



GUARANTEED ASSURANCE AGENT FIELD MANUAL

A One-of-a-kind Final Expense Solution



As an Agent, this Field Manual will guide you through the process of understanding each product and properly servicing your clients.

Guaranteed Assurance

Offers coverage regardless of health with absolutely no underwriting.

Assurance Plus

Provides First Day Coverage and pays 120% of the full face amount.

Please contact the Great Western Home Office with any questions:

866-252-5594

For policies approved in the following states:

AL AR AZ CO GA IA ID IL IN KS KY LA MA MD MI MN MO MS NC NE NH NJ NV OH OK OR PA RI SC TN TX UT VA WI WV WY

Table of Contents

Introduction.....	3
Statement of Ethics.....	3
Products at a Glance.....	4
Guaranteed Assurance Product Overview.....	5
Assurance Plus Product Overview.....	5
Premium Rates.....	6
Additional Benefits.....	7
Spousal Bonus Rider.....	7
Accelerated Death Benefit Rider.....	7
Child / Grandchild Rider.....	8
How to Complete the Application.....	9
How to Complete the Premium Withdrawal Form.....	11
Underwriting Guidelines.....	12
Specified Diseases.....	13
Agent Licensing and Appointment Process.....	15
Agent Transfers.....	16
Commissions.....	17
Commission Processing.....	17
Commission Advances.....	17
Commission Reporting.....	18
Collection Process.....	18
Submitting New Business.....	19
Application and Policy Tracking.....	22
Premium Payments.....	23
Claims.....	25
Client Advertising / Intellectual Property.....	26
Marketing Materials and Forms.....	26
Business Practices.....	28
Anti-Fraud Policy.....	29

Introduction

Welcome, and thank you for your interest in Great Western Insurance Company's (Great Western) Final Expense solution. We are excited by the Guaranteed Assurance and Assurance Plus products. We believe they fill a unique niche in the senior market.

This manual will give you a complete description of the Guaranteed Assurance products and their available riders. It will guide you through the agent appointment and set up process, explain the policy application, and give you the necessary information to provide excellent service to your clients. Finally, this manual describes the Great Western Standards of Conduct that you are required to adhere to as our agent.

We hope you have great success with our product and are here to assist you in any way we can. If you have additional questions, please contact us.

Great Western Final Expense Department

1-866-252-5594

Statement of Ethics

The primary duty of an appointed Great Western representative is to help current policyholders and prospective owners benefit from the purchase of life insurance. Your clients trust you to act in their best interests. It is very important that you recommend the best solution for your clients' needs. You can build trust with your clients through following these directions:

- Abide by and follow all Federal and State laws and regulatory requirements as they apply to sales practices, solicitations, replacements, and advertising.
- Conduct all business and professional activities honestly and ethically.
- Advise clients promptly of any error, noncompliance, or omission you know about or of which you have been given notice.

Products at a Glance

Plan	Guaranteed Assurance	Assurance Plus
Underwriting	Guaranteed Issue – no questions	3 medical questions; physician name and contact info
Minimum Face	\$1,000	\$1,000
Maximum Face	\$40,000	\$40,000
Issue Ages	40–80	40–80
Death Benefit Months 1–24	110% of cumulative premiums paid; full face amount for Accidental Death	120% of Face Amount
Death Benefit Months 25+	100% of Face Amount	120% of Face Amount
Premiums	Guaranteed Level for life of Insured	Guaranteed Level for life of Insured
Riders Available		
Spousal Bonus	Included at no charge when both spouses apply for policies and both face amounts exceed \$10,000.	
Accelerated Death Benefit	Not available	Included at no charge
Child / Grandchild	Available for an extra \$1 per month on policies with a minimum \$5,000 face amount.	

Product features are described in detail on the following pages.

Guaranteed Assurance Product Overview

This product is designed for those who want a simplified application process that does not require answering underwriting questions and providing physician information. Everyone qualifies for this product regardless of health.

This product has a limited Death Benefit during the first two years if death occurs from natural causes. The limited death benefit is 110% of the total premiums paid to date. If death occurs from accidental causes, the full Face Amount is paid as the Death Benefit.

After the two-year limited death benefit period, the full Face Amount is paid on all deaths.

Assurance Plus Product Overview

This product is designed for those in good health who are most interested in value. The Death Benefit will be 120% of the Face Amount from day one. This means that you can write a \$10,000 Face Amount policy and the Insured will have \$12,000 of coverage.

The Insured must provide their primary physician's name and contact information and be able to answer the following questions with "NO:"

- 1) In the last two years, has the applicant been a patient in a hospital, hospice, or nursing home for five or more days?
- 2) Is the applicant unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?
- 3) In the last two years, has the applicant been diagnosed with, been prescribed medication for, or treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), 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?

