

FINAL EXPENSE Simplified Issue Whole Life Insurance



LEVEL

Level Death Benefit Whole Life Insurance
policy form series ICC13 70H SIW13

GRADED

Graded Death Benefit Whole Life Insurance
policy form series ICC13 70G GDB13

MODIFIED

Modified Benefit Whole Life Insurance
policy form series ICC13 70I MBWL13

Final Expense Whole Life Insurance Underwritten by
Government Personnel Mutual Life Insurance Company (GPM Life)

FINANCIAL PROFESSIONAL USE ONLY. NOT FOR PUBLIC DISTRIBUTION

ALLIANCE MARKETING GROUP LC IS AN INDEPENDENT CONTRACTOR REPRESENTING GPM LIFE

FINAL EXPENSE SOLUTIONS

Your Prospects will Love

LEVEL (LDB)

Level Death Benefit Whole Life Insurance

ADB - Accidental Death Rider Available - lifetime pay only

CIR - \$5,000 Child Insurance Rider, Available to Parents and Grandparents

GRADED (GDB)

Graded Death Benefit Whole Life Insurance

MODIFIED (MDB)

Modified Death Benefit Whole Life Insurance

NOTE: Applications are state specific. Printable Application Kits are available on www.gpmagent.com

NOTE: Agents are expected to meet the following Allowable New Business Submission / Issue Percentages for FINAL EXPENSE

80% - Simplified Issue - Level Death Benefit (LDB)

20% - Graded Death Benefit (GDB) & Modified Benefit (MDB)

Visit Agent Access at www.gpmagent.com or contact the Marketing Department at: 1-800-938-4765, x4000

WASHINGTON STATE - Limited Availability

LEVEL Death Benefits (LDB) is the ONLY FINAL EXPENSE Whole Life Simplified Issue Insurance Policy available for Washington State residents.

The GRADED (GDB) and MODIFIED (MDB) policies are NOT Available for Washington State residents.

Keep in mind the following Washington State Limitations when viewing and figuring rates from the LDB Rate Sheets.

Issue Age	50 - 70	50 - 80	81 - 85
Premium Payment Period Options	10 Pay / 20 Pay / Life*	10 Pay / Life	N / A
Minimum face amount	\$25,000	\$25,000	N / A
Maximum face amount	\$35,000	\$35,000	N / A

*Life time pay

View the Producer Fast Facts for additional information on all LEVEL Death Benefit FINAL EXPENSE Whole Life Insurance policies. (pages 14-15)

APPLICATION - page 1

1. Name of Proposed Insured (First, M.I., Last)

Print Clearly - First name, Middle initial and Last name of Proposed Insured.

2. Gender

Check appropriate box next to Male or Female.

3. Date of Birth

Print Clearly - month, day and year of the Proposed Insured.

4. Place of Birth

Print Clearly - City and State Proposed Insured was born.

5. Proposed Insured's Occupation

Print Clearly - the Proposed Insured's Profession / Trade / Line of work.

6. US Citizen

Check appropriate box - Yes or No.

7. Social Security Number

Print Clearly - The Social Security Number of the Proposed Insured.

8. Height

Enter the Height measurement of the Proposed Insured. (ex: 5'6")

9. Weight

Enter the Weight of the Proposed Insured.

10. Home Address of Proposed Insured

Enter the Street Address, City, State and Zip Code of the Proposed Insured. No PO Box's in this section. Enter PO Box mailing address in the Special Instructions/Requests section on page 3 of this application.

Primary Phone Number / Cell Phone Number / Email

Enter all phone and email information.

Best time to call: Select AM -or- PM and check the preferred time zone.

Proposed Insured will be contacted via phone for the Personal History Interview (PHI). View PHI section in this guide for more information.

11. Policy

Select the Policy > **LEVEL DEATH BENEFIT / GRADED DEATH BENEFIT / MODIFIED DEATH BENEFIT**

NOTE: When LEVEL DEATH BENEFIT is selected you must also choose Premium Option: LEVEL, 10 Year or 20 Year.

ADB - Accidental Death Benefit rider is optional on the LEVEL DEATH BENEFIT Policy. Check if adding to the policy.

CIR - Child Insurance Rider is optional on the LEVEL DEATH BENEFIT Policy. Check if adding to the policy.

11. Policy:

WHOLE LIFE POLICIES

LEVEL DEATH BENEFIT

LIFETIME PAY 10 PAY 20 PAY

Accidental Death Benefit

\$5,000 Child Insurance Rider (Part 2 Required)

GRADED DEATH BENEFIT

30% 1st Year, 70% 2nd Year

Lifetime Pay

MODIFIED DEATH BENEFIT

First 2 Years: Return of Premium + 10% interest

Lifetime Pay

12. Amount Applied for: \$

Enter the Face Amount the Proposed Insured would like to apply for.

13. Premium Amount: \$

Compute the Modal Premium. (view rate sheets for this amount in Rate Book or pages 16-17 of this guide for Gross Annual Premium Rates per \$1,000)

APPLICATION - page 1

14. Premium Mode:

Select the Premium Mode the Owner would like to use for payment of the policy premium.

Direct Bill Option Available for: Annual-Yearly Payment or Semi-Annual-Pay every 6 months

Automatic Draft/EFT Available for: Monthly - NOTE: EFT monthly electronic funds transfer - include a voided check and a signed withdrawal authorization (Bank Draft Authorization EFT form#: 02.21 CP)

Draft Dates: Please specify day chosen - 1st through 28th.

Draft Dates MUST Coincide with the Policy Date.

15. Automatic Premium Loan (if available)

Check the YES or NO box. (Typically answer should be Yes)

16. Beneficiary(ies)

- VERY IMPORTANT TO ENTER ALL INFORMATION COMPLETELY AND ACCURATELY.
- First Name, Middle Initial, Last Name, Date of Birth, Social Security #, Relationship to the Proposed Insured, Complete Mailing & Home Address, and Email address.
- Primary (Class 1)¹ Is the FIRST person in line to receive named benefits
- Contingent (Class 2)¹ Is the alternative choice to receive named benefits if the primary beneficiary is not living to accept the named benefits.
- Additional beneficiaries may be written in the Remarks section of the application page 3

17. Owner/Applicant, if other than the Proposed Insured

If the Owner of the Insurance Policy is NOT the Proposed Insured: Enter the Name, Social Security #, Relationship to the Proposed Insured, Date of Birth (DOB), and the complete Address of the Owner.

