

Replacement Information

IMPORTANT NOTE: Internal Replacements are not allowed and External Replacements can only be completed using the eApplication.

1. Is there any existing life insurance or annuity coverage on the life of any proposed Insured? If Yes, provide the information below.

Proposed Insured's Name (First, MI, Last)	Company	Owner (First, MI, Last)	Amount	Accidental Death Benefit	Policy Date

2. Will the life insurance applied for replace, or otherwise reduce in value any existing life insurance or annuity now in force?

Proposed Insured Health Information

Any **YES** answer to questions 4 - 11 will disqualify your client from receiving an Eagle Premier Policy.

- Have You used any nicotine products (including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff, alternative nicotine delivery devices such as nicotine chewing gum or lozenges, nicotine patches or e-cigarettes or any device used for the vaporization of liquid nicotine) within the last 12 months?
- Height?
- Weight?
- Have You ever been diagnosed, treated, tested positive, or been given medical advice, or prescribed medication by a licensed member of the medical profession for:
 - Alzheimer's disease, dementia, memory loss, muscular dystrophy, or ALS (Lou Gehrig's disease)?
 - Congestive heart failure, defibrillator placement, cardiomyopathy, chronic kidney disease or kidney failure, or received kidney dialysis?
 - Cirrhosis of the liver, Hepatitis (all forms, excluding recovered Hepatitis A), or liver failure?
 - Emphysema, chronic obstructive pulmonary disease (COPD), or any other chronic respiratory or lung problem, excluding allergies or asthma?
 - Metastatic cancer (cancer that has spread to other parts of the body)?
 - Two or more occurrences of cancer of any kind or a reoccurrence of a previous cancer?
 - AIDS, ARC, or HIV?
- In the past 24 months, have You been diagnosed, treated, tested positive, or been given medical advice by a licensed member of the medical profession for:
 - Internal cancer, brain tumor, or malignant melanoma (excluding basal cell skin cancer)?
 - Complications of diabetes, including amputation, retinopathy (eye disease), nephropathy (kidney disease), neuropathy, insulin shock, or diabetic coma?
- In the past 24 months, have You been diagnosed, treated, tested positive, received medical advice, counseling, or been prescribed medication by a licensed member of the medical profession for drug or alcohol abuse/dependency or addiction?
- Within the last 12 months, have You been advised, by a licensed member of the medical profession, to have tests, surgery or hospitalization (except for those related to HIV or AIDS), which have not been completed, or are You waiting for a medical diagnosis or results of medical tests or procedures which have not been received?
- In the past 12 months, have You been diagnosed, treated, tested positive, been given medical advice or prescribed medication by a licensed member of the medical profession for:
 - Angioplasty (balloon procedure), stent placement, or heart bypass surgery?
 - Stroke; heart attack, heart valve disease, coronary disease, angina (chest pain), or heart disorder (excluding hypertension)?
- Have You received advice from a licensed member of the medical profession to have, are You waiting for, or have You ever received, an organ or tissue transplant?
- Are You now or within the past 6 months have you been:
 - Hospitalized for 48 hours or more, bedridden or confined to or living in a nursing facility or correctional facility?
 - Receiving or been advised by a member of the medical profession to receive hospice care?
 - Receiving home health care for a chronic or debilitating condition?
 - Receiving assistance with activities of daily living, including eating, bathing, toileting, or dressing due to a chronic or debilitating condition?
 - Confined to a wheelchair or using a walker for assistance (except in the case of a temporary condition immediately following injury or medical treatment) not to exceed 3 months' time?
 - Using oxygen to assist in breathing?
- Have You been diagnosed with a terminal illness that is expected to result in death within 24 months?

FINAL EXPENSE

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2777

INDIVIDUAL LIFE INSURANCE APPLICATION (Please print in black ink)

Telephone Case No: _____

Proposed Insured _____ <small>(First) (Middle) (Last)</small>					Telephone interview completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (No. & Street) _____					Phone _____ Best time to call _____	
City _____		State _____		Zip Code _____		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in Weight lbs	
Owner: Name _____			Relationship _____		SS# _____ / ____ / ____	
Address _____			City/State/Zip _____			
Primary Beneficiary		Relationship		Contingent Beneficiary		
				Relationship		
Plan: _____ Face Amount of Insurance \$ _____ <input type="checkbox"/> Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a graded or return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available.						
<input type="checkbox"/> Immediate Death Benefit <input type="checkbox"/> Graded Death Benefit (Percentage of Face Amount) <input type="checkbox"/> Return of Premium Death Benefit						
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Rider: <input type="checkbox"/> Grandchild/Great Grandchild Coverage		Number of Children Applying _____ Units <input type="checkbox"/> Other _____		Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Child Rider* Units <input type="checkbox"/> ADB* Amt \$		(*not available on Return of Premium Death Benefit)				
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date		CWA: <input type="checkbox"/> E-Check Immediate 1st Prem		Mail Policy To: <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner		
<input type="checkbox"/> Other Modal Prem \$		<input type="checkbox"/> Collected \$		Requested Policy Date: / /		
A. Do you have existing life insurance or an annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company _____				
B. Will you replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy # _____		Amount of Coverage \$ _____		
Physician Name: _____		City/State: _____		Phone: _____		

HEALTH INFORMATION

1. Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting? ☐ Yes ☐ No
 2. Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months? ☐ Yes ☐ No
 3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No
- If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.***
4. Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50? ☐ Yes ☐ No
 5. Have you ever been medically diagnosed, treated or taken medication for renal insufficiency, kidney failure, chronic kidney disease, or more than one occurrence of cancer in your lifetime (excluding basal cell skin cancer)? ☐ Yes ☐ No
 6. Within the past 2 years have you had any diagnostic testing (excluding tests related to Human Immunodeficiency Virus (HIV)), surgery, or hospitalization advised by a medical professional which has not been completed or for which the results have not been received? ☐ Yes ☐ No
 7. Within the past 2 years have you:
 - a. been medically diagnosed or treated for angina (chest pain), stroke or TIA, cardiomyopathy, systemic lupus (SLE), cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing? ☐ Yes ☐ No
 - b. had a heart attack or aneurysm, or had or been medically advised to have any type of heart, brain or circulatory surgery (including, but not limited to a pacemaker insertion, defibrillator placement), or any procedure to improve circulation? ☐ Yes ☐ No
 - c. been medically diagnosed, or treated, or taken medication for any form of cancer (excluding basal cell skin cancer)? ☐ Yes ☐ No
 - d. used illegal drugs, abused alcohol or drugs, had or been recommended by a medical professional to have treatment or counseling for alcohol or drug use or been advised to discontinue use of alcohol or drugs? ☐ Yes ☐ No
- If any answer to questions 4 through 7 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.***

8. Within the past 3 years have you been medically diagnosed or treated, or hospitalized for:
 - a. stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation? ☐ Yes ☐ No
 - b. or taken medication for any form of cancer (excluding basal cell skin cancer), emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, or liver disease? ☐ Yes ☐ No
 - c. paralysis of two or more extremities or cerebral palsy, multiple sclerosis, seizures, Parkinson's disease or muscular dystrophy? ☐ Yes ☐ No

If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.