Great Western relies on the agent to perform point of sale underwriting through these questions. However, we may verify the applicant's health prior to issuing the policy. If we cannot confirm the applicant's health, a Guaranteed Assurance policy will be issued instead.

Premium rates per \$1,000 of face amount are the same for both the Guaranteed Assurance and Assurance Plus products. This consistency makes it convenient for the agent to calculate the premium before determining the health status of the Proposed Insured.

Per Unit Face Annual Premiums			Per Unit Face Annual Premiums		
Age	Male	Female	Age	Male	Female
40	55	44	60	82	70
41	56	45	61	85	73
42	58	47	62	89	76
43	60	49	63	92	80
44	61	50	64	96	83
45	62	51	65	100	86
46	63	52	66	104	89
47	64	52	67	110	92
48	65	53	68	115	95
49	65	54	69	121	101
50	66	54	70	128	107
51	67	55	71	137	116
52	67	57	72	145	125
53	68	58	73	155	135
54	70	59	74	162	140
55	71	61	75	169	146
56	73	63	76	177	153
57	75	64	77	185	161
58	77	66	78	195	170
59	80	68	79	217	191
			80	245	215

Take face amount,
 divide by \$1,000,
 multiply by Annual Premium,
 add \$35.00 Policy Fee,
 divided by
 2 for Semi-Annual Premium
 4 for Quarterly Premium
 12 for Monthly Premium

Example:
46 Year Old Female;
Face Amount = \$15,000;
Monthly

$\$15,000 / \$1,000 = \$15.00$
 $\$15.00 \times 52 = \780.00
 $\$780.00 + \$35.00 = \$815.00$
 $\$815.00 / 12 = \67.92 Monthly Premium

Additional Benefits

Spousal Bonus Rider

If each spouse applies for a policy under either plan and has at least \$10,000 in Face Amount, we will add the Spousal Bonus Rider to their policies at no additional cost.

This rider provides an extra \$1,000 death benefit on the death of the first spouse.

Both policies must be in force at time of the first death, and the first death cannot occur during the limited death benefit period on the Guaranteed Assurance plan.

The couple must be legally married or in a legal domestic partnership as defined in the state in which the policy is issued.

Accelerated Death Benefit Rider

Each Assurance Plus policy includes an Accelerated Death Benefit Rider at no additional cost.

This rider gives the owner an option to take the present value of Death Benefits if the Insured is diagnosed with a Qualifying Medical Condition. The Qualifying Medical Conditions are listed below:

- 1) Terminal Illness - The Insured has been diagnosed by a licensed physician with a disease expected to cause death within twelve months.
- 2) Chronic Illness - The Insured cannot perform two Activities of Daily Living for a period of at least ninety days, or the Insured has severe and permanent cognitive impairment and requires substantial supervision.
 - a) Activities of Daily Living include eating, bathing, dressing, toileting, performing personal hygiene, and possessing functional mobility.

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

The owner must apply for the accelerated benefit. Application is completely optional to the owner. The accelerated death benefit may be used for any purpose during the family's time of need.

If the owner is applying for an Assurance Plus plan, leave a copy of the Accelerated Death Benefit Disclosure form with the applicant.

Child or Grandchild Rider

The Child / Grandchild Rider is optional coverage that the applicant may purchase at time of policy application. For a monthly premium of \$1, Great Western will pay a benefit of \$2,500 on the death of a covered child or grandchild of the Insured. A separate application for this rider must be completed with the policy application.

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

Eligible Child: The insured's natural child, legally adopted child, or a child that lives with the Insured and for whom the insured has been appointed legal guardian. Stepchildren, unless legally adopted, are not eligible.

Eligible Grandchild: Any Eligible Child of the Insured's child.

Additionally, for any Eligible Child or Eligible Grandchild to be covered:

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

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

Great Western will pay on the first death of an eligible child / grandchild and only one benefit will be paid. If two applicants' child / grandchild rider would cover the same people then the rider should be added to only one of the policies to avoid double paying for redundant coverage.

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

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

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

How to Complete the Application



APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Agent Number: _____

Great Western Insurance Company

Mail policies to: P.O. Box 9160 Ogden, Utah 84409-9160 • Phone: 801-689-1929

Email: fepolicies@gwic.com

• Fax: 801-689-1929

A. Proposed Insured (Full legal name)

First Name		Middle Initial	Last Name	
Street Address		City	ST	Zip
Phone #		Date of Birth (mm/dd/yyyy)	Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address			

Enter your agent number for faster processing

Include e-mail address if the Insured / Owner elects to receive electronic communication on the policy.

