

<i>SERFF Tracking Number:</i>	<i>GWST-125905107</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great Western Insurance Company</i>	<i>State Tracking Number:</i>	<i>40936</i>
<i>Company Tracking Number:</i>	<i>G610-0503</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Passages Course/Voyage</i>		
<i>Project Name/Number:</i>	<i>Passages Course/Voyage/Passages Course/Voyage</i>		

## Filing at a Glance

Company: Great Western Insurance Company

Product Name: Passages Course/Voyage

TOI: L07G Group Life - Whole

Sub-TOI: L07G.104 Fixed/Indeterminate  
Premium - Single Life - Funeral Expense

Filing Type: Form

SERFF Tr Num: GWST-125905107 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: G610-0503

Co Status:

Authors: Leanne Shay, Laura  
McIntyre

Date Submitted: 11/21/2008

State Tr Num: 40936

State Status: Withdrawn

Reviewer(s): Linda Bird

Disposition Date: 12/02/2008

Disposition Status: Withdrawn

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Passages Course/Voyage

Project Number: Passages Course/Voyage

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Corresponding Filing Tracking Number:

Filing Description:

The certificate language is the same on all forms and payment options so we have submitted only one complete certificate for plan code C91. Additional payment options are represented by samples with the the face page, data page, and Cost and Benefit Statement.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/29/2003

Domicile Status Comments: Approved in Utah  
on 07/29/2003.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Discretionary

Deemer Date:

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For more information, please see the cover letter attached in the Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

Laura McIntyre, Compliance Specialist      lmcintyre@gwic.com  
 3434 Washington Blvd      (866) 689-1417 [Phone]  
 Ogden, UT 84401      (801) 689-1395[FAX]

### Filing Company Information

Great Western Insurance Company	CoCode: 71480	State of Domicile: Utah
3434 Washington Blvd	Group Code: 1280	Company Type: Life Insurance
Suite 300		
Ogden, UT 84401	Group Name:	State ID Number:
(866) 689-1417 ext. 1467[Phone]	FEIN Number: 87-0395954	
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## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      According to Rule and Regulation 57, the fee for a policy filing is \$50.  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great Western Insurance Company	\$50.00	11/21/2008	24097126

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Linda Bird	12/02/2008	12/02/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted

Pending	Linda Bird	12/01/2008	12/01/2008			
Industry Response						

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Withdrawal	Note To Reviewer	Laura McIntyre	11/21/2008	11/21/2008

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## **Disposition**

Disposition Date: 12/02/2008

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GWST-125905107 State: Arkansas  
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Product Name: Passages Course/Voyage  
 Project Name/Number: Passages Course/Voyage/Passages Course/Voyage

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Memoranda		No
Supporting Document	NAIC Buyer's Guide		Yes
Supporting Document	AR LHIGA Notice		Yes
Supporting Document	Replacement Notice		Yes
Supporting Document	UT Domiciliary Approvals		Yes
Supporting Document	Great Western Preneed PLans Trust Documents		Yes
Supporting Document	Sample Funeral Service Contract		Yes
Form	Master Policy		Yes
Form	Base Certificate Voyage FD 10-Pay Option		Yes
Form	Base Certificate Course FD 3-Pay		Yes
Form	Base Certificate Course FD 5-Pay		Yes
Form	Base Certificate Course FD 10-Pay		Yes
Form	Base Certificate Course GI 1-Pay		Yes
Form	Base Certificate Course GI 3-Pay		Yes
Form	Base Certificate Course GI 5-Pay		Yes
Form	Base Certificate Course GI 10-Pay		Yes
Form	Base Certificate Course Single Premium		Yes
Form	Base Certificate Voyage FD 1-Pay		Yes
Form	Base Certificate Voyage FD 3-Pay		Yes
Form	Base Certificate Voyage FD 5-Pay		Yes
Form	Base Certificate Voyage GI 3-Pay		Yes
Form	Base Certificate Voyage GI 5-Pay		Yes
Form	Base Certificate Voyage GI 10-Pay		Yes
Form	Base Certificate Voyage Single Premium		Yes
Form	At-Issue Rider, Single Premium		Yes
Form	Add-On Rider, Single Premium		Yes

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<b>Form</b>	Additional Away From Home Rider	Yes
<b>Form</b>	Additional Grandchild Protection Rider	Yes
<b>Form</b>	Base Certificate Application	Yes
<b>Form</b>	Grandchild Protection Rider Application	Yes
<b>Form</b>	Add-On Rider Application	Yes

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Life - Funeral Expense  
Product Name: Passages Course/Voyage  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/01/2008  
Submitted Date 12/01/2008