If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.

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5. HEALTH HISTORY

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

What is your current height and weight?

HEIGHT Ft. In. | WEIGHT lbs.

PART 1 (If any question in this section is answered "YES," DO NOT SUBMIT THE APPLICATION)

YES NO

1. Are you currently hospitalized, confined to a nursing home, hospice, bed, assisted living facility, convalescent home, institutionalized, receiving home health care, or confined to a wheelchair due to illness or disease? ☐ YES ☐ NO
2. Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), or having an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or have you been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next twelve (12) months? ☐ YES ☐ NO
3. Have you ever been recommended by a member of the medical profession, for an organ or bone marrow transplant, or ever had a heart, lung, liver or bone marrow transplant, or ever had an amputation due to disease or, within the last twelve (12) months, received kidney dialysis? ☐ YES ☐ NO
4. Are you awaiting a diagnosis or test result, or been advised by a member of the medical profession to have a surgical operation, a diagnostic test (except for HIV) other than for routine screening, that has not been completed? ☐ YES ☐ NO

PART 2 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)

YES NO

1. Have you ever been diagnosed by a member of the medical profession with, or received treatment for: mental retardation, Down's Syndrome, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, sickle cell anemia, or Huntington's Disease? ☐ YES ☐ NO
2. Have you ever been diagnosed or treated (including taking medication) by a member of the medical profession with congestive heart failure, Alzheimer's disease, dementia or Lou Gehrig's disease (ALS), or received a cardiac defibrillator implant (except pacemaker implant)? ☐ YES ☐ NO
3. During the last twenty-four (24) months, have you been diagnosed or treated (including taking medication) by a member of the medical profession for any form of cancer, including, leukemia, melanoma or any other internal cancer (other than basal cell skin cancer)? ☐ YES ☐ NO
4. During the last six (6) months have you been diagnosed by a member of the medical profession as having a heart attack? ☐ YES ☐ NO

PART 3 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)

YES NO

1. Have you ever been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for chronic lung disease, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, black lung disease, chronic respiratory disorder (excluding asthma or sleep apnea), or used oxygen to assist with breathing (except for sleep apnea)? ☐ YES ☐ NO
2. During the last thirty-six (36) months, have you been diagnosed or received treatment (including taking medication) by a member of the medical profession for:
 - a. Kidney disease, kidney failure, liver disease, chronic hepatitis, drug or alcohol abuse or dependency, sarcoidosis or Systemic Lupus? ☐ YES ☐ NO
 - b. Multiple Sclerosis, Parkinson's Disease, schizophrenia, brain tumor or have you been hospitalized or institutionalized for a mental or nervous disorder? ☐ YES ☐ NO
3. In the past thirty-six (36) months, have you:
 - a. Been on probation, parole, been convicted of, or pled guilty to any crime or to possession or distribution of drugs or any other illegal substance? ☐ YES ☐ NO
 - b. Been convicted of three (3) or more moving violations, or been convicted of driving under the influence of alcohol or drugs? ☐ YES ☐ NO
4. During the last twenty-four (24) months, have you been diagnosed by a member of the medical profession as having: A stroke (including TIA), aneurysm, enlarged heart, angina, peripheral vascular disease, pacemaker implant, stent, angioplasty, bypass surgery, or any procedure to improve the circulation to the brain? ☐ YES ☐ NO
5. During the last thirty-six (36) months, have you been diagnosed by a member of the medical profession as having complications of diabetes, including insulin shock, diabetic coma, Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve, circulatory), Peripheral Artery Disease (PAD) or Peripheral Vascular Disease (PVD), or diabetes not under control with current treatment, or have you used insulin for the treatment of diabetes prior to age 50? ☐ YES ☐ NO
6. During the last seven to twenty-four (7-24) months have you been diagnosed by a member of the medical profession as having a heart attack? ☐ YES ☐ NO

PART 4 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Select Full Benefit Plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan.) If all questions in all sections are answered "NO," the Proposed Insured will be considered for the Classic Elite Full Benefit plan.

YES NO

1. In the past five (5) years, have you been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for cancer, leukemia, melanoma or any other internal cancer (except basal cell carcinoma)? ☐ YES ☐ NO
2. Have you ever been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for chronic asthma or atrial fibrillation? ☐ YES ☐ NO
3. Are you currently requiring the assistance of another person in performing any ADL's (Activities of Daily Living) including eating, bathing, dressing, toileting, continence, transferring in and out of a bed or chair, or taking medications? ☐ YES ☐ NO

PART 5 Please provide the following details for your most recent consultation with a physician or medical facility.

Date of last visit	Name & Address of Physician or Medical Facility	Reason Consulted	Treatment / Diagnosis
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Last Name and Last 4 Digits of SSN: _____

Part C1

Within the last 12 months has the proposed Insured used tobacco products in any form?

☐ Yes ☐ No

If a policy cannot be issued as applied for, would you accept a rated policy if available?

☐ Yes ☐ No

If 'yes,' adjust face amount to premium?

☐ Yes ☐ No

Part C2 – If Any Question In This Section Is Answered "Yes," The Proposed Insured Is Not Eligible For Any Coverage.

1) Is the proposed Insured hospitalized, bedridden, residing in a nursing home, assisted or long term care facility, receiving hospice or home health care, or has the proposed Insured been advised by a medical doctor or is the proposed Insured planning to have inpatient surgery?

☐ Yes ☐ No

2) Has the proposed Insured ever:

a) Been diagnosed with, been treated for or advised by a medical doctor to receive treatment for Alzheimer's, dementia, memory loss, organic brain disease, mental incapacity, Lou Gehrig's disease (ALS), Downs Syndrome, Huntington's disease, sickle cell anemia, cystic fibrosis, cerebral palsy or been diagnosed by a medical professional as having a terminal medical condition that is expected to result in death within the next 18 months?

☐ Yes ☐ No

b) Been diagnosed as having or been told by a medical doctor that you have AIDS, HIV, or ARC disorders?

☐ Yes ☐ No

c) Been in a diabetic coma or had or been advised by a medical doctor to have an amputation due to disease or disorder?

☐ Yes ☐ No

d) Received or been advised by a medical doctor to receive an organ transplant other than corneal?

☐ Yes ☐ No

3) Within the past 2 years has the proposed Insured:

a) Had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for cancer (other than basal cell carcinoma)?

☐ Yes ☐ No

b) Undergone testing by a medical doctor for which the results have not been received or been advised by a medical doctor to have any surgical operation, diagnostic testing other than for routine screening purposes, treatment, hospitalization or other procedure which has not been done?

