

SECURITY PROTECTOR

**Level Term Insurance Policy To Age 95
With 20 & 30 Year Level Premium Period**

Policy Form No. 3362

With Accidental Death Benefit Rider

Policy Form No. 3367

AGENT GUIDE FOR AGENT USE ONLY

All products and riders not available in all states. Please check State Approval Grid on the Company website under "Order Supply" under "Security Protector" or check with the Home Office Marketing Sales Team at (800) 736-7311 (menu prompt 1, 1, 2) for other state approvals.

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SECURITY PROTECTOR

PLAN DESCRIPTION

Security Protector is a level term life insurance plan with 20 and 30 year level premium term periods. Security Protector also includes an inherent Accidental Death Benefit Rider that offers 3 choices of accidental death benefit options. The premiums are guaranteed to remain level for the term period selected.

APPLICATION AND REQUIRED FORMS

- Application Form No. 3370 – Company specific with state revisions
- HIPAA Authorization for the Release of Medical Records Form No. 9526
- Replacement Form – complete all replacement requirements as per individual state insurance replacement regulations.

Issue Ages (age last birthday):

Term Period	Issue Ages
30 year	20 – 50
20 year	51 – 60

Minimum Issue Limits: \$101,000

Maximum Face Amount: \$301,000

	Option 1	Option 2	Option 3
Term Face	\$1,000	\$1,000	\$1,000
ADB Rider Amount	\$100,000	\$200,000	\$300,000
Total Benefit	\$101,000	\$201,000	\$301,000

Policy Fee: None

Modal Factors:

Monthly	.093
Quarterly	.270
Semiannual	.530

Underwriting: Simplified Issue, underwritten standard through table 6.

TERM LIFE DETAILS

The term portion of the Security Protector product provides a \$1,000 level death benefit. The benefit expires at age 95. Premiums are guaranteed to remain level for the 20 or 30 year period available and increase annually thereafter. There are no cash values for this product.

ACCIDENTAL DEATH BENEFIT RIDER DETAILS

The accidental death benefit is included as an inherent rider on the Security Protector product. The rider will pay a benefit in the case of accidental death. The benefit amount chosen expires upon the end of the 20 or 30 year option issued.

New Business Tips

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit & guaranteed case values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smart phone or tablet, please go to www.insuranceapplication.com (Select option for the "Phone Quoter").

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, mail or fax. Refer to the Company website for instructions on [AppScan](#), [AppDrop](#) and [AppFax](#) under the link "Transmit Apps". Information on AppDrop can also be found on www.insuranceapplication.com (select the option for "App Drop"). If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the E-Check procedure (please refer to the Bank Draft Procedures section in this guide for the instructions on utilizing the E-Check procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

MOBILE APPLICATIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants sign the application directly on the tablet device using a stylus or simply their finger. (Requires a face to face sale to be made with the client.)

IMPORTANT

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

Bank Draft Procedures

Draft First Premium Once Policy is Approved:

- 1) Complete the Preauthorization Check Plan fields found at the bottom of the back of the application. Please specify a Requested Draft Day, if a specific one is desired. Note: Monthly Direct Bill is not allowed.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card.) Green Dot Bank (and other prepaid cards) not accepted.

Immediate Draft for Cash with Application (CWA) using E-Check:

- 1) To bind coverage IMMEDIATELY, you may use the E-Check option. If this option is selected, you must complete the E-Check section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The E-Check section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month, or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums draft on these same dates, please follow the instructions below:

- On the **“Requested Draft Day”** line of the **“PREAUTHORIZATION CHECK PLAN”** on the back page of the application, you will need to list one of the indicators below:
 - **“1S”** – if payments are received on the 1st of the month
 - **“3S”** – if payments are received on the 3rd of the month
 - **“2W”** – if payments are received on the 2nd Wednesday of the month
 - **“3W”** – if payments are received on the 3rd Wednesday of the month
 - **“4W”** – if payments are received on the 4th Wednesday of the month
- The **“Policy Date Request”** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point of sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. The rest of the application paperwork is completed in the normal fashion. Also, you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.