Respond By Date

Dear Laura McIntyre,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Base Certificate Voyage FD 10-Pay Option (Form)
- Base Certificate Course FD 3-Pay (Form)
- Base Certificate Course FD 5-Pay (Form)
- Base Certificate Course FD 10-Pay (Form)
- Base Certificate Course GI 1-Pay (Form)
- Base Certificate Course GI 3-Pay (Form)
- Base Certificate Course GI 5-Pay (Form)
- Base Certificate Course GI 10-Pay (Form)
- Base Certificate Voyage FD 1-Pay (Form)
- Base Certificate Voyage FD 3-Pay (Form)
- Base Certificate Voyage FD 5-Pay (Form)
- Base Certificate Voyage GI 3-Pay (Form)
- Base Certificate Voyage GI 5-Pay (Form)
- Base Certificate Voyage GI 10-Pay (Form)

Comment: Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contracts are in violation of both Guideline One and Two of this bulletin.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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**Note To Reviewer**

**Created By:**

Laura McIntyre on 11/21/2008 04:10 PM

**Subject:**

Filing Withdrawal

**Comments:**

Great Western is formally withdrawing this filing without review. If you have further questions, please contact me at the number below.

Laura McIntyre  
Compliance Specialist  
Great Western Insurance Company  
Toll-Free: 866-698-1417 x1450  
Email: lmcintyre@gwic.com

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## Form Schedule

Lead Form Number: G610-0503

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	G610-0503	Policy/Cont ract/Fraternal Certificate	Master Policy	Initial		44	G610-0503 Group Policy.pdf
	GRPCERT-610 0503	Certificate	Base Certificate Voyage FD 10-Pay Option	Initial		44	Filing Sample GRPCERT-610 C91.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course FD 3-Pay	Initial		44	Filing Sample GRPCERT-B31.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course FD 5-Pay	Initial		44	Filing Sample GRPCERT-B51.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course FD 10-Pay	Initial		44	Filing Sample GRPCERT-B91.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course GI 1-Pay	Initial		44	Filing Sample GRPCERT-B2Y.pdf
	GRPCERT-610 0503	Certificate	Base Certificate Course GI 3-Pay	Initial		44	Filing Sample GRPCERT-B32.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course GI 5-Pay	Initial		44	Filing Sample GRPCERT-B52.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course GI 10-Pay	Initial		44	Filing Sample GRPCERT-B92.PDF
	GRPCERT-610 0503	Certificate	Base Certificate Course Single Premium	Initial		44	Filing Sample GRPCERT-B11.PDF

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GRPCERT-Certificate 610 0503	Base Certificate Voyage FD 1-Pay	Initial	44	Filing Sample GRPCERT- C21.PDF
GRPCERT-Certificate 610 0503	Base Certificate Voyage FD 3-Pay	Initial	44	Filing Sample GRPCERT- C31.PDF
GRPCERT-Certificate 610 0503	Base Certificate Voyage FD 5-Pay	Initial	44	Filing Sample GRPCERT- C51.PDF
GRPCERT-Certificate 610 0503	Base Certificate Voyage GI 3-Pay	Initial	44	Filing Sample GRPCERT- C32.PDF
GRPCERT-Certificate 610 0503	Base Certificate Voyage GI 5-Pay	Initial	44	Filing Sample GRPCERT- C52.PDF
GRPCERT-Certificate 610 0503	Base Certificate Voyage GI 10-Pay	Initial	44	Filing Sample GRPCERT- C92.PDF
GRPCERT-Certificate 610 0503	Base Certificate Voyage Single Premium	Initial	44	Filing Sample GRPCERT- C11.pdf
GRPCERT-Certificate 610 0503	At-Issue Rider, Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44	Filing Sample GRPCERT- B01.pdf
GRPCERT-Certificate 610 0503	Add-On Rider, Single Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44	Filing Sample GRPCERT- B02.pdf
GRPCERT-Certificate AFHB-0903	Additional Away Amendmen t, Insert Page,	Initial	44	Filing Sample GRPCERT- AWFH- 0903.PDF

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Endorseme  
 nt or Rider

GRPCERT-Certificate	Additional Grandchild	Initial	44	Filing Sample
GCPR-0903	Amendmen t, Insert Page, Endorseme nt or Rider			GRPCERT-Grandchild-0903.PDF
AP320-1207	Application/Base Certificate Enrollment Application Form	Initial	40	AP320-1207.pdf
AP320AG-1207	Application/Grandchild Enrollment Protection Rider Form Application	Initial	40	AP320AG-1207.pdf
AP320R-1207	Application/Add-On Rider Enrollment Application Form	Initial	40	AP320R-1207.pdf