☐ Yes ☐ No

Part C3

4) Has the proposed Insured been diagnosed with diabetes (other than gestational diabetes) before the age of 18?

☐ Yes ☐ No

5) Within the past 4 years has the proposed Insured had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for cancer (other than basal cell carcinoma)?

☐ Yes ☐ No

6) Within the past 1 year has the proposed Insured:

a) Used illegal drugs or been diagnosed with, been treated for or been advised by a medical doctor to receive treatment for alcoholism, alcohol use/abuse, drug use/abuse, (including prescription drugs), or muscular dystrophy?

☐ Yes ☐ No

b) Had more than 12 seizures; or had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease?

☐ Yes ☐ No

c) Had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for aneurysm or angina; or had or been advised to have heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant?

☐ Yes ☐ No

d) Had a heart attack, stroke (CVA) or transient ischemic attack (TIA)?

☐ Yes ☐ No

e) Used oxygen to assist in breathing (including Sleep Apnea); received kidney dialysis; or had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for kidney failure due to a disease or disorder?

☐ Yes ☐ No

7) Within the past 2 years has the proposed Insured used a wheelchair or electric scooter? If answering yes to this question and the reason(s) for the wheelchair or scooter use was/is for a reason that is expected to resolve, please provide details on the Supplemental Information to the Application for Life Insurance.

☐ Yes ☐ No

• If all questions in Part C3 are answered "No," proceed to Part C4.

• If one question in Part C3 is answered "Yes," the proposed Insured is potentially eligible for the Graded Death Benefit product, proceed to Part C5.

• If two or more questions in Part C3 are answered "Yes," the proposed Insured is not eligible for any coverage.

Part C4

8) Within the past 2 years has the proposed Insured:

a) Had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for angina (chest pain); aneurysm; vascular, circulatory or blood disorder; heart surgery of any kind including bypass surgery, angioplasty, stent implant or pacemaker implant; or irregular heart rhythm such as atrial fibrillation?

☐ Yes ☐ No

b) Had a heart attack, stroke (CVA) or transient ischemic attack (TIA)?

☐ Yes ☐ No

c) Had more than 12 seizures; used insulin; or had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease?

☐ Yes ☐ No

d) Used illegal drugs or been diagnosed with, been treated for or been advised by a medical doctor to receive treatment for alcoholism, alcohol use/abuse, drug use/abuse (including prescription drugs)?

☐ Yes ☐ No

9) Within the past 4 years has the proposed Insured had, been diagnosed with, been treated for or advised by a medical doctor to receive treatment for kidney disease?

☐ Yes ☐ No

10) Has the proposed Insured ever been diagnosed with, been treated for or advised by a medical doctor to receive treatment for Parkinson's disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD) including emphysema, chronic asthma, black lung or other chronic respiratory disease?

☐ Yes ☐ No

• If all questions in Part C4 are answered "No," the proposed Insured is potentially eligible for the Preferred product, proceed to Part C5.

• If one question in Part C4 is answered "Yes," the proposed Insured is potentially eligible for the Standard product, proceed to Part C5.

• If two or more questions in Part C4 are answered "Yes," the proposed Insured is potentially eligible for the Graded Death Benefit product.

Part C5 – Nursing Home Option - If The Following Question Is Answered "Yes," The Proposed Insured Is Not Eligible For The Nursing Home Option On The Accelerated Death Benefit Rider.

Does the proposed Insured need any assistance from other persons in performing any activities of daily living such as eating, bathing, toileting, dressing, taking medications, walking or moving in and out of bed or chair or does the proposed Insured have ongoing incontinence or, in the 2 years prior to the application, has a medical professional recommended that the proposed Insured be confined to a Nursing Home?

☐ Yes ☐ No

5. HEALTH INFORMATION

SINCE THIS POLICY IS ISSUED WITH MINIMAL OR NO MEDICAL UNDERWRITING, THE PREMIUM RATE CHARGED INCLUDES AN EXTRA MORTALITY RISK CHARGE. IF YOU ARE HEALTHY ENOUGH TO QUALIFY AS A "STANDARD" RISK, PREMIUMS WOULD LIKELY HAVE BEEN LOWER IF YOU HAD APPLIED FOR A FULLY UNDERWRITTEN POLICY.

Has the Proposed Insured smoked cigarettes in the past 12 months? Prosperity ☐ Yes ☐ No

Please state the Proposed Insured's height _____ and weight _____

Part A - if any question is answered "Yes", the Proposed Insured is not eligible for coverage

1. Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant? ☐ Yes ☐ No
2. Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing? ☐ Yes ☐ No
3. Within the past 12 months has the Proposed Insured:
 - a. been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known? ☐ Yes ☐ No
 - b. used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)? ☐ Yes ☐ No
 - c. had or been advised by a member of the medical profession to have Kidney Dialysis? ☐ Yes ☐ No
4. Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession? ☐ Yes ☐ No
5. Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)? ☐ Yes ☐ No
6. Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or is the Proposed Insured currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)? ☐ Yes ☐ No

Part B - if any question is answered "Yes", the Proposed Insured may be eligible for the Modified Death Benefit Individual Whole Life Policy

1. In the past 2 years, has the Proposed Insured been diagnosed or received treatment from a member of the medical profession, or other practitioner, or been hospitalized for any of the following:
 - a. the use of alcohol or drugs; or been advised by a physician, practitioner, health facility or counselor to restrict the use of alcohol or drugs? ☐ Yes ☐ No
 - b. complications of diabetes such as diabetic coma or insulin shock or had an amputation due to complications of any disease? ☐ Yes ☐ No
 - c. heart attack, angina (chest pain), congestive heart failure, cardiomyopathy stroke, transient ischemic attack (TIA), or aneurysm or had heart or circulatory surgery? ☐ Yes ☐ No
2. In the past 3 years, has the Proposed Insured been diagnosed, treated, or prescribed medication by a member of the medical profession for: internal cancer, including but not limited to, malignant brain tumor, malignant melanoma (but excluding basal/squamous cell skin cancer), leukemia, or multiple myeloma? ☐ Yes ☐ No
3. In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? ☐ Yes ☐ No

Part C - if any question is answered "Yes", the Proposed Insured may be eligible for the Graded Death Benefit Individual Whole Life Policy

1. Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:
 - a. Parkinson's disease, Systemic Lupus (SLE) or sickle cell disease? ☐ Yes ☐ No
 - b. Cirrhosis (Stage A or Stage B) of the liver, chronic hepatitis or other liver disorder, kidney failure or other chronic kidney disease? ☐ Yes ☐ No
 - c. Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, black lung disease or tuberculosis? ... ☐ Yes ☐ No
 - d. Bipolar Disorder or Schizophrenia or been hospitalized in the past 2 years for any mental or nervous disorder? ... ☐ Yes ☐ No

If all questions in Parts A, B and C are answered "No", the Proposed Insured may be eligible for the Level Death Benefit Individual Whole Life Policy

