured. You must include a copy of the supporting documentation with your completed application.
- c. **Owner's signature (if other than insured):** The signature of the owner, when one is designated, is required. This person must have a valid insurable interest to sign as the owner.
- d. **Agent's signature:** You must sign the application and record your Wellabe agent number.

14. Copies: The original copy of the application goes to Wellabe. It is the agent's responsibility to supply copies to the agency or funeral home and the insured.

15. Additional information

- a. If customers wish to create an irrevocable assignment but not tie it to a specific funeral provider, they may assign the ownership to the Great Western Funeral Trust. This is a separate document you may obtain from Wellabe. This trust is set up to pay the funeral home that provides the services and merchandise and to create an absolute assignment to protect the policy from being claimed as an asset in the event of a spend-down.
- b. Do not write a certificate on anyone who is currently incarcerated or sentenced to be incarcerated.

Agreement

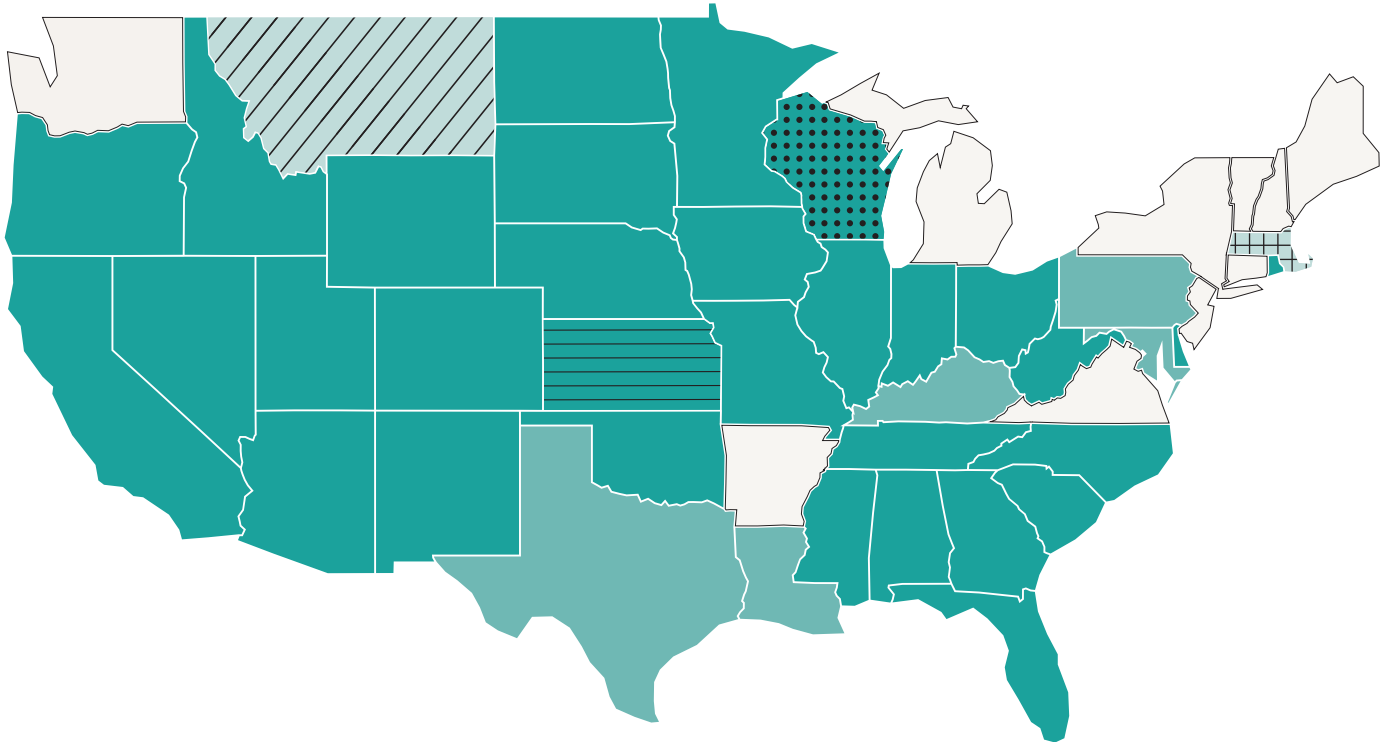
Acknowledgments: By signing below, I, the Proposed Insured and Owner, agree that to the best of my knowledge and belief that statements in this Application are complete and true. I certify that all insurable interest laws are met in the state in which the certificate is issued and that no illustration was used in the sale of this product. I agree to notify the Insurer if any statement given in the Application changes before certificate delivery; any insurance issued will be invalid unless the Insured is alive and in the same health as described in this Application at time of certificate delivery. The Company shall not incur liability under the Application until it has been received and approved by the Company, the first full premium for the chosen mode has been received by the Company, and a certificate has been issued and delivered to the Owner. If the Application has not been accepted and approved within thirty (30) days of the date thereof, no certificate will be issued and all premiums will be returned. Further, by keeping the certificate past the free look period, my written consent is hereby given to any change(s), correction(s), or addition(s) to the certificate for which I am applying.