18. Physicians' Names, Address & Phone Numbers

- Enter the above requested information completely on the Proposed Insured. Generally most people have either a personal physician or health clinic they have visited.
- Remember HIPAA Form Required for Every Proposed Insured Person - HIPAA Form needs to be completed with signature (witnessed by producer) and submitted with application. (GPM HIPAA Form and KAISER HIPAA Form if required)

19a. Life Insurance Policy or Annuity Contract in force on All Proposed Insureds

- Check: NONE or LISTED BELOW
- Enter requested information completely on application if LISTED BELOW is checked (no blank spaces).

19b. Will the policy applied for replace or change any existing life or annuity policy or contract in any company?

- Check YES or NO
- **NOTE: (19a-19b)** Answers about in-force and replacement insurance should match the answers in the Agent's Statement (page 4). Replacement applications are usually acceptable if they are clearly in the best interest of the Proposed Insured and the appropriate state replacement disclosure accompanies the application. Incomplete applications require amendments and delay commissions. We cannot underwrite a replacement policy without a completed replacement form, and approval of the replacement by the Home Office.

20. Has the Proposed Insured used tobacco in any form including any NICOTINE PRODUCT in the Past 12 Months?

Check YES or NO

- NOTE: E-Cigarettes are considered Tobacco use

¹ Unless otherwise specified, all beneficiaries in a class share equally, or to the survivor. Proceeds pass to Class 2 Beneficiaries only if no one in Class 1 survives.

APPLICATION - page 2 HEALTH QUESTIONS (21-35)

(ALL HEALTH QUESTIONS ABOUT THE PROPOSED INSURED - REQUIRE ANSWERS)

21-35b All Questions are YES or NO Answers

If questions 21-35b are ALL answered NO, the proposed insured may be eligible for the Level Death Benefit Whole Life (LDB).

See Rate Book

21-27c Check All Questions YES or NO

If any question 21-27c is answered "YES" - **DO NOT SUBMIT THE APPLICATION!** The Primary Proposed Insured is not eligible for coverage.

- A terminal illness is defined as any illness that a medical practitioner has determined is terminal or would likely cause death in the next 12 months
- Home health care is defined as any care given to an individual which is medically prescribed, such as to help with medications or activities of daily living (ADLs) by any individual, skilled or unskilled, family or professional.

28-30 Check All Questions YES or NO

If any question 28-30 is answered "YES" - Primary Proposed Insured may be eligible for the Modified Benefit Whole Life (MDB) Plan.

NOTE: No more than 20% of your total new business can be issued as Modified Benefit Whole Life or Graded Death Benefit.

31-35b Check All Questions YES or NO

If any question 31-35b is answered "YES" - Primary Proposed Insured may be eligible for the Graded Death Benefit (GDB) Plan.

NOTE: No more than 20% of your total new business can be issued as Modified Benefit Whole Life or Graded Death Benefit.

36. If the policy I have applied for is not issued, please issue the policy I qualify for, if any, with:

- The same premium with a lower face amount. The same face amount with a higher premium.

Check which one of two options the Proposed Insured would like.

Have the **Proposed Insured** Initial in the space provided (Producer/Agent must Witness the initialing).

APPLICATION - page 3

Remarks

Use this section to provide details to any "YES" answers from the Health Question Section (21-35b)

Indicate question number, condition, treatment, diagnosis, date etc.

Additional Beneficiaries - fill in information in this section.

For Home Office Endorsements

Home Office Use - Leave blank

Special Instructions/Requests

Use this section to provide details on special requests, such as: Owners address or draft date, etc.

Draft Date Instruction Example: "Please draft initial Premium on the 5th day of the month for EFT Purposes"

APPLICATION - page 4

AGREEMENT

BACKUP WITHHOLDING CERTIFICATION

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

WARNING

- Proposed Insured and Owner must read each section, sign and date.
- Indicate City and State Where Application was Completed.

AGENT'S STATEMENT

- Check Photo ID verified and fill in Type of ID
- Check YES or NO for the "To the best of your knowledge" questions.
- Fill in: Signature, Date, State, License#, GPM Life Agent# and Percentage.

APPLICATION - page 5

RECEIPT FOR PAYMENT

- If you receive payment from the applicant, fill out the receipt for payment. (page 5 of application).
- Fill in applicant's name, date, sum of money and sign. - Be sure to give the Receipt for Payment to the applicant for their records.
- NOTE: Receipt for payment DOES NOT provide insurance coverage.

See EFT / PREMIUM PAYMENT / PREMIUM INFO - Section in this guide for more information.

(MIB) NOTICE OF INFORMATION PRACTICES & NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.

- Notice must be given to the Proposed Insured.

ADB - (Accidental Death Benefit)

Level Death Benefit Whole Life (LDB) - Available as Rider ONLY

- Pays the beneficiary an additional Death Benefit if purchased and insured dies from an accident as defined in the rider, subject to exclusions.
- Additional Premium, per \$1,000 face amount (see rate sheets)
- Issue Age: 50-60 / Benefit terminates at attained age 70

Graded Death Benefit (GDB) & Modified Benefit (MDB)

- Accidental Death Benefit is included in years 1 and 2
- ADB is not available in years 3+ (see producer fast facts for chart)

CIR - (Child Insurance Rider)

CIR Rider Not Available on Graded (GDB) or Modified (MDB) Plans

Rider Available on Level Death Benefit Whole Life (LDB) Final Expense

Final Expense Applications including CIR must be accompanied by a completed Part 2 - Child Insurance Rider Supplemental Application found on Agent Access: www.gpmagent.com

- Rider pays a \$5,000 death benefit on eligible children.
- Issue Age: 15 days - 17 years
- Premium \$15 per child, per year (or \$1.32 per month).
- Available on LDB base policies of \$5,000 and over.
- Proposed Insured Child must reside with Proposed Insured at time of the application. (Proposed Insured: Parents or Grandparents) NOTE: Foster parents may not purchase insurance on foster children.
- Insurable Interest regulations apply.
- Rider terminates when Primary Insured dies, any unearned premiums for this rider will be refunded.
- Other restrictions may apply and vary by state.