# GREAT WESTERN INSURANCE COMPANY

Home Office – 3434 Washington Blvd., Ogden, Utah 84401  
Phone Toll Free: 800-621-5688  
Incorporated Under the Laws of Utah as a Stock Company

## GROUP WHOLE LIFE POLICY NON-PARTICIPATING



President



Secretary

<b>Policy Number:</b>	3
<b>Policy Date:</b>	August 1, 2003
<b>Policy Holder:</b>	Great Western Preened Plans Trust
<b>Benefits and Premiums:</b>	See Individual Certificates

### DEFINITIONS

**Insured** means an individual to be insured, as named on the application.

“We”, “us” and “our” means Great Western Insurance Company.

**Certificate Owner** means the insured or the purchaser, if other than the insured.

**Death Benefit** means the Amount of Benefit stated on the Table of Benefits of the Certificate, adjusted as described in the section labeled Death Benefit, less any indebtedness, unless otherwise provided in this policy.

**In Writing** means in a written form satisfactory to us and filed at our Home Office in Ogden, Utah.

**Indebtedness** means all outstanding loans on this policy including any interest due or accrued.

**Policy Anniversary** means an anniversary of the Policy Date. Policy years and policy months are measured from the Policy date.

**Certificate Anniversary** means an anniversary of the Certificate Date. Certificate years and certificate months are measured from the Certificate Date.

**Certificate Value** means the cash value of any Certificate under this Policy, less any Indebtedness under the same Certificate.

### Group Whole Life Insurance Policy Non-Participating

## **BENEFIT OPTIONS**

Upon application for coverage, the Certificate Owner may choose from those benefit options currently offered by Great Western Insurance Company. We reserve the right to change the benefit options available for new Certificates under this Policy at any time.

For certain benefit options, we may require evidence, that is satisfactory to us, of the applicant's insurability.

## **DEATH BENEFIT**

We will pay a Death Benefit to the beneficiary upon the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Benefits for the year in which the death occurs as shown on the Certificate. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional Death Benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Policy and the Insured's Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment.

The Death Benefit may be increased by a resolution of our Board of Directors.

## **PREMIUM PAYMENTS**

### **General**

All Premiums are payable in advance either:

1. At our Home Office; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium for each Certificate is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

### **Premium Due at Death**

If premiums are paid on some mode other than annual and the Insured dies before the full amount of the annual premium has been paid, the remaining portion of the annual premium will not be deducted from the Death Benefit.

### **Grace Period**

After the first premium is paid, we will allow a grace period of 31 days after the due date for payment of each remaining premium. The Certificate will continue in force during the grace period. If a premium is not paid by the end of its grace period, the Certificate will terminate, except as provided under Value Options.

### **Payment Frequency**

The Certificate Owner may change the frequency of premium payments, provided:

1. The Certificate Owner notifies us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

The premium for any frequency will be based on our rates in effect when the Certificate was issued.

## **Accelerated Premium Payments & Reissue Options**

The Company may provide options for accelerated premium payments and/or options to reissue the coverage to another payment plan at the request of the Certificate Owner. These options may be established or modified by the Company at any time.

## **LOANS**

### **General**

The Certificate Owner may borrow against the cash value at any time coverage is in force under the Certificate, provided:

1. A request is made In Writing; and
2. The Certificate's grace period has not expired.

We may defer a loan for up to six months, except for a loan to pay a premium. A loan may be repaid while the associated coverage is in force. Any such indebtedness will be deducted in any settlement under the Certificate.

### **Loan Amount**

The loan amount may not exceed the Certificate Value on the date we grant the loan. The maximum loan amount available may not exceed the total of the Certificate Value, less interest payable to the Certificate anniversary.

Indebtedness may not exceed the Certificate Value. If it does, such coverage will terminate 31 days after we have mailed notice to the Certificate Owner's last known address and that of any assignee.

### **Loan Interest**

Loan interest will be payable at the rate shown on the Certificate Data Page. Interest is payable at the end of each Certificate year. Any interest not paid when due will be added to Indebtedness and bear interest at the same rate.

### **Automatic Premium Loan Option**

If the Certificate Owner elects this Option, we will automatically process a loan to pay any past due premium. The loan will bear interest from the due date of the premium.

The Certificate Owner may elect this Option In Writing as long as no premium is overdue beyond its grace period. The Option will cease to operate on the earlier of the following:

1. When the Certificate Owner revokes the election In Writing; or
2. When the Certificate does not have sufficient Cash Value for at least one month's insurance.