B. Owner (Complete only if other than the proposed insured)

First Name		Middle Initial	Last Name	
Street Address		City	ST	Zip
Phone #		Date of Birth (mm/dd/yyyy)	Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address		Relationship to Insured	

Confirm Owner has insurable interest in Insured.

C. Health Questions

- 1) In the last two years, has the applicant been a patient in hospice, a hospital, or nursing home for five or more days? YES NO
- 2) Is the applicant unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair? YES NO
- 3) In the last two years, has the applicant been diagnosed with, been prescribed medication for or treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), 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? Maintenance medications are not considered treatment if the prescription has remained the same (or generic equivalent) at the same or decreased dosage for the past two years. YES NO

See the following Underwriting Guidance section for information on answering the health questions.

If all health questions are answered "NO," the proposed insured is eligible for Level Death Benefit. If any of the health questions are answered "YES," or is not answered, the policy will be issued with a two-year Graded Death Benefit.

Primary Care Physician (Required for Level Death Benefit)	Phone #
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Physician information must be provided or the policy will be issued with a limited death benefit.

D. Policy Information

Face Amount: \$	Ultimate Death Benefit: \$ <i>For Level Death Benefit policies, multiply Face Amount by 120%</i>
Payment Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually	Base Premium Amount: \$
<input type="checkbox"/> Dependent Child/Grandchild Rider \$5,000 Face Amount and separate application required	Rider Premium Amount: \$ \$1.00 per month
Total Premium Amount: \$	
Spousal Bonus Rider - Full Name and Date of Birth: \$10,000 Face Amount required	

Face of \$1,000 to 40,000

Ultimate Death Benefit is face amount if graded, otherwise 1.2 x Face.

If both spouses are applying for policies with at least \$10,000 in face amount, include the name and DOB of the other spouse here so that we can link the policies when issued.

Proposed Insured Last Name: _____

Include name here in case pages get separated.

E. Beneficiary Information (Use additional form for more beneficiaries)			
Primary (Full legal name)		Relationship	
Street Address	City	ST	Zip
Contingent (Full legal name)		Relationship	
Street Address	City	ST	Zip
F. Agreement			

Provide beneficiary to assist in quicker claims payments.

By signing below, I agree that: (1) to the best of my knowledge and belief, statements in this Application are complete and true. (2) The policy issued by us is based on, and only on, the statements and answers in this Application. (3) You will notify us of any changes in the statements or answer given in this Application between the time of the application and delivery of the policy. (4) We will have no liability until a policy is issued on this Application and delivered to and accepted by the Owner. (5) The full modal premium must be paid while the Insured is alive and by the time the policy is delivered. By accepting the policy, my written consent will be given if we makes any change(s), correction(s), or addition(s) to the policy as applied for on this application.

Insurable Interest: By signing below, the owner certifies that he/she has insurable interest in the life of the insured as defined by the state statute in which the policy is issued.

Authorization: By signing below, I approve of any healthcare provider, medical facility, or other person, including a Veterans Administration Hospital, giving the Great Western Insurance Company any records or information it needs about the Insured's health. A copy of this approval will be as effective as the original. This approval is only valid for 24 months. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. The Insured, or a person authorized to act on behalf of the Insured, is entitled to receive a copy of this authorization upon request.

I affirm that no illustration was used in the sale of this product.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

G. Signature Section

Do you have any existing insurance policies or annuity contracts? YES NO
Will the insurance applied for replace or change any insurance or annuity now or recently in force? YES NO
If "Yes," complete required replacement form(s).

X _____ Signed on: _____ Signed at: _____
Proposed Insured's Signature (mm/dd/yyyy) (City, State)
X _____ Signed on: _____ Signed at: _____
Owner's signature (If other than the Proposed Insured) (mm/dd/yyyy) (City, State)

Be sure to answer all replacement questions and include any required replacement forms.

H. Agent Section

Does the applicant have any existing insurance policies or annuity contracts? YES NO
Will the insurance applied for replace or change any insurance or annuity now or recently in force? YES NO

Agent Full Name (Please print) Agent Number
X _____ Signed on: (mm/dd/yyyy)
Agent Signature

How to Complete the Premium Withdrawal Form

There is no direct billing option for recurring modal payments. Every application must include a Premium Withdrawal Authorization Form for the owner to indicate how recurring premiums will be paid.