Conversion Privilege

- Convertible (while primary insured is alive) and at the rider's anniversary date, nearest each child's age 25, without evidence of insurability.
- Convertible to an eligible Whole Life insurance policy. No other conversion options available.

FAQs

- **If proposed insured children live with grandparent(s) and WITHOUT a parent(s) living in the household:**
 - Grandparent should be the applicant, owner, payer and sign the application.
 - Grandparent must be able to answer Personal History Interview (PHI) questions.
 - No parent signature is required.
- **If proposed insured children live with grandparents and WITH a parent living in the same household:**
 - Grandparent should be the applicant, owner, payer and sign the application.
 - Parent signature is required, must agree to the transaction and be available for the Personal History Interview (PHI).
- **If proposed insured children live with their parents, NOT With their grandparent(s):**
 - The grandparent(s) may be the applicant, owner, payer and sign the application.
 - Parent signature is required, must agree to the transaction and be available for the Personal History Interview (PHI).

COMMISSIONS

Commission Features

- Commissions Paid DAILY - HOW? - Subscribe to Direct Deposit - fill out "Direct Deposit Authorization Form"
- Top First Year and Renewal Commissions
- Commissionable Policy Fee

Events that will SLOW DOWN payment of Commissions to you:

- Failure to fill out application(s) COMPLETELY - make sure every question is answered.
- Missing required FORMS and forms not filled out completely.
- Sloppy corrections - If an error is made on the application, draw a single line through the mistake, write the correct information, have insured initial.
- Illegible handwriting

Commission Advances

Include one of the following when submitting application to qualify for commission advances:

- Voided Check -or- Deposit Slip for checking or savings account
- Account Statement for checking or savings account
- Bank Letter verifying an active account
- EFT Supplement completed - for Non-transaction bank savings accounts or checks not pre-printed with the account owner's name and address.

Commissions are not advanced on family, extended family, personal and/or controlled business.

CONTROLLED BUSINESS

...ON PRODUCERS / AGENT'S FAMILY OR ON OTHER PRODUCERS / AGENT'S CONTRACTED WITH GPM LIFE

Personal or family business means persons related by blood or marriage.

- Children born of blood, adopted, or by marriage (step-children)
- Children of all ages
- Spouse, parents, grandparents, grandchildren, and siblings – by blood, adoption or by marriage

Business on any of the following must utilize Physical Measurements when using the Tele-Underwriting Application.

- Producer/Agent
- Producer/Agent's extended family
- Producer/Agent's partners or business associates

Underwriting

- Full Blood Profile and Urine are required.
- Simplified Issue Applications: Medical Records are required.

Clearly Mark Submitted Application(s) - that is family, personal and/or controlled business.

Commissions are not advanced on family, personal and/or controlled business.

DELIVERY REQUIREMENTS / POLICY EFFECTIVE DATE

Policies, issued as applied for, are mailed to the Policyholder, by default. No delivery receipt is required.

Policies issued different than applied for are mailed to Producer/Agents. You can request that a policy be mailed to you by noting the application. A delivery receipt is required.

- Delivery receipt - will be included with policy, for the policy owner to sign. Agent/Producer must return to the Home Office. (Mailing envelope will be included)
- 30 Days – The policy must be delivered to policy owner within 30 days from mailing date of the policy.
- Do Not Deliver policy if there is any change in the insurability of the insured. Contact the Home Office for instructions.
- *Policies will not take effect until the first full premium is paid and the policy is delivered to the owner during the lifetime of all proposed insureds and the statements and answers on the application continue to be true.*

HIPAA & Kaiser HIPAA

- HIPAA Authorization form(s) must be completed for each proposed insured person and submitted with the application.
- Signature: Each form(s) must have a Signature **Witnessed by the Producer**.
- Kaiser HIPAA Authorization form(s) necessary if Kaiser is the proposed insured's medical resource.

INSURABLE INTEREST

- In order for a life insurance policy to be valid, the applicant/owner must have an Insurable Interest in the life of the Proposed Insured when the policy is issued.
- The beneficiary must also have an Insurable Interest in the life of the Proposed Insured. A person has an insurable interest in the life of the insured if very closely related by blood or law (creating love and affection) or has a lawful and substantial economic interest in having the life of the insured continue.
- When no Insurable Interest exists, the estate of the insured should be named the beneficiary.

INSURED CONSENT

Application **CANNOT BE TAKEN** - if Proposed Insured has a mental condition or other condition that prevents him/her from understanding the application questions and/or prevents him/her from understanding the application is for obtaining life insurance coverage on his/her own life.

MODES OF PAYMENT

See section: Premium Payment info. / EFT (Electronic Funds Transfer)

PERSONAL HISTORY INTERVIEW (PHI)

Personal History Interview is a phone call with a qualified home office interviewing representative.
The PHI may be done at Point of Sale or After the Sale

The PHI phone call to the Proposed Insured will confirm and review the answers to questions on the application as well as obtain additional information as needed – which in turn enables the underwriter to make prompt decisions.

- Each Proposed Insured will receive a PHI call to complete the application process.
- It is in your best interest to make sure the Proposed Insured(s) are aware that they will receive a call to complete the application process.
- Indicate on the Application the best time to contact the Proposed Insured. (*Question 10 on the application.*)
- Generally, a PHI representative will call the client the first business day from the date the application has been received. If the Proposed Insured has not received a call within 24 hours, they may call 888-476-5433 to reach a PHI representative and complete the application process.
- PHI interviews are recorded and saved for future reference. - Example: In the event there is a dispute over the manner in which the medical questions were answered on the application.

PHI Will Verify the Following: (*Proposed Insured should have following information available at time of phone call*)

1. Customer Identification

- Address
- Ownership
- Beneficiaries

2. Agent Information:

- Agent's name and relationship to the insured/owner.
- Was the agent present when the application was completed and signed?
- Was money collected for the initial premium?

3. Review of application questions include:

- Regular doctor
- Current medications and dosages
- Tobacco/nicotine usage. (NOTE: e-cigarettes (e-cigs) are considered tobacco use)
- In-force insurance and will there be any replacement involved.
- GDB or MDB questions on the application.
- Felony question and driving information.
- Additional medical questions may be asked to resolve any MIB concerns etc. and to reduce need for a second call to the Proposed Insured.

PHOTO ID

Producer/Agent must Verify Photo ID in person.

Record Identification number in the "AGENT STATEMENT" section page 4 of the application.