APPLICATION COMPLETION

- **Full Name of Proposed Insured** – List full legal name.
- **Address of Proposed Insured** – List address (street number/name, city, state, zip code)
- **Employer's Name** – Include the name of the Proposed Insured's current employer
- **Occupation** – Include the occupation currently held by the Proposed Insured
- **U.S. Citizen** – Check 'Yes' or 'No'
- **Sex** – 'Male' or 'Female'
- **Date of Birth** – List state of birth for the Proposed Insured
- **Age** – List age of the Proposed Insured
- **State of Birth** – List state of birth for Proposed Insured
- **SS #** – List the Proposed Insured's Social Security Number
- **DL #** – List the Driver's License number of the Proposed Insured
- **State of Issue** – List the state the Proposed Insured's driver's license was issued in
- **Phone No.** – List a valid telephone number for the Proposed Insured
- **Height and Weight** – Record the Proposed Insured's current height and weight. Refer to the Build Chart to assist in determining if the applicant is eligible for coverage.
- **Signature – Power of Attorney (POA) signatures are not acceptable.**
- **Owner** – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign and date below the Proposed Insured's Signature on the back of the application.
- **Payor** – Provide the Payor's name, social security number, and address.
- **Beneficiary** – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or insured's estate.
- **Plan Applied For** – Check Option 1, 2, or 3
- **Mail Policy** – Check if the policy should be mailed to the Agent, Insured, or Owner
- **Policy Date Request** – Indicate the requested policy date. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- **Mode** – Check the requested method of payment, be sure to include any applicable authorization forms.
- **CWA** – Check only if completing an E-Check Authorization for immediate draft or collecting premium at the point of sale.

- **Do you have any existing life or disability insurance or annuity contract?** – Check 'Yes' or 'No'
- **Will you replace an existing life or disability insurance policy or an annuity?** – Check 'Yes' or 'No'. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement Forms.
- **Replacement of Existing Insurance** – Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's "Compliance Guidelines" manual found on our website. Applications involving replacement sales are monitored on a daily basis. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- If the Proposed Insured answers 'Yes' to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- **Application Date** – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. Must include the city and state the application was signed.
- **Agent's Report** – Check the appropriate boxes to the replacement questions. Provide your signature, printed name, and agent number. Provide commission percentage.
- **Pre-Authorization Check Plan** – Complete this section if the policy will be paid by bank draft.
- **Third Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept Security Protector applications where a Third Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.
- **Applications in the State of California** – Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- **Applications in the State of Connecticut** – Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.
- **Applications in the State of Kansas** – Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.
- **Applications in the State of Kentucky** – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- **Applications in the State of Pennsylvania** – Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.

Reinstatement Procedures: TERM/SI/UL

When a policy has lapsed **within the last 30 days**, the insured can complete the reinstatement form on the lapse notice if they can get it to us within 30 days from the date the lapse notice was mailed. It must include information for all insureds covered by the policy and all insureds over age 18 must sign the form. If it is **past the 30 day window**, we can send requirements for reinstatement or you can provide details and the forms listed. See below.

FORM REQUIREMENTS:

- **Application is less than 3 months old**
 - Send request to reinstate. The original app can be used for medical information.
- **Application is 3-6 months old**
 - State of Health Form 1110 Reaffirmation of Application
 - HIPAA form 9526
- **Application is over 6 months old**
 - Form ICC15-3167 Application for Reinstatement (check for a state specific form)
 - HIPAA form 9526

PREMIUMS REQUIREMENTS:

- UL or non-ROP Term – 2 months premium or 1 modal premium
- ROP Term – all missed premiums
- All other plans – all missed premiums

In the case that the policy is over loaned we may need loan interest or a loan payment

ANNUAL PREMIUMS 20 YEAR PLAN			
Option	1	2	3
Face Amount	\$101,000	\$201,000	\$301,000
Issue Age	Premium	Premium	Premium
51	\$258.06	\$344.09	\$430.11
52	\$258.06	\$344.09	\$430.11
53	\$258.06	\$344.09	\$430.11
54	\$258.06	\$344.09	\$430.11
55	\$258.06	\$344.09	\$430.11
56	\$322.58	\$408.60	\$494.62
57	\$322.58	\$408.60	\$494.62
58	\$322.58	\$408.60	\$494.62
59	\$322.58	\$408.60	\$494.62
60	\$322.58	\$408.60	\$494.62