PREMIUM WITHDRAWAL AUTHORIZATION FORM

(Complete one form per Applicant)

GREAT WESTERN INSURANCE COMPANY

Mail policies to: PO Box 9160 Ogden, Utah 84409-9160 Phone: 866-252-5594

Fax policies to: 801-689-1929 • Email: fepolicies@gwic.com

Proposed Insured (Full legal name)					
First Name		Middle Initial	Last Name		
Payor Information					
<input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other: (fill in following if other is checked)				Relationship	
First Name		Middle Initial	Last Name		
Street Address		City	ST	Zip	
Phone #		Date of Birth (mm/dd/yyyy)		Social Security #	
Sex:	E-mail Address				
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Bank Account Information					
Financial Institution (Bank Name):					
<input type="checkbox"/> Checking <input type="checkbox"/> Savings (Contact your bank to verify EFT is allowed)					
Routing # (lower left corner of check):			Bank Account # (lower middle of check):		
<input type="text"/>			<input type="text"/>		
Credit Card Information					
Credit Card:		Exp. Date	CVV		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER					
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 effect until THE COMPANY receives written notice of its termination. The notice must be in such time and in such manner as to allow THE COMPANY and DEPOSITORY reasonable time to act (minimum of three weeks).					
<input type="checkbox"/> A one-time initial and ongoing (initial will be drawn on: ____/____/____ or immediately if left blank)					
<input type="checkbox"/> Ongoing only					
Please select only one box to indicate the date for ongoing withdrawal:					
<input type="checkbox"/> ____ (1-28) <input type="checkbox"/> 2 nd Wednesday <input type="checkbox"/> 3 rd Wednesday <input type="checkbox"/> 4 th Wednesday					
Amount of Premium: \$					
_____ Accountholder/Cardholder's Name (Please print)					
X _____ Accountholder/Cardholder Signature			_____ Signed on: (mm/dd/yyyy)		

Payor Information should only be filled out if Payor is different from Owner or Insured.

Fill out one of these sections: Bank Information for direct electronic withdrawal or the credit card information.

This premium should match the application.

This should be the signature of the Payor listed above.

Underwriting Guidelines

The following information provides general health guidelines to assist the Proposed Insured to correctly answer the health questions on the application. Please contact Great Western if you have specific questions.

Health Questions

- 1) In the last two years, has the applicant been a patient in hospice, a hospital, or a nursing home for five or more days?

If the applicant was hospitalized for five days (not necessarily consecutively) for any reason, he or she should answer "YES."

If the applicant is in a nursing facility or cannot maintain his or her own residence, and he or she cannot independently perform everyday tasks such as administering medication or maintaining a household, the health question should be answered "YES."

- 2) Is the applicant unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?

If the applicant regularly requires any assistance, either paid or unpaid, to complete the listed Activities of Daily Living, the question should be answered "YES."

- 3) In the last two years, has the applicant been diagnosed with, been prescribed medication for, or been treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), 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?

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 next pages).
- The second part refers to taking prescription medication connected with all of the disorders listed.

During the two year contestability period, Great Western will pay full benefits when the physician's assessment and the Insured's medical records confirm the answers on the application. If the application is not confirmed, only the premiums paid will be returned.

The Insured's primary physician must be listed on the application to for the policy to be written as a First-Day coverage policy.

NOTE: If there is any hesitation or uneasiness about either health question, write a Guaranteed Issue graded policy.

Specified Diseases

Listed below are the names of some common illnesses associated with the disorders named in the health questions.

Blood Disorder – includes, but is not limited to, the following:

Aplastic Anemia	Lymphoma
Hemophilia	Sickle Cell Anemia
Leukemia	

Brain Disorder – includes, but is not limited to, the following:

Alzheimer's	Down's Syndrome
Bipolar Disorder	Encephalitis
Cerebral Embolism	Epilepsy
Cerebral Hemorrhage	Meningioma
Cerebral Palsy	Multiple Sclerosis
Cerebral Vascular Accident	Parkinson's Disease
Dementia	Stroke

Cancer* – any malignant cellular tumor, including, but not limited to, the following:

Carcinoma or Melanoma	Metastasis
Hodgkin's Disease	Oncological Disorder
Lymphoma	Sarcoma

*Skin Cancer is allowable unless malignant.

Circulatory Disorder – includes, but is not limited to, the following:

Aneurysm	Hemorrhage
Arteriosclerosis	Peripheral Vascular Disease
Atherosclerosis	Thrombosis

Hypertension (High Blood Pressure) – is not considered under Great Western 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 is on insulin for diabetes, answer “YES” and write a Guaranteed Issue policy.