POLICY LOANS (SEE POLICY PROVISIONS)

Policy Loans are available

- Loan interest rate of 7.4%, payable in advance (8.0% effective rate)
- Loan balances reduce the policy proceeds payable at surrender or death

PREMIUM PAYMENT INFORMATION / EFT (Electronic Funds Transfer)

PREMIUM SUBMITTED WITH APPLICATION

Monthly Mode - Draft for the Initial Premium

- Submit Completed Bank Draft Authorization and Voided Check.
- Choose a Draft date: 1st - 28th
- Policy Date & Draft Date must be the same

Semi-Annual or Annual Modes

- Submit applicant's check, payable to GPM Life

EFT Premiums Received

When Submitting application with EFT Premiums

- Write "**Date Policy on the (1st - 28th) of the Month**" in the "Special Instructions/Requests" section on page 3 of the application.
- Policy Date & Draft Date must be the same

Money Orders

- Must have the applicant's name on it.
- One Money Order covering all members of a single family WILL BE accepted.
- Money Orders covering multiple unrelated applicants WILL NOT be accepted.
- Money Orders must be accompanied by a cash receipt (form M09.30) signed and stating why a check was not sent.
- Submitting application with EFT Form - a Money Order is NOT Necessary.

PREMIUM NOT SUBMITTED WITH APPLICATION

- Submit Completed Bank Draft Authorization and Voided Check.
- Write "**Draft Initial Premium**" in the "Special Instructions/Requests" section on page 3 of the application.
- GPM Life will draft for the initial monthly premium, which eliminates the need to submit money with the application.

Provide Receipt for Payment to Client (page 5 on application)

- Receipt for payment DOES NOT provide insurance coverage.

Premiums Based On:

- Premiums are Based on "**AGE LAST BIRTHDAY or ACTUAL AGE**" as of the Date of Issue. See also... "Save Age" section of this producer guide.

Modes of payment NOT ACCEPTED

- No COD's accepted
- No Agent or Agency checks accepted
- No Cash accepted

RIDER OPTIONS - Available only on LDB

- See ADB - Accidental Death Benefit section of this producer guide.
- See CIR - \$5000 Child Insurance Rider section of this producer guide.

REPLACEMENT REGULATIONS / SUITABILITY

Replacement Regulations vary by state. Please check Agent Access for the required forms

GPM Life will allow a replacement only if the replacement is in the best interest of the insured and is confirmed by the answer to this statement in the form:

“The existing policy or contract is being replaced because: _____.” Typically, a replacement will be allowed if the new policy provides the Proposed Insured/Proposed Owner with increased benefits for the same price or lower premiums for the same benefits.

All replacements are subject to approval by the Home Office.

NOTE: KS, WV & KY - Replacements are not allowed.

NOTE: There are two areas of the Application which relate to replacements:

- Questions 19a – 19b (page 1 of the application).
- Within the Agent’s Statement (page 4 of the application), under “To the best of your knowledge.”

Your answers should be the same in both places.

Forms can be found:

- On Your Agent Access Portal - Log into your Agent Access at: gpmagent.com

Need Login Assistance? Contact: Marketing Department at: 1-800-938-4765 ext. 4000

SAVE AGE

Save Age is when you Backdate the policy to lock in a premium at a younger age.

- An applicant may “**Save Age**” up to six months – when allowed by their resident state.
- If the applicant would like to take advantage of this option include all additional back premiums.

SALES BY PHONE or MAIL - NOT Permitted

Producers are required to see the all Proposed Insured(s). If the Proposed Owner is not the same as the Proposed Insured you (the producer) must meet in person with the Proposed Insured also. If children are included on a CIR, the producer must see all Proposed Insureds.

SIGNATURES

- All applications for insurance require the signature(s) of all Proposed Insured(s) - Ages 15+
- Custodial parent **MUST** sign for children under age 15
- Proposed Owner must also sign application if different from the Proposed Insured
- Signatures must be WITNESSED, in person by the Producer/Agent

SUBMITTING APPLICATION - Keep Originals

UPLOAD, FAX or MAIL Application(s)

Upload: Online through Agent Access > gpmagent.com

Mail: GPM LIFE
PO Box 659567
San Antonio TX, 78265-9567

Fax: 1-888-701-3869

- **NOTE:** Faxing can cause words and phone numbers to become illegible. A legible phone number is the BEST Processing Expediter!
- **DO NOT** mail originals of Uploaded or Faxed applications and accompanying forms to the Home Office.
- **DO NOT EMAIL APPLICATION FILES.** Email is not a secure way to transmit personal information.
- **KEEP Originals** for your files for at least 3 years.
- **Did you collect payment?** Will you be Uploading or Faxing the application? Include a copy of the check when uploading or faxing in application and accompanying papers. When you receive the policy number, note the number on the check and mail it to the Home Office mailing address above.
- **View PREMIUM PAYMENT Section for more information**

TOBACCO / NICOTINE USE

A Material Misrepresentation of tobacco use could result in a DENIAL of the Death Benefit! Therefore it is imperative to represent the Proposed Insured's use of tobacco accurately.

- Any form of Nicotine use is considered "USE" of tobacco products.
- E-Cigarettes (e-cigs) are considered Tobacco Use

If the Proposed Owner and or Proposed Insured does not answer the questions correctly (as in a misrepresentation) and dies during the contestable period, the policy will be rescinded and no death benefit will be paid.

The Proposed Owner will receive a return of premiums paid up to the point of death.

Commissions will be charged back to the writing producer/agent.

UNDERWRITING

Underwriters are Here for You!

- Please contact the Underwriting Department with any questions regarding product eligibility and areas of uncertainty. Phone: 1-800-938-4765 ext. 6002
- Underwriting performs their assessment primarily based upon the answers to Questions 1-36 on the application.
- **Additional Information Requested:** Occasionally, the underwriting department may contact the producer/agent for additional information. If an Attending Physicians' Statement (APS) is required, it will be ordered by the Home Office.
- **Controlled Business:** (on producer/agent's family) Will require a Full Blood Profile and Urine and Medical Records on Simplified Issue Applications.

