

The Accidental Death Protector

Whole Life Insurance with
Accidental Death Benefit Rider

AGENT GUIDE

Underwriting Guidelines
Premium Rates

- Whole Life Insurance To Age 121 Policy
Policy Form No. 11-9912
- Accidental Death Benefit Rider
Policy Form No. 9913

COMPANY CONTACT INFORMATION

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

Department	Phone Menu Extension:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	arlene.williams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

New Business Application Fax Number: (254) 297-2100. Be sure to include Fax Application Cover Page.

New Agent Contract Fax Number: (254) 297-2110.

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

Online Services:

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

Access product information, state availability, forms, agent e-file, and other valuable information at the Company websites.

HOW THE POLICY WORKS...

The Accidental Death Protector is a combination of a small amount of whole life insurance along with a significant amount of accidental death protection.

- Premiums guaranteed never to increase and remains level for 20 years
- Accidental Death Benefit increases each year, doubling over a 20 year period
- Return of Premium (ROP) Feature - at 20 years the cash value equals 20 annual payments
- If ROP cash payout elected at the end of year 20 the coverage is cancelled at that time

Issue Ages: 18-60 (age nearest birthday)

Premium Paying Period for Whole Life Coverage: To age 121

Premium Paying Period for ADB: To age 100
(ADB coverage ends at age 100)

Modal Factors:

Semi-Annual: .53

Quarterly: .27

Monthly EFT: .093

	Option 1	Option 2	Option 3
Whole Life Coverage	\$125	\$188	\$250
ADB Benefit	\$50,000	\$75,000	\$100,000
Doubles to...	\$100,000	\$150,000	\$200,000
Annual Premium (First 20 Years)	\$147.50	\$196.25	\$245.00
ROP in Year 20	\$2,950	\$3,925	\$4,900

No additional riders/benefits are available with this policy.

UNDERWRITING GUIDELINES

To apply for coverage simply complete the one page application (Form No. 9914) and answer only one underwriting question and as long as the answer is "no" then the applicant is eligible for coverage:

Within the past 3 years have you participated in, or intend to participate in aviation, hang gliding, mountain climbing, rodeo events, sky diving, scuba diving, organized racing of any kind, or had your driver's license suspended or revoked; or within the past 5 years have you been convicted of driving under the influence of alcohol or drugs? Yes No

A Motor Vehicle Report (MVR) is ordered on all applications and an MIB check is also run.

APPLICATION COMPLETION

- **Full Name of Proposed Insured** – List full legal name
- **Age** – calculate based on age nearest birthday
- **Signature** – Power of Attorney (POA) signatures are not acceptable.
- **Owner** – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they **MUST** sign and date below the Proposed Insured's Signature on the back of the application.
- **Beneficiary** – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust or an insured's Estate. Funeral homes are not acceptable beneficiary designations.
- **Third Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of: "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept applications where a Third Party Payor is involved and the applicant is age 30 or older. We do accept such applications for this product if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.
- **Will you replace an existing life insurance policy or an annuity?** – Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement forms.
- **Application Date/Requested Policy Date** – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- **All changes must be crossed out and initialed by Proposed Insured.** No white outs or erasures are permitted on the application.

INITIAL PREMIUM

The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for 1st premium. See Company website for eCheck procedures.

MONEY ORDERS NOT ACCEPTED.

CUSTOMER BENEFITS

- Simple YES/NO application
- No medical exams or blood work required
- Affordable rates that will not increase
- Benefits not subject to Federal income tax

IMPORTANT

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed insured. Also, remember to include your agent number.

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the Bank Authorization Form on the back of the application. Please specify a Requested Draft Date, if one is desired.
(a) Drafts cannot occur more than 30 days in advance of the application date, (b) cannot be on the 29th, 30th or 31st of the month or (c) more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (Either Form No. 9724 or the Bank Verification section of Form 9903). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number off of the debit card.)

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

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (Either Form No. 9409 or the E-Check Bank Draft Authorization section of Form 9903). With the use of this form, the company will draft for the 1st premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

OPTION FOR BILLING ON 2ND, 3RD OR 4TH WEDNESDAY OF EACH MONTH

Many seniors today are receiving their Social Security payments on the 2nd, 3rd or 4th Wednesday of each month rather than on a specific date each month. If you have a client receiving their payments under this scenario and would like to take advantage of the flexibility provided by this option, please abide by the following instructions:

In the **“Requested Policy Date”** field on the front of the application, simply indicate one of the following instead of providing an actual policy date:

- **“2W”**—if payments are received on the 2nd Wednesday of the month
- **“3W”**—if payments are received on the 3rd Wednesday of the month
- **“4W”**—if payments are received on the 4th Wednesday of the month

(The actual Policy Date will be assigned by the Home Office once the application is received and should be left blank on the application.)

In addition please indicated either **“2W”**, **“3W”** or **“4W”** in the field labeled **“Requested Draft Day”** which is part of the bank authorization form found on the back of the application.

The procedure is just that simple. The rest of the application paperwork is completed in the normal fashion. Also you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.