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL OF OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



Application for Individual Life Insurance

PROPOSED INSURED								
Name (First, Middle Initial, Last)				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight	Social Security No.
Home Address (Street, City, State, Zip)					State of Birth		Date of Birth	Age
Phone No.		E-mail		Driver's License No.		Driver's License State		
Are you a legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", you are not eligible for coverage.)					In the past 12 months, has the Proposed Insured used any form of tobacco or nicotine replacement therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OWNER (Complete only if Owner/Applicant is different from Proposed Insured)								
Name of Policyowner (First, Middle Initial, Last)					Relationship to Proposed Insured			
Policyowner Address (Street, City, State, Zip)					Phone No.		Social Security No.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Age	E-mail		Citizenship Country	
UNDERWRITING								
Part One IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTIONS IN PART ONE, THAT PERSON IS NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS APPLICATION.								
1. Is the Proposed Insured currently:								
(a) bedridden or confined to any hospital, nursing home, long-term care facility or skilled nursing facility; or receiving or been advised to receive care in a nursing home, hospice care, or home health care?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) requiring assistance with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or control of bowel or bladder problems?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) requiring any of the following (other than for fractures, bone or joint surgery, including replacement): wheelchair, electric scooter, or oxygen equipment to assist breathing (excluding use for sleep apnea)?								<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Proposed Insured ever been:								
(a) diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic) or been treated for AIDS, ARC, or HIV by a physician or health care provider?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for Alzheimer's Disease, Dementia, Huntington's Disease, Sickle Cell Anemia, Myelodysplastic Syndrome (MDS), Lou Gehrig's Disease (ALS), Quadriplegia, Paraplegia, Down's Syndrome, mental incapacity, congestive heart failure, Cirrhosis, Metastatic Cancer or recurrent Cancer of the same type?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) diagnosed with insulin shock, diabetic coma, or had an amputation due to diabetic complications or diagnosed with End Stage Renal Disease or requiring dialysis?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) advised to receive or have received an organ or bone marrow transplant?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) diagnosed by a physician or health care provider as having a terminal medical condition that is expected to result in death within the next twelve 12 months?								<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 12 months, has the Proposed Insured been:								
(a) advised by a physician to have a surgical operation, diagnostic testing other than for routine screening purposes or for those related to HIV/AIDS, treatment, hospitalization, or other procedure which has not been done or for which results are not known?								<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) diagnosed by a physician or health care provider as having heart disease or heart surgery of any kind?								<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 2 years, has the Proposed Insured been diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for any form of cancer (except basal or squamous cell skin cancer)?								<input type="checkbox"/> Yes <input type="checkbox"/> No

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Part Two IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTION IN PART TWO, THAT PERSON IS ELIGIBLE ONLY FOR THE GRADED BENEFIT PRODUCT.

<p>5. Has the Proposed Insured ever (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Diabetes before age 50 or diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve) or Peripheral Vascular Disease (PVD or PAD)?</p> <p>(b) Hepatitis C?</p> <p>(c) Chronic Lung Disease, including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, or Sarcoidosis?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. In the past 4 years, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Cancer, Leukemia, Melanoma or any other internal cancer (except basal or squamous cell skin cancer)? ...</p> <p>(b) Chronic Kidney Disease, Systemic Lupus or Scleroderma?</p> <p>(c) Bipolar Depression, Schizophrenia, Parkinson's Disease or Multiple Sclerosis?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. In the past 2 years, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:</p> <p>(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Cardiomyopathy, irregular heart rhythm, or Valvular Heart Disease with surgical repair or replacement?</p> <p>(b) Stroke or Transient Ischemic Attack (TIA)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. In the past 2 years, has the Proposed Insured:</p> <p>(a) been convicted of or currently awaiting trial for a felony?</p> <p>(b) been treated for or advised to have treatment for alcohol or drug abuse or convicted more than once of reckless driving or driving under the influence of drugs or alcohol?</p> <p>(c) used unlawful drugs in any form or abused or misused prescription drugs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. In the past 2 years, has the Proposed Insured been hospitalized by a physician or health care provider for any mental or nervous disorder?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. In the past 12 months, has the Proposed Insured consulted a physician for chronic cough, <u>unexplained</u> weight loss greater than 10 pounds, fatigue or unexplained gastrointestinal bleeding?.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

NOTE: If the Proposed Insured answers all above questions "No", that person is eligible for the Level Benefit Product.

OPTIONAL COMMENTS (Not Required) - Provide any additional information available.

Question Number	Details to Underwriting Questions (Diagnosis, Dates, Durations, Medications, Dosages)

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Guaranteed Issue Whole Life (GIWL)