Heart Disorders – includes, but is not limited to, the following:

Angina Pectoris	Heart Attack
Congenital Heart Disease	Ischemic Heart Disorder
Congestive Heart Failure	Myocardial Infarction
Coronary Artery Disease	Pacemaker
Coronary Insufficiency	Valvular Diseases
Coronary Occlusion	

HIV Antibodies – If the applicant was diagnosed as having HIV antibodies, answer “YES” and write a Guaranteed Issue policy. Related conditions include, but are not limited to, the following:

- Human Immune Deficiency Virus (HIV)
- Acquired Immune Deficiency Syndrome (AIDS)
- Acquired Immune Deficiency Syndrome-Related Complex (ARC)

Kidney Disorder – includes, but is not limited to, the following:

Nephritis	Pyelitis
Nephroptosis	Renal Failure

Liver Disorder – includes, but is not limited to:

Cirrhosis of the Liver	Hepatoma
Hepatitis	

Lung Disorder* – includes, but is not limited to:

Bronchitis Pulmonary	Edema
Chronic Obstructive Pulmonary Disorder	Pulmonary Embolism
Chronic Pneumonia	Pulmonary Fibrosis
Chronic Respiratory Disorder	Tuberculosis
Emphysema	

*If applicant is on oxygen, answer “YES” and write a Guaranteed Issue policy.

Tumor – If the applicant has a tumor in any part of their body, answer “YES.”

Agent Licensing and Appointment Process

To become appointed with Great Western, the following documents must be submitted:

- Completed Agent Agreement
- Completed and Signed Commission Schedule
- Voided Check for Direct Deposit
- Copy of Insurance License
- Completed IRS W-9 Form
- Copy of a Certified AML Training Certificate
- Copy of Social Security Card (if requested)
- Copy of Driver's License (if requested)
- Non-Resident appointment fee (if applying for appointment in a second or additional state)

Great Western will accept emailed or faxed agent contracts if all the required signatures have been obtained.

E-mail: fepolicies@gwic.com
Fax: 801-689-1929
Mail: Great Western Insurance Company
Attn: Final Expense
PO Box 9160
Ogden, UT 84409-9160

In Pennsylvania, agents must be fully appointed with us before writing any business.

For all other states, we use Just-in-Time contracting which will be completed upon receipt of the first submitted application. It will take approximately three to five business days for the background check to be processed (unless there are concerns) and the initial policy to be issued.

AML (Anti-Money Laundering) Training must be completed prior to issuance of your first policy. You may go to <http://gwic.webce.com> for the training information. If you have already

satisfied this requirement with another insurer and apply for appointment with Great Western, we require submission of a copy of the AML training certificate. We reserve the right to require you to complete our training prior to your appointment. We will not issue any business until satisfactory AML training has been completed.

It is your responsibility to maintain continuing education and renew your license in a timely manner. If your license lapses, we cannot issue business on applications signed subsequent to the expiration of your license.

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

Agent Transfers

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

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

Great Western requires agents to notify their existing upline agency of any desire to change their working relationship before Great Western will become involved in structuring a new licensing agreement. Dual contracting is not allowed. If an agent has written a policy under one agency within six months or has not been contracted with the same agency for six months of the request to change agencies or leave an agency, Great Western will not allow the change without a written, signed release from the original agency. An agent transfer cannot be enacted for the purpose of increasing commission levels.

Commissions

Commission Processing

Commissions will be run daily. Commissions on any business issued by 5:00 pm (MST) will be processed the following business day. Commissions will not be paid until the premium causing the commission is received and accepted by Great Western and applied to the policy. No commissions will be paid on premium that has been paid in advance until such premium has become due.

Early deaths will result in a commission chargeback through the first nine months from the effective date.

If the policyholder dies by suicide at any time during the suicide exclusion, 100% of the commission will be charged back. If the policy is rescinded at any time, 100% of the commission will be charged back. Lastly, if Great Western is required to refund any premium by reason of fraud, malfeasance, or omission of any kind by the agent, Great Western, or any other party, 100% of the commission will be charged back.

In addition, the agent is obligated to return 100% of the commission paid for a product if one of the following occurs: a) the policy lapses, surrenders, or is cancelled by the insured during the first three months of coverage; b) the policy is rescinded at any time; c) there is a reduction in coverage during the first year, in which case Great Western will pay commissions on the reduced coverage as if it had been originally issued for that reduced amount; or d) Great Western is required to refund premiums by reason of fraud, malfeasance, or omission of any kind by any party or applicant of the product at any time.

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

Commission Advances

The commission advances option allows agents to be paid upfront on the annual commissions for each policy. The advance commission option is set up in your agent contract. This option is selected by Great Western, the head of the agent's hierarchy, or the agent. This option may be rescinded at any time at our sole discretion. Any unearned advanced commissions are subject to chargebacks and secured by any and all future commissions.