The Following will be ordered and/or performed on ALL NEW Business Submitted:

- MIB (Medical Information Bureau)
- MVR (Motor Vehicle Report)
- RX (ScriptCheck)
- PHI (Personal History Interview) phone call

FIELD UNDERWRITING

Field underwriting includes observing in person during the sales process while going through the questions and answers on the application. You will be able to assess if the Proposed Insured completely understands the questions and visually assess the Proposed Insured's health conditions.

Recording each answer on the application accurately can be done while meeting in person with the insured(s) and /or Proposed Owner(s). This is a vital component to field underwriting. If the Proposed Owner and or Proposed Insured does not answer the questions correctly (for example: misrepresentation of tobacco use) and the Proposed Insured(s) dies during the Contestable period, the policy will be rescinded and no death benefit will be paid.

- The Proposed Owner will receive a return of premiums paid up to the point of death.
- Commissions will be charged back to writing producer/agent.

UNDERWRITING - BUILD CHART

Height	Weight	Height	Weight	Height	Weight	Height	Weight
4'8"	220	5'2"	245	5'8"	285	6'2"	333
4'9"	224	5'3"	251	5'9"	294	6'3"	341
4'10"	228	5'4"	258	5'10"	301	6'4"	349
4'11"	231	5'5"	264	5'11"	309	6'5"	357
5'0"	237	5'6"	270	6'10"	317	6'6"	365
5'1"	241	5'7"	277	6'1"	325	6'7"	373

Proposed Insureds

- Weight exceeding corresponding Height - May be eligible for the GDB (Graded Death Benefit) Policy only.
- No Weight Maximums for the GDB or MDB

Visit Agent Access
for Application Kits, Product Information, Forms and Updates

gpmagent.com

REMINDERS

- Applications are State Specific (*State Specific Application Kits available for printing on Agent Access*)
- NOTE: Agents are expected to meet Allowable New Business Submission/Issue Percentages – FINAL EXPENSE
 - 80% - Level Death Benefit (LDB)
 - 20% - Graded Death Benefit (GDB) & Modified Benefit (MDB)
- For a list of State Approvals by product view “Product Approval Chart” found on Agent Access
- NOTE: GPM Life Products are Available in MOST U.S States

Producer **Fast Facts**

LEVEL DEATH BENEFIT Whole Life Insurance (LDB)		<i>policy form series: ICC13 70H SIW13</i>	
		Benefits Per Age Group	
Issue Age: 50 - 85	50 - 70	50 - 80	81 - 85
Minimum face amount	\$3,000	\$3,000	\$3,000
Minimum face amount - WASHINGTON STATE ¹	\$5,000	\$5,000	N/A
Maximum face amount	\$35,000	\$35,000	\$10,000
Maximum face amount - WASHINGTON STATE ¹	\$35,000	\$35,000	N/A
Premium Payment Period Options	10 Pay / 20 Pay ² / Life ³	10 Pay / Life ³	10 Pay / Life ³
Benefit Description	<p>The LDB, Level Death Benefit plan, pays the face amount while the policy is in force. Subject to provisions:</p> <ul style="list-style-type: none"> • Contestable and Suicide time periods • Loan and Payment of Premium provisions 		
Application <i>(Health Questions)</i>	<p>No Medical Exam Required - Answer Health Questions as follows Questions 21-27: Answered YES - DO NOT COMPLETE OR SUBMIT AN APPLICATION Questions 21-35: Answered NO - Applicant may Qualify for a LDB Insurance Policy. <i>(pages 2-3 on Final Expense Application. Form # ICC13 SM513)</i></p>		
Premium Mode Policy Fee	<ul style="list-style-type: none"> • Annual \$30 • Semi-Annual \$15 • Monthly EFT \$2.50 	<i>(add \$1.00 collection fee Semi-Annual)</i>	
Underwriting Classes	Male Standard Non-Tobacco Male Standard Tobacco	Female Standard Non-Tobacco Female Standard Tobacco	
Policy Loans	7.4% Fixed loan rate paid in advance (effective rate of 8%)		
Guarantees	Level Premiums		
RIDERS for Level Death Benefit (LDB) - lifetime pay only			
Accidental Death Benefit (ADB)	<ul style="list-style-type: none"> • Rider pays a death benefit in addition to the base policy if death is caused by an accident, subject to rider provisions • Premium per \$1,000 face amount • Issue Age: 50-60 • Benefit terminates at attained age 70 		
Child Insurance Rider (CIR) <i>(Submit Completed Part 2 - Child Insurance Rider Supplemental Application)</i>	<ul style="list-style-type: none"> • Rider pays a \$5,000 death benefit on each eligible child. • Issue Age: 15 days - 17 years • Premium \$15 per child, per year (or \$1.32 per month) • Available on LDB base policies of \$5,000 and over • Proposed Insured Child must reside with Proposed Insured applicant at time of the application • Proposed Insured may be: Parents or Grandparents. NOTE Foster parents may NOT purchase Life Insurance on foster children • Insurable Interest regulations apply • Rider terminates when Primary Insured dies, any unearned premiums for this rider will be refunded • Convertible at the rider anniversary nearest each child's age 25 without evidence of insurability • Convertible to an eligible whole life insurance policy • Other restrictions may apply and vary by state 		

¹ WASHINGTON STATE - **LIMITED AVAILABILITY**: LDB is the ONLY FINAL EXPENSE Whole Life Insurance Policy available for Washington State residents. The GDB and MDB policy options are NOT Available for Washington State residents.

² 20-Pay = Only Available for age group 50-70

³ Lifetime Pay

Producer **Fast Facts**

GDB & MDB Final Expense Plans **ARE NOT available** in Washington State

GRADED DEATH BENEFIT Whole Life Insurance (GDB)		policy form series: ICC13 70G GDB13	
		Benefits Per Age Group	
Issue Age: 50 - 85	50 - 80	81 - 85	
Minimum face amount	\$3,000	\$3,000	
Maximum face amount	\$25,000	\$10,000	
Premium Payment Period Options	Life	Life	
Benefit Description <i>Benefit Grade per year</i>	Year	Death Benefit	
	Year 1	30% of sum insured	
	Year 2	70% of sum insured	
	Year 3	100% of sum insured	
Accidental Death Benefit (ADB) <ul style="list-style-type: none"> • ADB included in GDB policy. • Death Benefit: 100% for Years 1-2 ¹ • Death Benefit: NONE for Years 3+ 			
Application <i>(Health Questions)</i>	Questions 21-27: Answered YES - DO NOT COMPLETE OR SUBMIT AN APPLICATION Questions 31-35: With a YES Answer - Applicant may qualify for a GDB Insurance Policy. <i>(pages 2-3 on Final Expense Whole Life Application. Form series # ICC13 SM513)</i>		
Premium Mode Policy Fee	<ul style="list-style-type: none"> • Annual \$30 • Semi-Annual \$15 • Monthly EFT \$2.50 	(add \$1.00 collection fee Semi-Annual)	
Underwriting Classes	Male Standard Non-Tobacco Male Standard Tobacco	Female Standard Non-Tobacco Female Standard Tobacco	
Policy Loans	7.4% Fixed loan rate paid in advance (effective rate of 8%)		
Guarantees	Level Premiums		