Monthly Premium*

As of 09/14/2018

ISSUE AGE	FACE AMOUNTS									
	MALE ¹					FEMALE ¹				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
50	\$26.96	\$51.92	\$76.89	\$101.85	\$126.81	\$18.92	\$35.83	\$52.74	\$73.93	\$91.91
51	\$27.36	\$52.73	\$78.09	\$103.45	\$128.81	\$19.34	\$36.68	\$54.02	\$79.33	\$98.66
52	\$27.82	\$53.63	\$79.45	\$108.75	\$135.44	\$20.00	\$37.99	\$55.98	\$83.93	\$104.42
53	\$28.22	\$54.44	\$80.66	\$114.96	\$143.20	\$20.97	\$39.93	\$58.90	\$88.14	\$109.67
54	\$28.68	\$55.36	\$82.04	\$120.36	\$149.95	\$21.84	\$41.67	\$61.51	\$91.94	\$114.42
55	\$29.45	\$56.90	\$84.35	\$125.17	\$155.96	\$22.62	\$43.23	\$63.85	\$95.34	\$118.68
56	\$30.27	\$58.55	\$86.82	\$128.77	\$160.46	\$23.49	\$44.98	\$66.47	\$99.15	\$123.43
57	\$31.00	\$60.01	\$89.01	\$131.97	\$164.46	\$24.17	\$46.34	\$68.50	\$102.15	\$127.19
58	\$31.65	\$61.31	\$90.96	\$134.77	\$167.97	\$24.86	\$47.72	\$70.58	\$105.15	\$130.94
59	\$32.10	\$62.21	\$92.31	\$136.78	\$170.47	\$25.50	\$49.00	\$72.50	\$107.95	\$134.44
60	\$32.58	\$63.17	\$93.75	\$138.18	\$172.22	\$26.01	\$50.02	\$74.03	\$110.15	\$137.19
61	\$34.77	\$67.54	\$100.31	\$148.39	\$184.98	\$27.52	\$53.04	\$78.56	\$116.76	\$145.45
62	\$36.97	\$71.94	\$106.91	\$157.99	\$196.99	\$28.90	\$55.80	\$82.70	\$122.76	\$152.96
63	\$39.08	\$76.16	\$113.24	\$167.20	\$208.50	\$30.09	\$58.19	\$86.28	\$127.97	\$159.46
64	\$41.10	\$80.21	\$119.31	\$176.01	\$219.51	\$31.00	\$60.01	\$89.01	\$131.97	\$164.46
65	\$43.08	\$84.15	\$125.23	\$184.61	\$230.27	\$31.78	\$61.57	\$91.35	\$135.37	\$168.72
66	\$44.81	\$87.63	\$130.44	\$192.22	\$239.78	\$33.40	\$64.79	\$96.19	\$142.38	\$177.48
67	\$46.33	\$90.66	\$134.98	\$198.83	\$248.03	\$34.73	\$67.45	\$100.18	\$148.19	\$184.73
68	\$47.75	\$93.49	\$139.24	\$205.03	\$255.79	\$35.96	\$69.91	\$103.87	\$153.59	\$191.49
69	\$48.99	\$95.98	\$142.96	\$210.43	\$262.54	\$37.16	\$72.32	\$107.47	\$158.79	\$197.99
70	\$50.09	\$98.18	\$146.27	\$215.24	\$268.55	\$38.26	\$74.52	\$110.78	\$163.60	\$204.00
71	\$54.59	\$107.17	\$159.75	\$234.85	\$293.07	\$41.93	\$81.85	\$121.77	\$179.61	\$224.01
72	\$58.99	\$115.98	\$172.96	\$254.07	\$317.09	\$45.42	\$88.83	\$132.24	\$194.82	\$243.03
73	\$63.12	\$124.24	\$185.36	\$272.08	\$339.60	\$48.76	\$95.52	\$142.28	\$209.43	\$261.29
74	\$66.97	\$131.95	\$196.92	\$288.90	\$360.62	\$51.83	\$101.66	\$151.50	\$222.84	\$278.06
75	\$70.28	\$138.55	\$206.83	\$303.31	\$378.64	\$54.59	\$107.17	\$159.75	\$234.85	\$293.07
76	\$81.97	\$161.93	\$241.89	\$354.35	\$442.44	\$62.38	\$122.76	\$183.13	\$268.88	\$335.60
77	\$93.20	\$184.41	\$275.61	\$403.39	\$503.74	\$69.73	\$137.45	\$205.18	\$300.91	\$375.63
78	\$103.98	\$205.96	\$307.95	\$450.43	\$562.53	\$76.60	\$151.20	\$225.81	\$330.93	\$413.16
79	\$114.31	\$226.62	\$338.93	\$495.46	\$618.83	\$83.02	\$164.05	\$245.07	\$358.95	\$448.19
80	\$124.22	\$246.44	\$368.66	\$538.70	\$672.87	\$88.71	\$175.42	\$262.13	\$383.77	\$479.22
81	\$127.59	\$253.19	\$378.78	\$553.79	\$691.74	\$90.69	\$179.39	\$268.08	\$392.76	\$490.45
82	\$131.19	\$260.38	\$389.57	\$569.87	\$711.84	\$92.83	\$183.66	\$274.49	\$402.46	\$502.57
83	\$145.08	\$288.16	\$431.23	\$631.29	\$788.61	\$95.83	\$189.65	\$283.48	\$415.92	\$519.39
84	\$151.97	\$301.93	\$451.90	\$661.90	\$826.87	\$98.17	\$194.33	\$290.49	\$426.51	\$532.63
85	\$158.91	\$315.82	\$472.73	\$692.70	\$865.38	\$100.53	\$199.06	\$297.59	\$437.18	\$545.98

* Monthly premium amounts include \$24 annual policy fee.



¹ Unisex rates available in Montana only. Contact: GIWLTeam@aglife.com, with questions.

Policies issued by: American General Life Insurance Company (AGL), Policy Forms: ICC15-15532, 15532, 15532-5, 15532-10. Rider Numbers: ICC15-15200, ICC15-15201, 15200, 15200-10, 15200-35, 15201, 15201-9, 15201-10 and 15201-35. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). AGL does not solicit business in the state of New York. Products may not be available in all states and product features and rates may vary by state. Guarantees are backed by the claims-paying ability of the issuing insurance company. © 2018 AIG. All rights reserved.

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AGLC110068 REV0918

*****Americo, Foresters and CFG include medication use in decline timeframe*****

Conditions	Americo Ultra Protector	Americo Eagle Premier	Mutual of Omaha Living Promise	Transamerica 45-85	Foresters PlanRight	CFG Dignified Choice Classic	Royal Neighbors SIWL
Any Activities of Daily Living	Current = UP3	6 mo's = Guaranteed Issue	Current = Decline	Current = Decline	Current = Decline	Select	Current = Decline
AIDS, HIV or ARC	UP3	Guaranteed Issue	Decline	Decline	Decline	Decline	Decline
AFIB	UP3	Allowed	1 yr = Decline, 2 yr = Graded	1 yr also meds = Graded, 2 yr also meds = Standard.	Surgery 2 yrs = Modified	elect	18 mos = Decline, 2 yrs = Graded
Alcohol/Drug Abuse/Addiction	2 yr = UP3	2 yr = Guaranteed Issue	24 mo's = Graded	1 yr = Graded, 2 yr = Standard	2 yrs = Modified	3 yrs = Advantage	18 mo's = Decline
Alzheimer's/Dementia/Lou Gehrig's (ALS)	UP3	Guaranteed Issue	Decline	Decline	Decline	Security	LG Disease 2 yr = Graded
Amputation	Diabetes = UP2	Diabetes = Decline	Diabetes = Decline	Disease or disorder = Decline	Diabetes = Decline	Disease = Decline	Diabetic = Decline
Aneurysm	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	1 yr = Graded, 2 yr = Standard.	2 yr of diagnosis or not removed = Modified	2 yrs = Advantage	18 mo's = Decline
Angina	Chest Pain within 1 yr = UP3, Within 2 yr = UP2	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr also meds = Graded, 2 yr also meds = Standard.	2 yrs = Modified	Chest pain within 2 yrs = Advantage	Chest Pain within 18 mo's = Decline, 2 yr = Graded
Angioplasty	Balloon procedure 1 yr = UP3, 2 yr = UP2	1 yr Balloon procedure = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	If heart related within 2 yrs = Modified	2 yrs = Advantage	2 yr = Graded
Bipolar	Not Asked, Allow	Not Asked, Allow	4 yrs = Graded	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow
Brain Disease	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Organic disease = Decline	Tumor 2 yrs of diagnosis or not removed = Modified	Tumor 3 yrs = Advantage	Not Asked, Allow
Brain Surgery	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Check Meds	2 yrs = Advantage	24 mo's = Graded