We allow up to six months (50%) of the first year's commissions to be advanced at policy issue, subject to a \$500 per policy maximum.

No additional commissions will be paid on a policy until the policy's earned commissions exceed that policy's advanced commissions, at which time commissions will be paid as earned.

Commission Reporting

Each day an agent / agency has commissionable activity, that agent / agency will receive an emailed commission statement.

The commission statements include information for the agent / agency being paid as well as an explanation of all their down line activity. The report includes premiums paid, commissions paid, and commissions earned for each policy with activity. The report also includes the same detail on any chargebacks which have occurred. Finally, the report shows policies which are past due and their due date.

Collection Process

Should an agent ever have a negative reserve balance, Great Western will notify the agent and their upline agency. This notification will be sent if the agent has not had new business activity or made any payment on the negative balance within thirty days of the account becoming negative. If Great Western does not receive a timely response from either the agent or agency, Great Western will demand immediate payment. If payment is not received according to the details in the demand, then the agent's appointment with Great Western will be terminated. If an agent is sent to collections due to a negative balance, the agent will be reported to VectorOne.

Legal Designations: Power of Attorney, Guardianship, Representative Payee

- It is important to read every Power of Attorney (POA) to determine whether it entitles the person to purchase insurance. Do not accept a document just because it says POA. Some important distinctions are Durable versus Limited Power of Attorney. If you have questions about the type of POA, contact Policy Issue to answer your questions.
- The POA should sign on the Insured's signature line. Make sure the Attorney-in-Fact uses the proper signature format for POAs:
 - Signature: Jane Doe by John Smith, POA
 - Initials: JD by JS, POA
- In cases where the Insured resides at a care facility and is unable to sign, the following must be provided to Great Western:
 - Representative payee papers showing the care facility has control of the Insured's finances and can purchase insurance.
 - Documentation making the Insured owner of policy.
 - All documentation properly signed by authorized personnel of the care facility, such as the director (not the caregiver).

Maximum Amounts of Insurance

Face amounts over \$40,000 are not allowed. If a First Day Coverage policy is issued with a Face Amount of \$40,000 it will have a \$48,000 death benefit.

First Day Coverage & Physician's Information

- If the Owner is applying for First Day Coverage and answers "NO" to all Health Questions, the physician information must be completed.
- If the Insured has not seen a physician but has visited a clinic, obtain the clinic's information since the medical records will still be available.
- If the Insured has not seen a licensed medical provider, the policy will be issued as a Limited Death Benefit policy.

Assignments & Beneficiaries

- Assignments have a first priority claim on the proceeds of the policy. Excess proceeds will be paid to the listed beneficiary and contingent beneficiary, as the case may be.
- If an assignment is made, list a person, such as, a family member as beneficiary.

- Always list a contingent beneficiary.
- If no beneficiary or contingent beneficiary is listed, the proceeds of the policy will be paid to the policyowner or the policyowner's estate in accordance with the policy.

Submitting Corrections

- Make sure any changes to documents are initialed and dated by the Applicant (Owner).
- Do not whiteout incorrect information. Please draw a line through the incorrect information, correct it, and have the owner initial and date the change.

Handling Funds

- You are not authorized to collect any cash premiums. The applicant may include a check to be submitted with the application. All renewal premiums must be paid by the owner using credit card or ACH.
- You are prohibited from paying or collecting funds (other than the initial premium) or loaning funds to the client for premiums.

Policy Delivery

- Great Western will mail all policies to the Owner(s) promptly but not before the first payment has been received. The delivery receipt will be signed by Owner and returned to the Great Western Home Office. The Free-Look Period begins when the policy is delivered.
- Never keep custody of any application for longer than absolutely necessary.

Restrictions on Issuance

- No policy will be issued on an individual who is incarcerated.
- No policy may be submitted by an agent who is not licensed in the state in which the policy is signed.

Pending Notification

- Notification regarding pending business will be submitted via email to the writing agent and copied to the upline agency.

Appropriate Use of Replacements

- A replacement involves purchasing a new policy or contract while (a) discontinuing the premiums on the current policy or contract; (b) surrendering, forfeiting, or terminating an existing policy; (c) assigning an existing policy to the replacing insurer, or (d) using an existing policy to finance a purchase.

Great Western deems a replacement appropriate when it is in the best interest of the Owner; therefore, Great Western provides a replacement form encouraging informed decisions and recommending that they contact their existing agent or insurer to review benefits and values.