MODIFIED DEATH BENEFIT Whole Life Insurance (MDB)		policy form series: ICC13 70I MBWL13	
		Benefit Age Group	
Issue Age: 50 - 85	50 - 85		
Minimum face amount	\$3,000		
Maximum face amount	\$10,000		
Premium Payment Period Options	Life		
Benefit Description <i>Benefit Grade per year</i>	Year	Death Benefit	
	Year 1	Return of Premium + 10%	
	Year 2	Return of Premium + 10%	
	Year 3	100% of sum insured	
Accidental Death Benefit (ADB) <ul style="list-style-type: none"> • ADB included in MDB policy. • Death Benefit: 100% for Years 1-2 ¹ • Death Benefit: NONE for Years 3+ 			
Application <i>(Health Questions)</i>	Questions 21-27: Answered YES - DO NOT COMPLETE OR SUBMIT AN APPLICATION Questions 28-30: With a YES Answer - Applicant may qualify for a MDB Insurance Policy. <i>(pages 2-3 on Final Expense Whole Life Application. Form series: # ICC13 SM513)</i>		
Premium Mode Policy Fee	<ul style="list-style-type: none"> • Annual \$30 • Semi-Annual \$15 • Monthly EFT \$2.50 	(add \$1.00 collection fee Semi-Annual)	
Underwriting Classes	Male Standard Non-Tobacco Male Standard Tobacco	Female Standard Non-Tobacco Female Standard Tobacco	
Policy Loans	7.4% Fixed loan rate paid in advance (effective rate of 8%)		
Guarantees	Level Premiums		

¹ Subject to policy provisions

Visit **Agent Access** - for Additional Product Information, Applications, Forms and Updates gpmagent.com

GROSS ANNUAL PREMIUM RATES PER \$1,000

LDB LDB LDB LDB LDB LDB LDB LDB LDB LDB LDB LDB LDB LDB													
Lifetime Pay Life Policy Gross Annual Premium Rates Per \$1,000 Sum Insured*					ADB	10-PAY Life Policy Gross Annual Premium Rates Per \$1,000 Sum Insured*				20-PAY Life Policy Gross Annual Premium Rates Per \$1,000 Sum Insured*			
Issue Age**	Male		Female		ADB	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	\$32.94	\$40.80	\$22.91	\$33.00	\$1.76	\$66.65	\$77.05	\$52.81	\$65.28	\$40.67	\$47.72	\$30.36	\$38.73
51	34.15	42.83	23.88	34.40	1.80	68.43	79.18	54.36	67.35	41.79	49.22	31.30	40.13
52	35.40	44.96	24.90	35.86	1.85	70.25	81.37	55.96	69.48	42.93	50.77	32.27	41.58
53	36.70	47.19	25.96	37.40	1.91	72.13	83.63	57.60	71.67	44.11	52.37	33.26	43.08
54	38.04	49.54	27.06	39.01	1.95	74.05	85.94	59.30	73.94	45.33	54.02	34.29	44.63
55	39.44	52.00	28.21	40.70	2.01	76.03	88.32	61.04	76.28	46.57	55.72	35.35	46.24
56	40.67	54.83	29.28	42.80	2.09	78.01	90.79	62.84	78.65	47.94	58.55	36.52	48.09
57	41.95	57.82	30.39	45.05	2.16	80.05	93.33	64.69	81.09	49.35	61.53	37.72	50.02
58	43.26	61.00	31.54	47.44	2.24	82.14	95.94	66.60	83.61	50.80	64.66	38.97	52.02
59	44.61	64.39	32.74	50.02	2.31	84.28	98.62	68.57	86.21	52.30	67.95	40.25	54.10
60	46.01	68.00	33.98	52.80	2.39	86.48	101.38	70.59	88.89	53.84	71.40	41.58	56.27
61	48.40	72.83	35.90	55.88		89.08	104.75	72.97	92.17	55.94	76.50	43.31	59.37
62	50.92	78.02	37.94	59.13		91.75	108.24	75.43	95.58	58.12	81.96	45.11	62.65
63	53.57	83.60	40.08	62.58		94.50	111.84	77.98	99.11	60.38	87.81	46.98	66.10
64	56.35	89.59	42.35	66.23		97.34	115.56	80.61	102.77	62.74	94.08	48.94	69.74
65	59.28	96.00	44.75	70.09		100.26	119.41	83.33	106.56	65.18	100.80	50.97	73.59
66	62.79	102.08	47.54	74.78		103.62	123.98	86.39	110.86	68.41	107.27	53.56	78.52
67	66.51	108.56	50.50	79.78		107.09	128.73	89.55	115.33	71.79	114.15	56.28	83.77
68	70.45	115.49	53.65	85.11		110.67	133.66	92.84	119.98	75.35	121.47	59.14	89.37
69	74.62	122.95	57.00	90.80		114.38	138.78	96.24	124.82	79.08	129.26	62.15	95.34
70	79.04	131.00	60.55	96.87		118.21	144.10	99.77	129.85	82.99	137.55	65.31	101.71
71	84.59	141.88	64.84	103.02		122.58	156.07	103.75	135.10				
72	90.54	153.70	69.43	109.56		127.10	169.07	107.88	140.56				
73	96.90	166.49	74.35	116.51		131.80	183.14	112.19	146.24				
74	103.71	180.25	79.62	123.91		136.66	198.28	116.66	152.15				
75	111.00	195.00	85.26	131.77		141.71	214.50	121.31	158.30				
76	119.44	211.22	89.85	134.25		147.60	232.34	124.15	160.31				
77	129.04	228.38	94.69	136.77		153.74	251.22	127.06	162.34				
78	139.45	246.75	99.79	139.35		160.13	271.43	130.04	164.40				
79	150.80	266.57	105.17	141.97		166.79	293.23	133.09	166.49				
80	154.75	269.84	110.83	144.64		173.72	296.82	136.21	168.60				
81	158.50	274.69	121.08	150.88		185.80	302.16	144.29	179.39				
82	163.94	279.43	132.89	160.50		198.71	307.37	152.85	190.87				
83	181.29	282.49	139.64	170.95		212.53	310.74	161.92	203.08				
84	200.30	286.79	147.43	189.13		227.30	315.47	171.53	216.07				
85	221.00	291.00	163.00	209.00		243.10	320.10	181.71	229.90				