Conditions	Americo Ultra Protector	Americo Eagle Premier	Mutual of Omaha Living Promise	Transamerica 45-85	Foresters PlanRight	CFG Dignified Choice Classic	Royal Neighbors SIWL
Cancer (other than Basal Cell Skin)	3 yr = UP3	2 yr Metastatic, internal, malignant melanoma, reoccurrences = Guaranteed Issue	Metastatic, Reoccurrences = Decline, 2 yr = Decline, 4 yrs = Graded	2 yr = Decline, 4 yrs = Graded	Currently/reoccurrence/more than one type = Decline, 3 yrs = Modified	2 yrs = Security, 5 yrs = Select	2 yrs = Decline
Cardiomyopathy	2 yr = UP3	Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yrs = Advantage	18 mo's = Decline, 2 yr = Graded
Cerebral Palsy (neuromuscular)	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Decline	Check Meds	Security	2 yr = Graded
COPD, Emphysema,	yr= UP2	Guaranteed Issue	Graded	Standard	Graded	Advantage	2 yr = Graded
Circulatory Surgery	Combined with Diabetes = UP3	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr also meds= Graded, 2 yr also meds = Standard.	Within 2 yr = Modified	2 yr = Advantage	18 mo's = Decline, 2 yr = Graded
Cirrhosis of Liver	2 yr = UP2	Guaranteed Issue	Decline	1 yr also meds= Graded, 2 yr also meds = Standard.	Graded	3 yr = Advantage	2 yrs = Decline
Congestive Heart Failure	2 yr = UP3	Guaranteed Issue	Decline	1 yr = Graded, 2 yr = Standard. If taking medication, graded, regardless of time.	Decline	Security	Decline
Coronary Disease	1 yr = UP3, 2 yr = UP2	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yr = Advantage	If no surgery = Level
Crohn's	Allowed	Allowed	Allowed	Allowed	Allowed	Allowed	Allowed
Cystic Fibrosis (A lung disease)	2 yr = UP2	Guaranteed Issue	Graded	Decline	Graded	Security	Not Asked, Allow
Depression	Not Asked, Allow	Not Asked, Allow	Bipolar 4 years = Graded	Not Asked, Allow	Check Meds	Not Asked, Allow	Not Asked, Allow
Diabetes	History of Kidney disease, Stroke, TIA or circulatory = UP3	Not Asked, Allow	Pre 50 yrs age = Graded	Pre 18 yrs age = Graded, 2 yrs Insulin = Standard	Allowed	Pre 50 or not treated = Advantage	Insulin pre 30 = Decline

Conditions	Americo Ultra Protector	Americo Eagle Premier	Mutual of Omaha Living Promise	Transamerica 45-85	Foresters PlanRight	CFG Dignified Choice Classic	Royal Neighbors SIWL
Diabetic Complications (Insulin Shock, Coma Retinopathy, Nephropathy, Neuropathy)	2 yrs = UP2	2 yrs = Guaranteed Issue	Insulin Shock, Diabetic Coma = Decline, Retinopathy, Nephropathy, Neuropathy = Graded	Diabetic Coma = Decline	2 yrs = Modified	3 yr = Advantage	Shock, Coma, Amputation = Decline
Diagnostic Test	1 yr = UP3	2 yrs = Guaranteed Issue	1 yr = Decline	2 yrs = Decline	1 yr = Decline	Decline	18 mo's = Decline
Down's Syndrome	Not Asked, Allow	Not Asked, Allow	Decline	Decline	Check Meds	Security	Not Asked, Allow
Driver License Suspended	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	3 yr DWI, DUI, 3 moving violations = Advantage	Not Asked, Allow
Felony, Probation, parole	Not Asked, Allow	6 mo's confined = Guaranteed Issue	2 yrs convicted or awaiting trial = Graded	Not Asked, Allow	Not Asked, Allow	3 yr = Advantage	Not Asked, Allow
Heart Attack	1 yr = UP3, 2 yr = UP2	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	6 mo's = Security, 2 yrs = Advantage	18 mo's = Decline, 2 yr = Graded
Heart Surgery	1 yr = UP3, 2 yr = UP2	1 yrs = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yr = Advantage	18 mo's = Decline, 2 yr = Graded
Heart Disorder	1 yr = UP3	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yrs = Advantage	Indv. Conditions
Heart Valve Disorder	1 yr = UP3, 2 yr = UP2	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yrs = Advantage	Replaced 2 yr = Graded
Hepatitis	Chronic within 2 yr = UP2	Chronic & Alcoholic = Guaranteed Issue	Hepatitis C = Graded	Hepatitis B & C 1 yr also meds = Graded, Hepatitis B & C 2 yr also meds = Standard	Chronic = Graded	Chronic = Advantage	2 yrs with medication = Decline
Hospitalized, bedridden, hospice, home health care	UP3	6 mo's = Guaranteed Issue	Decline	Current = Decline	Current = Decline	Current = Decline	Current = Decline

Conditions	Americo Ultra Protector	Americo Eagle Premier	Mutual of Omaha Living Promise	Transamerica 45-85	Foresters PlanRight	CFG Dignified Choice Classic	Royal Neighbors SIWL
Huntington's (Neuromuscular)	Allowed	Not Asked, Allow	Decline	Decline	Check Meds	Security	24 mo's = Graded
Kidney Dialysis	2 yr = UP3	Guaranteed Issue	Decline	1 yr = Graded, 2 yr = Standard.	1 yr = Decline	1 yr = Decline	2 yrs = Decline
Kidney Disease	Chronic within 2 yr = UP3	Chronic = Guaranteed Issue	End Stage Renal = Decline, 4 yrs Chronic = Graded	1 yr = Graded, 4 yr = Standard.	Graded	3 yr = Advantage	Chronic 2 yrs = Decline
Leukemia	Allowed	Not Asked, Allow	4 yrs = Graded	Not Asked, Allow	Not Asked, Allow	2 yr = Security, 5 yrs = Select	2 yrs = Decline
Liver Disease	2 yr = UP2	Guaranteed Issue	Cirrhosis = Decline	1 yr = Graded, 2 yr = Standard.	Graded	3 yr = Advantage	2 yrs = Decline
Lupus	Systemic 2 yr = UP3	Not Asked, Allow	4 yrs Systemic = Graded	Not Asked, Allow	Systemic = Graded	3 yr = Advantage	Systemic 2 yrs = Decline
Melanoma	3 yrs Malignant = UP3	Malignant = Decline	2 yrs = Decline, 4 yrs = Graded	2 yr = Decline, 4 yrs = Graded	Currently/recurrence more than one type = Decline, 3 yrs = Modified	2 yr = Security, 5 yrs = Select	Within 2 yrs = Decline
Mental Disorder	Indv. Conditions	Indv. Conditions	2 yr hospitalized = Decline	Indv. Conditions	Check Meds	3 yr = Advantage	Indv. Conditions
Mental Retardation	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Check Meds	Security	Hospital, nursing, Hospice= Decline
Multiple Sclerosis	Allowed	Not Asked, Allow	4 yrs = Graded	Standard	Not Asked, Allow	3 yr = Advantage	2 yr = Graded
Muscular Dystrophy	UP3	Guaranteed Issue	Not Asked, Allow	1 yr = Graded	Not Asked, Allow	Security	2 yr = Graded
Neuromuscular Disease	Check Conditions	Check Conditions	4 yrs = Graded	Not Asked, Allow	Check Meds	Check Conditions	2 yr = Graded
Oxygen	6 mo's = UP3	6 mo's = Guaranteed Issue	Decline, unless for sleep apnea	1 yr = Graded	2 yrs = Decline	Advantage	Current = Decline
Pacemaker	1 yr = UP3, 2 yr = UP2	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	Graded	2 yrs = Modified	Cardiac Defib = Decline, 2 yrs = Advantage	2 yr = Graded