The following factors may influence whether a replacement is in the Owner's best interest:

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

In addition to considering the Owner's best interest, the agent must show diligence in acknowledging the Owner's intention to replace another policy or contract. This is evidenced through requiring the Owner to answer two replacement questions on the replacement form. If the replacement questions are not marked, a follow-up with the agent is performed and the application will be pended.

The Replacement Form—required for all replacement policies—should explain the reason for purchasing a new policy. The agent should not submit the application if a replacement is not in the Owner's best interests.

Reissues

Reissues are allowed to increase or decrease the face / premiums of policy. Any change can be made in the first six months without penalty. After 181 days from the policy issue date, the policy face can be reduced by doing a partial cash surrender.

Save Age

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

Application and Policy Tracking

The Great Western agent website is updated nightly with application and policy data.

All new agents will receive a User ID for logging onto the agent website at the time of appointment. The initial password will be provided separately. You will be asked to change the password the first time you log onto the website.

Great Western provides a set of standard reports for each agent ID on the website. These reports include:

- Agent Status Report - This report includes the appointment status of the agent / agency and each down line agent.
- Hierarchy Report - This report shows the commission levels for the agent / agency and all down line levels (if any).
- Pending Policy Report - This report provides the current status of all applications which have been entered but not issued. The Pending Status Code lists the reason(s) the policy has not been issued.
- Policy Summary Report - This report describes the policy detail and status of all policies issued by the agent or by any down line agent.

The Policy Summary Report can be customized to show the specific data you wish to see at a glance. If you have any questions about customizing this report, contact Great Western for specific guidance.

Premium Payments

Great Western accepts only Pre-Authorized Electronic withdrawals (PAC) or Pre-Authorized credit card payments. This policy makes paying premiums easy for your client and helps improve the persistency of your business. The Premium Withdrawal Authorization Form must be submitted with the application so that the ongoing premiums can be paid.

Initial Premium

The policy will not be issued until the initial premium is successfully paid. If a check for the initial premium is submitted with the application, we will immediately process the application and deposit the check. If the initial premium will be paid through a withdrawal, we will make the initial withdrawal as requested in the Payment Information section of the Authorization form. The application will remain in a pending status until the initial premium is withdrawn.

Renewal Premiums

The Premium Withdrawal Authorization form gives the Payor the ability to select a specific date each month for us to pull the premium or the Payor can select a specific Wednesday for the payment to be pulled. The Wednesday option should be used for Payors who expect the payments to be paid out of Social Security payments.

Past Due / Grace Period

If a monthly premium is missed for any reason, such as insufficient funds, out-of-date credit card information, or Payor cancellation of authorization, the policy will become Past Due. The policy has a thirty day (sixty day in California) Grace Period where coverage will remain in effect. After fifteen days past due, we will send a past-due notice to the Policy Owner and, if applicable, a Secondary Lapse Notice to a person designated by the Policy Owner. If no premium is received, we will lapse the policy at the end of the Grace Period and one of the nonforfeiture options will be implemented.

Nonforfeiture Options

- Lapse No Value – During the early durations of the policy, it may not have developed cash value. If there is a premium lapse during this period, the policy will terminate with no future benefits.
- Extended Term Insurance – The default option for the policy is to continue with the same Death Benefit as at the time of premium lapse. The length of time is determined by the amount of cash value.
- Reduced Paid Up Insurance – This option makes the policy paid up, and the policy will remain in a paid up status for the life of the Insured. The amount of the Death Benefit under this option is determined by the cash value at the time of premium lapse.

Reinstatement

If a policy enters a nonforfeiture option due to a premium lapse, the policy may be reinstated during the five years after the premium lapse. If the Owner wishes to reinstate the policy, the following must be provided:

- A completed Evidence of Insurability form which requires the Insured to answer the same questions as on the initial application and provide updated physician information.
- Pay past-due premiums with 6% interest. Customer Service can provide a quote of the amount required to reinstate the policy.

If a policy is reinstated, the two-year contestability period is restarted from the date of reinstatement.

Claims

The first step to submitting a death claim is requesting an appropriate Benefit Claim Form. These can be found on our website under the Policyholder Forms section, or you can request a form from the Claims Department (at feclaims@GWIC.com or 1-866-689-1402). They will mail, email, or fax one to you.

The Claims Department will only release policy proceeds after receiving a completed Benefit Claim Form and due proof of the Insured's death. The form can be sent via email or online through GWIC's website. Claims will not be paid without a death certificate. Claims will be paid first to the assignee, then to beneficiaries, and then to contingent beneficiaries.

For clean claims, processing time is generally two to five business days. Special claim payment requirements may require additional documentation and processing time.