Authorization (only for multi-pay, first-day coverage certificates): I, the Proposed Insured, authorize any healthcare provider, medical facility, pharmacy benefit manager or other pharmacy related services organization, health plan, insurance company, MIB, Inc., claims administrator, government agency, or other person or firm, to disclose to Great Western Insurance Company (GWIC) or its authorized representative, any records or information it needs about the Insured's health, including copies of records concerning physical or mental illness, advice, diagnosis, prognosis, prescription information, care, or treatment provided to the Insured. I understand that such information will be used by GWIC for the purpose of evaluating my application for insurance. A copy of this approval will be as effective as the original. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize GWIC, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. I understand that I or any authorized representative will receive a copy of this authorization upon request. This approval is valid for the lesser of twenty-four (24) months from the date signed or the certificate cancellation, termination, or surrender date. This time limit complies with the time limit, if any, permitted by applicable law in the state where the certificate is delivered or issued for delivery. This authorization may be revoked by me in writing, which I may do at any time by contacting GWIC.

Signed at _____, _____ Date _____ Insured's Signature _____
City, State Required (Parent / Guardian if Juvenile Insured)

Owner's Signature _____ Agent's Signature _____ # _____
Required if Owner is other than Insured Agent Number

Preneed insurance state availability map



ALL PRODUCTS AVAILABLE:

AL, AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KS, MN, MO, MS, NC, ND, NE, NM, NV, OH, OK, OR,* RI, SC, SD, TN, UT, WI, WV, and WY



VOYAGE AND COURSE ONLY:

KY, LA, MD, PA, and TX



VOYAGE FIRST-DAY COVERAGE ONLY:

MA



VOYAGE ONLY:

MT



NO STANDARD AWAY-FROM-HOME RIDER:

WI



NO STANDARD AND SUPPLEMENTAL AWAY-FROM-HOME RIDER:

KS



NO PRODUCTS AVAILABLE:

AK, AR, CT, DC, HI, ME, MI, NH, NJ, NY, VA, VT, and WA

*Limited Course options available.

Contact information

Mailing address for new business

Wellabe
P.O. Box 14410
Des Moines, IA 50306-3410

Mailing address for overnight deliveries only

Wellabe
1851 Miehe Drive
Grimes, IA 50111-6627

Phone numbers

Agent Sales Support: 866-689-1404
Customer Success: 866-689-1401
Enrollment Solutions: 800-955-9010
Claims: 866-689-1402
Commissions: 866-689-1404

Fax numbers

Agent Sales Support: 801-689-1394
Customer Success: 515-247-2435
Enrollment Solutions: 515-247-2500
Claims: 801-675-4685
Commissions: 801-689-1394

Emails

Agent Sales Support: agentsupport@wellabe.com
Customer Success: customerservice@wellabe.com
Enrollment Solutions: newbusiness@wellabe.com
Claims: claims@wellabe.com
Agent Compensation: agentcompensation@wellabe.com

Website

wellabe.com/signin



**Rated A (Excellent)
by AM Best¹**

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