Conditions	Americo Ultra Protector	Americo Eagle Premier	Mutual of Omaha Living Promise	Transamerica 45-85	Foresters PlanRight	CFG Dignified Choice Classic	Royal Neighbors SIWL
Parkinson's Disease	2 yr = UP2	Allowed	4 yrs = Graded	Standard	Decline	3 yr = Advantage	2 yr = Graded
PTSD	Not Asked, Allow	Allowed	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow
Quadriplegia, paraplegia	Check wheelchair		Decline	Check wheelchair	Check Wheelchair	Check Wheelchair	Check wheelchair
Schizophrenia	Not Asked, Allow	Allowed	4 yrs = Graded	Not Asked, Allow	Check Meds	3 yr = Advantage	Not Asked, Allow
Seizures	Not Asked, Allow	Allowed	Not Asked, Allow	12+ in 1 yr = Graded, 12+ in 2 yr = Standard	Not Asked, Allow	Not Asked, Allow	Check med. Knockout list
Sickle Cell Anemia	Not Asked, Allow	Allowed	Decline	Decline	Not Asked, Allow	Security	Not Asked, Allow
Sleep Apnea	2 yrs = UP3	Guaranteed Issue	Not Asked, Allow	Oxygen 1yr = Graded, otherwise Standard	Allowed	Allowed	Decline
Spina Bifida	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Security	Not Asked, Allow
Stent	1 yr = UP3, 2 yr = UP2	1 yr = Guaranteed Issue	1 yr = Decline, 2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yrs = Advantage	2 yr = Graded
Stroke	2 yr = UP3	1 yr = Guaranteed Issue	2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yrs = Advantage	18 mo's = Decline, 2 yr = Graded
Terminal Illness	UP3	Death within 2 yr = Decline	Death within 1 yr = Decline	Death within 18 mo's = Decline	Death within 1 yr = Decline	Death within 1 yr = Decline	Death within 1 yr = Decline
TIA	Combined with Diabetes = UP3	Allowed	2 yr = Graded	1 yr = Graded, 2 yr = Standard.	2 yrs = Modified	2 yrs = Advantage	18 mos = Decline, 2 yrs = Graded
Transplant, Bone Marrow	UP3	Guaranteed Issue	Decline	Decline	Decline	Decline	Decline
Tuberculosis	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	Not Asked, Allow	2 yr = Graded
Wheelchair, Walker, Scooter	6 mo's for illness = UP3	6 mo's for illness = Guaranteed Issue	Illness or disease = Decline	2 yr = Graded	Illness or disease = Decline	Illness or disease = Decline	Current = Decline

ACCEPTABLE PAYMENT OPTIONS

Transamerica allows money order but cannot be monthly payments, Direct Express, Social Security Draft
CFG allows Cashier Check and Money order

Americo UP1

50yrs to 85yrs, \$2,000 - \$30,000, price at last birthday, matures at 120, Terminal rider included for 12 month life expectancy(24 for IL, MA, TX), optional Children's rider, optional Accidental Death Benefit rider, **cannot smoke cigarettes or e-cigs. May require phone interview.**

Americo UP2

50yrs to 80 yrs, \$2,000 - \$30,000, price at last birthday, matures at 120, Terminal rider included for 12 month life expectancy(24 for IL, MA, TX), optional Children's rider, optional Accidental Death Benefit rider. **May require phone interview.**

Americo UP3

50yrs to 75 yrs, \$2,000 - \$10,000, price at last birthday, matures at 120, Accidental Death during graded term will pay out full amount, Yr1=Premiums+5%, Yr2=Premiums+10%, Yr3=75% face amount, Yr4=Full. For IL, NH, NJ, WV Yr3=Full. **May require phone interview.**

Minimum - Maximum UP

4'8"	74-198	5'1"	88-235	5'6"	103-275	5'11"	119-319	6'4"	136-365
4'9"	77-205	5'2"	91-243	5'7"	106-284	6'	122-328	6'5"	140-375
4'10"	79-212	5'3"	94-243	5'8"	109-292	6'1"	126-337	6'7"	147-395
4'11"	82-220	5'4"	97-259	5'9"	112-301	6'2"	129-346		
5'	85-227	5'5"	100-267	5'10"	115-310	6'3"	133-356		

Americo Eagle Premier Level

Non-smoker 50yrs to 85yrs, Smoker 50yrs to 80yrs, \$2,000 - \$30,000, matures at 120, price at last birthday, Accidental Death Benefit rider included, Terminal rider included for 12 month life expectancy(24 for IL, MA, TX), optional Child and Grandchild rider, not available in CA, MN, MT, NY, PA, VT, **only e-cig and cigarettes are smoker. Phone sale is an option instead of paper app (1-855-248-8327).**

Americo Eagle Premier Guaranteed

50yrs to 80yrs, \$2,000 - \$10,000, matures at 120, not available in AR, CA, MA, MN, MT, NY, PA, VT, WA, Accidental Death during graded term will pay out full amount, Yr1=Premiums+5%, Yr2=Premiums+10%, Yr3=75% face amount, Yr4=Full. For IL, NH, NJ, WV Yr2=Full. **Phone sale is an option instead of paper app. (1-855-248-8327).**

Minimum - Maximum EP

4'8"	74-207	5'1"	88-246	5'6"	103-288	5'11"	119-333	6'4"	136-382
4'9"	77-214	5'2"	91-254	5'7"	106-296	6'	122-342	6'5"	140-392
4'10"	79-222	5'3"	94-262	5'8"	109-305	6'1"	126-352	6'7"	147-412
4'11"	82-230	5'4"	97-270	5'9"	112-314	6'2"	129-362	6'8"	151-423
5'	85-238	5'5"	100-279	5'10"	115-324	6'3"	133-372	6'9"	154-433

Mutual of Omaha Living Promise Level

45yrs to 85yrs, \$2,000 - \$40,000, price at last birthday, matures at 100, optional Accidental Death Benefit rider, Terminal & Chronic rider included for 12 month life expectancy(only Terminal in CT) **In-Home phone verification option (1-855-464-9577), May require phone interview afterwards.**