*Product Approved States
View: "State Approvals - All
Products" on Agent Access*

*Child Insurance Rider: \$15.00
per child.
\$5,000 Death Benefit
Issue Age: 15 days - 17 yrs*

*Washington State - Limited
Availability. View page 2*

Issue Age** - Compute LDB Modal Premium using AGE LAST BIRTHDAY

1. Multiply the sum of the base policy premium rate plus the ADB premium rate (if applicable) by the Sum Insured/\$1,000.
2. If applying for CIR, multiply \$15.00 by the number of Proposed Insured Children.
3. Multiply the sum of the result from (1) by the Premium Mode Factor: 0.088 EFT / 0.53 Semi-Annual / 1.00 Annual
4. Add the policy fee: \$2.50 EFT / \$15.00 Semi-Annual / \$30.00 Annual
5. Round premium to the nearest whole cent.
6. Add Semi-Annual Collection Fee: \$1.00 - (Applies to Semi-Annual only)

GROSS ANNUAL PREMIUM RATES PER \$1,000

GDB GDB GDB GDB GDB GDB GDB				
GRADED DEATH BENEFIT Whole Life				
Gross Annual Premium Rates Per \$1,000 Sum Insured*				
Issue Age**	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	\$47.00	\$61.00	\$33.60	\$46.74
51	48.99	63.57	34.91	49.04
52	51.08	66.25	36.26	51.44
53	53.28	69.05	37.67	53.97
54	55.58	71.97	39.14	56.62
55	58.00	75.00	40.66	59.40
56	60.52	78.27	42.43	62.56
57	63.17	81.68	44.27	65.90
58	65.96	85.27	46.19	69.41
59	68.90	89.04	48.20	73.11
60	72.00	93.00	50.29	77.00
61	75.73	98.30	53.29	82.25
62	79.68	103.91	56.47	87.86
63	83.87	109.84	59.84	93.86
64	88.31	116.10	63.41	100.26
65	93.00	122.72	67.20	107.10
66	98.41	131.19	71.75	114.91
67	104.18	140.25	76.61	123.29
68	110.35	149.94	81.79	132.29
69	116.96	160.29	87.33	141.94
70	124.00	171.36	93.24	152.29
71	134.12	183.94	100.04	163.32
72	145.05	197.44	107.34	175.14
73	156.84	211.94	115.18	187.82
74	169.48	227.50	123.58	201.42
75	183.00	244.20	132.60	216.00
76	197.29	252.96	142.56	216.03
77	212.85	262.03	153.26	216.06
78	229.62	271.42	164.77	216.09
79	247.74	281.16	177.15	216.12
80	256.78	291.24	190.45	216.15
81	265.78	299.11	199.12	225.86
82	273.45	307.20	206.33	236.00
83	282.01	315.51	218.47	246.60
84	290.14	324.04	229.46	257.67
85	298.00	332.80	239.00	269.24

MDB MDB MDB MDB MDB MDB				
MODIFIED DEATH BENEFIT Whole Life				
Gross Annual Premium Rates Per \$1,000 Sum Insured*				
Issue Age**	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	\$49.82	\$61.00	\$40.96	\$52.26
51	51.36	64.00	42.14	54.17
52	52.94	66.25	43.35	56.14
53	54.58	69.05	44.59	58.19
54	56.26	72.00	45.87	60.31
55	58.00	75.00	47.19	62.51
56	61.00	78.27	48.78	65.64
57	63.17	82.00	50.42	68.92
58	66.00	85.27	52.11	72.37
59	69.00	89.04	53.87	76.00
60	72.00	93.00	55.68	79.80
61	76.00	98.30	58.38	85.58
62	80.00	103.91	61.21	91.78
63	84.00	109.84	64.18	98.44
64	88.31	116.10	67.30	105.57
65	93.00	122.72	70.56	113.22
66	99.00	131.19	75.13	121.11
67	104.18	140.25	80.00	129.55
68	111.00	149.94	85.18	138.58
69	117.00	160.29	90.70	148.24
70	124.00	171.36	96.57	158.57
71	134.12	183.94	102.89	168.68
72	145.05	197.44	109.63	179.44
73	157.00	211.94	116.81	190.88
74	169.48	227.50	124.45	203.05
75	183.00	244.20	132.60	216.00
76	197.29	252.96	142.56	219.79
77	212.85	262.03	153.26	223.64
78	229.62	271.42	164.77	227.56
79	247.74	281.16	177.15	231.54
80	256.78	291.24	190.45	235.60
81	265.78	316.41	199.12	251.58
82	273.45	343.75	207.00	268.65
83	293.00	373.46	224.00	286.88
84	317.00	405.74	243.00	306.34
85	343.00	440.80	263.00	327.12

Issue Age** - Compute GDB or MDB Modal Premium using AGE LAST BIRTHDAY

1. Multiply the base policy premium rate by the Sum Insured/\$1000
2. Multiply result of (1) by Premium Mode Factor: 0.088 EFT / 0.53 Semi-Annual / 1.00 Annual
3. Add modal policy fee: \$2.50 EFT / \$15.00 Semi-Annual / \$30.00 Annual
4. Round premiums to the nearest whole cent.
5. Add Semi-Annual Collection Fee: \$1.00 - (Applies to Semi-Annual only)