ANNUAL PREMIUMS 30 YEAR PLAN			
Option	1	2	3
Face Amount	\$101,000	\$201,000	\$301,000
Issue Age	Premium	Premium	Premium
20	\$215.05	\$301.08	\$387.10
21	\$215.05	\$301.08	\$387.10
22	\$215.05	\$301.08	\$387.10
23	\$215.05	\$301.08	\$387.10
24	\$215.05	\$301.08	\$387.10
25	\$215.05	\$301.08	\$387.10
26	\$215.05	\$301.08	\$387.10
27	\$215.05	\$301.08	\$387.10
28	\$215.05	\$301.08	\$387.10
29	\$215.05	\$301.08	\$387.10
30	\$215.05	\$301.08	\$387.10
31	\$215.05	\$301.08	\$387.10
32	\$215.05	\$301.08	\$387.10
33	\$215.05	\$301.08	\$387.10
34	\$215.05	\$301.08	\$387.10
35	\$215.05	\$301.08	\$387.10
36	\$215.05	\$301.08	\$387.10
37	\$215.05	\$301.08	\$387.10
38	\$215.05	\$301.08	\$387.10
39	\$215.05	\$301.08	\$387.10
40	\$215.05	\$301.08	\$387.10
41	\$236.56	\$322.58	\$408.60
42	\$236.56	\$322.58	\$408.60
43	\$236.56	\$322.58	\$408.60
44	\$236.56	\$322.58	\$408.60
45	\$236.56	\$322.58	\$408.60
46	\$236.56	\$322.58	\$408.60
47	\$236.56	\$322.58	\$408.60
48	\$236.56	\$322.58	\$408.60
49	\$236.56	\$322.58	\$408.60
50	\$236.56	\$322.58	\$408.60

RENEWAL ANNUAL PREMIUMS PER \$1,000**ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD**

Attained Age	Male	Female	Attained Age	Male	Female
28	3.68	3.15	62	38.99	30.52
29	3.61	3.20	63	43.79	33.01
30	3.57	3.22	64	48.83	35.70
31	3.54	3.25	65	54.15	38.68
32	3.54	3.30	66	59.54	41.97
33	3.64	3.35	67	65.00	45.57
34	3.71	3.40	68	70.88	49.60
35	3.82	3.45	69	76.97	54.01
36	4.03	3.50	70	84.35	58.87
37	4.20	3.61	71	92.61	64.47
38	4.52	3.75	72	103.46	70.74
39	4.80	3.96	73	114.91	77.53
40	5.11	4.20	74	126.95	84.98
41	5.53	4.45	75	140.11	93.24
42	6.06	4.73	76	154.46	102.31
43	6.65	5.08	77	171.12	112.28
44	7.35	5.50	78	190.58	123.31
45	8.16	5.99	79	213.05	135.21
46	8.93	6.55	80	237.55	148.51
47	9.77	7.25	81	265.44	166.57
48	10.26	8.02	82	294.49	186.94
49	10.82	8.86	83	325.82	207.24
50	11.62	9.84	84	360.50	229.67
51	12.57	10.92	85	399.25	254.94
52	13.86	12.15	86	442.19	277.87
53	15.26	13.48	87	489.09	312.38
54	17.05	14.88	88	539.35	348.43
55	19.25	16.38	89	592.38	386.86
56	21.49	18.13	90	647.71	422.28
57	23.91	19.95	91	699.76	440.20
58	25.97	21.91	92	754.01	475.44
59	28.35	23.87	93	811.23	527.73
60	31.22	25.90	94	871.68	593.74
61	34.72	28.11			

UNDERWRITING REQUIREMENTS

- Any 'Yes' answer to questions 1-4 is a decline for the plan.
- Requirements include a build chart (below), MIB check*, and a motor vehicle report* (MVR).
- A valid Driver's License is required.
- Be sure to include the Proposed Insured's driver's license number and state of issue with every application.

* Requirements noted to be processed by the Home Office.

BUILD CHARTS (Unisex)		
Height	Maximum Weight for Plan	Minimum Weight for Plan
4'10'	211	92
4'11"	218	94
5'	225	96
5'1"	233	99
5'2"	241	101
5'3"	248	105
5'4"	256	107
5'5"	264	110
5'6"	273	112
5'7"	281	116
5'8"	289	119
5'9"	298	123
5'10"	307	126
5'11"	315	131
6'	324	135
6'1"	334	139
6'2"	343	142
6'3"	352	146
6'4"	361	149
Any weight above maximum or below minimum will be a decline for the plan.		

Company Contact Information

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

Department	Phone Menu Prompt:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	mktfinance@aatx.com	254-297-2166
Customer Service	1 1 7	pos@aatx.com	254-297-2105
Earned Commissions	1 1 5	mktfinance@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102
Technical Helpdesk	2 8 0 8	helpdesk@aatx.com	254-297-2190

Not Sure Who To Call? Contact our Agent Hotline: (800) 736-7311, prompt. 112

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select "App Drop")	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select "Mobile Application")	NA
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

Online Services:

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

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