Mutual of Omaha Living Promise Graded

45yrs to 80yrs, \$2,000 - \$20,000, price at last birthday, matures at 100, not available in AR, MT, NC, Yr1=Premiums+10%, Yr2=Premiums+10%, Yr3=Full. **In-Home phone verification option (1-855-2464-9577), May require phone interview.Minimum - Level Maximum - Graded Maximum**

Minimum - Maximum LP

4'8"	74-204-221	5'1"	88-233-250	5'6"	103-268-285	5'11"	119-307-325	6'4"	136-348-367
4'9"	77-209-225	5'2"	91-239-257	5'7"	106-275-293	6'	122-315-333	6'5"	140-357-376
4'10"	79-213-231	5'3"	94-246-264	5'8"	109-283-300	6'1"	126-322-340	6'7"	147-375-394
4'11"	82-222-237	5'4"	97-252-270	5'9"	112-291-309	6'2"	129-331-349	6'8"	151-385-405
5'	85-226-244	5'5"	100-259-277	5'10"	115-300-316	6'3"	133-339-358	6'9"	154-395-415

Transamerica Preferred and Standard

0yrs to 55yrs \$1,000 - \$50,000, 56yrs to 65yrs \$1,000 - \$40,000, 66yrs - 75yrs \$1,000 to \$30,000, 76yrs - 85yrs \$1,000 to \$25,000, price at last birthday, matures at 121, optional Accidental Death Benefit rider, optional Child and Grandchild rider, Terminal & Chronic rider included for 12 month life expectancy(not in NY). **May require phone interview (1-800-292-1513), No Driver license is required.**

Transamerica Graded

0yrs to 80yrs \$1,000 - \$25,000, price at last birthday, matures at 121, Yr1=Premiums+10%, Yr2=Premiums+10%, Yr3=Full (PA, NV, AR YR1=30%, YR2=60%). **May require phone interview (1-800-292-1513), No Driver license is required.**

Minimum - Maximum Transamerica

Age	Height	Weight
0-0	18" - 35"	5-32
1-1	26" - 42"	14-50
2-4	30" - 45"	19-71
5-8	38" - 56"	27-120
9-11	44" - 70"	40-160
12-13	52" - 73"	60-195

14-44, there is no minimum, there is no Build Chart for 45-85. Transamerica

4'5"	166-184-192	4'11"	206-228-238	5'5"	250-277-289	5'11"	298-330-344	6'5"	350-388-405
4'6"	172-191-199	5'	213-236-246	5'6"	257-285-298	6'	306-339-354	6'7"	359-398-416
4'7"	179-198-207	5'1"	220-244-254	5'7"	265-294-307	6'1"	315-349-364	6'8"	379-419-437
4'8"	185-205-214	5'2"	227-252-263	5'8"	273-303-316	6'2"	324-359-374	6'9"	387-429-448
4'9"	192-213-222	5'3"	234-260-271	5'9"	281-312-325	6'3"	333-369-385	6'10"	397-440-459
4'10"	199-220-230	5'4"	242-268-280	5'10"	290-321-335	6'4"	341-378-395	6'11"	407-451-470

Foresters Planright Level

50yrs to 80yrs \$2,000 - \$35,000, 81yrs to 85yrs \$2,000 - \$15,000, price at last birthday, matures at 121, Common Carrier Accidental Death rider included, Optional Accidental Death Benefit rider, **Requires phone interview at point of sale (1-866-844-9276).**

Foresters Planright Graded

50yrs to 80yrs \$2,000 - \$20,000, 81yrs to 85yrs \$2,000 - \$10,000, price at last birthday, matures at 121, Common Carrier Accidental Death rider included, Yr1=30%, Yr2=70%, Yr3=Full, **Requires phone interview at point of sale (1-866-844-9276).**

Foresters Planright Modified

50yrs to 80yrs \$2,000 - \$15,000, price at last birthday, matures at 121, Common Carrier Accidental Death rider included, Yr1=Premiums+10% annual interest, Yr2=Premiums+10% annual interest, Yr3=Full, **Requires phone interview at point of sale (1-866-844-9276).**

Minimum - Level Maximum - Graded Maximum - Modified Maximum Foresters

4'8"	74-201-216-232	5'1"	89-237-253-271	5'6"	104-275-294-315	5'11"	121-316-339-362	6'4"	142-357382-409
4'9"	77-208-223-239	5'2"	92-246-262-280	5'7"	107-284-304-325	6'	125-325-348-372	6'5"	147-365-392-419
4'10"	80-215-230-246	5'3"	95-253-269-288	5'8"	110-292-313-334	6'1"	129-333-356-381	6'7"	159-381-413-442
4'11"	83-222-237-253	5'4"	98-260-278-297	5'9"	113-299-321-343	6'2"	133-341-366-391	6'8"	162-389-421-450
5'	86-229-245-262	5'5"	101-268-286-306	5'10"	117-308-330-353	6'3"	137-349-373-399	6'9"	167-397-430-460

CEG Dignified Choice Classic Elite and Classic Select

25yrs to 44yrs \$5,000 - \$35,000, 45yrs to 80yrs \$2,500 - \$35,000, 81yrs to 85yrs \$2,500 - \$25,000, price at last birthday, matures at 100, Accelerated Death Benefit rider, Terminal rider included for 12 month life expectancy, Great/Grand/Child Term rider, **Phone interview at point of sale is optional (1-800-737-6972), No Driver license is required.**

CEG Dignified Choice Classic Advantage

45yrs to 85yrs(50-75 in ME, NY, VT), \$2,500 - \$20,000, price at last birthday, matures at 100, Accidental Death during graded term will pay out full amount, Terminal rider included for 12 month life expectancy(needs to be added after 2 yr wait), Great/Grand/Child Term rider, Yr1=Premiums+6% interest, Yr2=Premiums+6% interest, Yr3=Full, **No Driver license is required.**

CEG Dignified Choice Classic Security

45yrs to 80yrs(50-75 in ME, NY, VT), \$2,000 - \$10,000, price at last birthday, matures at 100, Accidental Death during graded term will pay out full amount, Yr1=Premiums+6% interest, Yr2=Premiums+6% interest, Yr3=Premiums+6% interest, Yr4=Full, **No Driver license is required.**

Build Chart is lengthy, so check their phone application.

Royal Neighbors Simplified Issue Whole Life

50yrs to 85yrs, \$5,000 - \$25,000, price at last birthday, matures at 121, Terminal rider included for 12 month life expectancy, **Requires phone interview at point of sale or after submission (1-866-281-9228), No license required.**

Royal Neighbors Graded Death Benefit Whole Life

50yrs to 85yrs, \$5,000 - \$10,000, price at last birthday, matures at 121, Terminal rider included for 12 month life expectancy, Yr1=30%, Yr2=70%, Yr3=Full, **Requires phone interview at point of sale or after submission (1-866-281-9228), No license required.**

There is no Build Chart for Royal Neighbors Whole Life