Death during the Contestable Period

If the Insured on an underwritten plan dies from natural causes during the contestable period (first two years after issuance or reinstatement), we will require confirmation of the underwriting answers from the Insured's physician(s) before payment of the Death Benefit. If the answers on the application cannot be verified, we will rescind the policy, return all premiums, and charge back all commissions.

Accidental Death during the Graded Period

We will pay the full Face Amount of the policy if the Insured dies of accidental causes during the graded period. We require a death certificate and a police report describing the accident in order to pay the accidental death benefit.

Acceleration of Death Benefit

If the Policy owner requests an acceleration of the Death Benefit on the underwritten plan, we require a separate Accelerated Death Benefit Claim form to be completed. We will request the Insured's medical records to confirm the Terminal Illness diagnosis or the inability to independently perform at least two Activities of Daily Living. We may require an examination by an independent medical professional.

Client Advertising / Intellectual Property

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

The Great Western name and logo are statutorily protected by the federal government under the Lanham Act (the Trademark Act) and the Federal Trademark Dilution Act. Under these statutes, the company name and logo may not be duplicated, altered, referenced, or used in connection with, in reference to, or amended to other Great Western materials products or documents.

Marketing Materials and Forms

The following sales and policy service materials may be obtained from the Great Western Supply department. Please email your request to: fesupplies@gwic.com.

Brochures

Great Western offers a number of brochures and other marketing material. Most of these are provided free of charge and can be placed on display during conventions.

Web Access

On occasion, internet "micro" sites will be created and provided as customizable media for electronic lead generation.

Applications

Applications may differ depending on the state in which you sell. Although some applications may be the same for a number of states, please specify for which state you are ordering applications when ordering from our Final Expense Department. Occasionally, the company will update form numbers or revise the application form. When this happens, you should expect to begin using a smaller stock of revised forms. The policy description includes instructions on filling out applications for the state(s) in which you sell.

Replacement Forms / 1035 Exchange Forms

A Replacement of Insurance form is needed when a policy is being exchanged for a Great Western policy from another insurer. All Great Western applications have a replacement question. The replacement form should be provided to the owner if they answer "YES" to the question regarding existing insurance. Please thoroughly review the following information regarding the appropriate use of replacement insurance.

1035 Exchanges are rare, and the agent must contact Great Western in order to obtain more information.

Policy Service Forms

All policy service forms can be found on the Great Western website under the Policyholder Forms section. Alternatively, the Policy Owner can call the customer service number listed on the policy to request the appropriate form.

The Policy Change Form can be used to change the Policy owner's address and beneficiary information. The Policy Owner may also surrender the policy or elect to stop paying premiums and elect a nonforfeiture option using this form.

Business Practices

Great Western bases business on trust; therefore, agents shall represent Great Western in accordance with the highest standards. The following practices help to ensure the trust of our clients.

Privacy Policy

Great Western is committed to our Policyowners' personal privacy. Great Western only collects information necessary to identify the prospective Owner, issue a policy, and collect premiums.

Nonpublic Personal Information

In the course of processing and maintaining policies and certificates, Great Western may collect nonpublic personal information about Owners and prospective Owners; these details may come from applications, other forms, transactions with Great Western, and transactions with agents or affiliates. Nonpublic personal information includes names, addresses, Social Security numbers, and beneficiary designations.

Nondisclosure of Nonpublic Personal Information

Great Western does not give or sell any of its customers' or former customers' nonpublic personal information to anyone except as permitted by law.

Restricted Access to Nonpublic Personal Information

Furthermore, Great Western restricts access to customers' nonpublic personal information to only those employees who require that information in order to provide the requested products or services.

Nondisclosure of Personal Health or Medical Information

Great Western does not give or sell personal health or medical information about its customers except as permitted by law or upon a customer's written authorization.

Safeguard Nonpublic Personal Information

Great Western maintains physical, electronic, and procedural safeguards compliant with federal regulations to guard customers' nonpublic personal information. Be assured that Great Western respects customer privacy and will continue to secure the entrusted information.

Anti-Fraud Policy

As a Great Western representative, agents must be aware of insurance fraud red flags and make every effort to avoid and prevent such fraud from occurring.

Know Your Customer

As an insurance agent, you are required by state and federal law to know with whom you are doing business. If the insurance applicant is unknown to you, verify picture identification. Witness the applicant sign the application. Never sign an insurance application that you did not negotiate with the applicant.

Money Laundering

A prospective Owner applying for several high-face policies at the same time, paying with cash or money order, and then canceling for a refund is a red flag. Report to the Great Western Home Office if an Owner wants to cancel any high-face policies during the Free Look Period and is indifferent to the loss of premium paid because of surrender charges.

Proper Signatures

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