Sample Rate Calculations

EFT	LEVEL (LDB) (Lifetime pay)	EFT	MODIFIED (MDB)	EFT	GRADED (GDB)
	Male 50 Non-Tobacco \$35,000 Face Amount		Female 50 Non-Tobacco \$10,000 Face Amount		Female 50 Non-Tobacco \$25,000 Face Amount
LY	\$ 32.94 Premium per \$1,000	LY	\$ 40.96 Premium per \$1,000	LY	\$ 33.60 Premium per \$1,000
HT	x 35 Number of \$1,000s	HT	x 10 Number of \$1,000s	HT	x 25 Number of \$1,000s
T	\$ 1,152.90 Total Premium	T	\$ 409.60 Total Premium	T	\$ 840 Total Premium
N	x .088 Monthly EFT Mode Factor	N	x .088 Monthly EFT Mode Factor	N	x .088 Monthly EFT Mode Factor
O	\$ 101.46 Basic Monthly EFT Premium	O	\$ 36.04 Basic Monthly EFT Premium	O	\$ 73.92 Basic Monthly EFT Premium
M	+ \$ 2.50 Monthly EFT Policy Fee	M	+ \$ 2.50 Monthly EFT Policy Fee	M	+ \$ 2.50 Monthly EFT Policy Fee
	\$ 103.96 TOTAL Monthly EFT Premium		\$ 38.54 TOTAL Monthly EFT Premium		\$ 76.42 TOTAL Monthly EFT Premium

EFT	LEVEL (LDB) (Lifetime pay)	ANNUAL	LEVEL 10 PAY (LDB)	EFT	LEVEL 10 PAY (LDB)
	Female 55 Non-Tobacco \$20,000 Face Amount ADB - Accidental Death Benefit		Male 63 Non-Tobacco \$3,000 Face Amount		Male 63 Non-Tobacco \$3,000 Face Amount
LY	\$ 28.21 Premium per \$1,000	LY	\$ 94.50 Premium per \$1,000	LY	\$ 94.50 Premium per \$1,000
HT	+ 2.01 ADB	HT	x 3 Number of \$1,000s	HT	x 3 Number of \$1,000s
T	\$ 30.22 Total Premium w/ADB	T	\$ 283.50 Total Premium	T	\$ 283.50 Total Premium
N	x 20 Number of 1,000s	N	x 1.00 Annual Mode Factor	N	x .088 Monthly EFT Mode Factor
O	\$ 604.40 Total Premium	O	\$ 283.50 Basic Annual Premium	O	\$ 24.95 Basic Monthly EFT Premium
M	x .088 Monthly EFT Policy Fee	M	+ \$ 30.00 Annual Policy Fee	M	+ \$ 2.50 Monthly EFT Policy Fee
	53.19 Basic Monthly EFT Premium		\$ 313.50 TOTAL Annual Premium		\$ 27.45 TOTAL Monthly EFT Premium
	\$ 2.50 Monthly EFT Policy Fee				
	\$ 55.69 TOTAL Monthly EFT Premium				

PREMIUM MODE OPTIONS:

- Monthly - EFT
- Semi-Annual
- Annual

PREMIUM MODE FACTORS:

0.088	EFT - Monthly
0.53	Semi-Annual
1.00	Annual

POLICY FEES:

\$2.50	EFT - Monthly
\$15.00	Semi-Annual
\$1.00	Semi-Annual Collection Fee
\$30.00	Annual

CHILD INSURANCE RIDER (CIR)

- \$5,000 Death Benefit
- Issue Age: 15 days - 17 years
- \$15.00 per child, per year
- OR-
- \$1.32 per child, per month

ACCIDENTAL DEATH BENEFIT (ADB)

Lifetime Pay, 10-Pay and 20-Pay

Issue Age	Rate
50	\$1.76
51	\$1.80
52	\$1.85
53	\$1.91
54	\$1.95
55	\$2.01
56	\$2.09
57	\$2.16
58	\$2.24
59	\$2.31
60	\$2.39

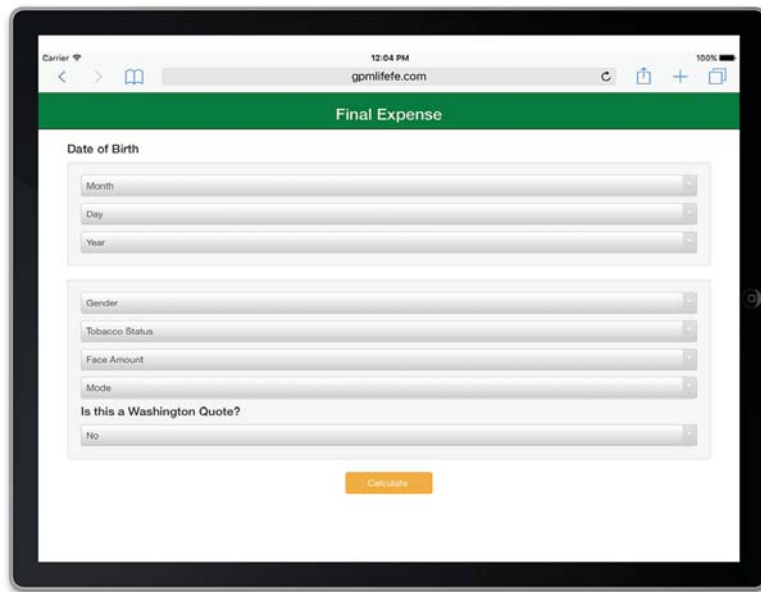
Final Expense Life Insurance

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Laptops, Desktops
or any device you have
Internet access on



APPLE DEVICES

(Using Safari)

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www.gpmlife.com

Tap the menu button, then tap **Add to Home Screen**. Enter a name for the shortcut.

STEP 1

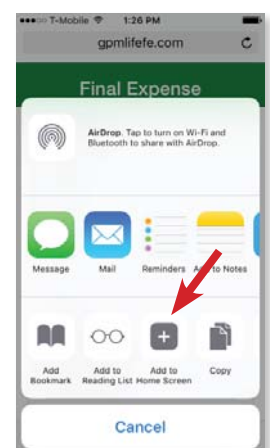


APPLE DEVICES

(Using Safari)

On the next screen press **Add to Home Screen** icon shown to the right.

STEP 2



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Life Application Series # ICC13 SM513

Level Death Benefit whole life insurance (LDB) - ICC13 70H SIW13

Graded Death Benefit whole life insurance (GDB) - ICC13 70G GDB13

Modified Benefit whole life insurance (MDB) - ICC13 70I MBWL13

Child Insurance Rider (CIR) - ICC10 59P CIR10