The Certificate Owner may resume premium payments at any time while such coverage is continued in force under this Option.

## **VALUE OPTIONS**

### **Availability**

If the Certificate Owner stops paying premiums after the Certificate has a cash value and before the Certificate is paid in full, the Certificate Owner may choose one of the following Options:

- Option A – Surrender for Cash
- Option B – Continue as Paid-Up Insurance

The Certificate Owner must notify us of his/her choice In Writing within 60 days after the date to which premiums are paid or Option B will automatically apply. If the Certificate has no Certificate Value, it will terminate at the end of the grace period of the unpaid premium.

## Option Descriptions

### *Option A—Surrender for Cash*

If the Certificate Owner chooses this Option, we will pay him/her the Certificate Value. We may defer payment for up to six months. Where required by law, if we defer payment for 30 days or more, we will pay interest at the rate required by the state law in which the Certificate is issued. When we pay the Certificate Value to the Certificate Owner, that Certificate terminates.

### *Option B—Continue as Paid-Up Insurance*

Whether the Certificate Owner chooses this Option or the Option is automatically applied, the insurance under the Certificate will be payable under the same conditions as if he/she had continued paying premiums. The Death Benefit under Option B will be a percentage of the original Death Benefit. The percentage is determined by equating the Certificate Value to a single premium payment based on the Insured's attained age on the due date of the original unpaid premium. Any loan indebtedness incurred on or after such due date will be deducted from the new Death Benefit.

## Basis of Values

Cash values are computed by the Standard Nonforfeiture Value Method. All values, present values and net single premiums are based on:

1. Age last birthday;
2. The assumption that deaths occur at the end of the Certificate year; and
3. The exclusion of any benefits provided by rider.

The individual cash value for each Insured at the end of any Certificate year may be determined from the Table of Values. The attained age of an Insured at the end of any Certificate year is equal to:

1. The age of the Insured as shown in the application; and
2. The number of full years elapsed since the Certificate Date.

The cash value is equal to the present value of future benefits less the present value of an annual amount equal to the nonforfeiture factor. While a Certificate is being continued under Option B, its Certificate Value will be the present value of the future benefits at the Insured's then attained age. If a Certificate is in force under Option B and it is surrendered within 30 days after a Certificate Anniversary, the Certificate Value will not be less than the Certificate Value on the anniversary.

The nonforfeiture factors, cash values and other nonforfeiture benefits for this Certificate are calculated using the table of mortality and interest rate shown on the Certificate Data Page. Certificate reserves and net premiums are computed in accordance with the Commissioner's Reserve Valuation Method using the table of mortality and interest rate shown on the Certificate Data Page.

All values equal or exceed those required by the state in which Certificate is delivered. A detailed statement of the method of computation of the values and benefits shown in the Certificate have been filed with the insurance supervisory official of the state in which this Policy is issued.

The cash surrender values and paid-up nonforfeiture benefits shall be increased by any declared increases in death benefits and decreased by the amount of any indebtedness to the insurer.

## Table of Values

The values in the Table of Values apply at the end of the Certificate year shown, provided:

1. All premiums are paid to that date; and
2. There is no indebtedness.

Upon a request In Writing at any time during a Certificate year, we will compute the values allowing for the lapse of time. For Certificate years not shown, we will furnish values upon request In Writing.

## **CONTROL**

### **Assignment**

A Certificate Owner may assign the insurance and benefits under the Certificate. The assignment is not binding upon us until recorded at our Home Office. We assume no responsibility for the sufficiency or validity of any assignment.

## **BENEFICIARY**

### **General**

Naming a beneficiary is the reserved right of the Certificate Owner. Any amount payable at the death of the Insured will be paid to the named beneficiary. If that beneficiary is not living at the death of the Insured, we can pay benefits to the Insured's estate or to a person whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

### **Change of Beneficiary**

The Certificate Owner may change the beneficiary by notifying us In Writing while the Insured is alive. When we receive written notice, the change will be effective on the date the notice was signed. Any change is subject to any payment or actions we may have taken before receiving the notice.

## **THE CONTRACT**

### **Entire Contract**

The entire contract consists of this Policy, the Certificates, the application of the Policyholder and the individual applications of the Insureds. A copy of the Insured's application is attached when the Certificate is issued. This contract is made in consideration of the applications and the payment of premiums. We will not use any statement to avoid the Certificate or to defend against a claim under it unless that statement is contained in an attached written application. All statements in the applications will, in the absence of fraud, be deemed representations and not warranties.

### **Modification**

No agent may change the Policy or a Certificate or waive any provisions. This contract may only be modified by written agreement signed by our President or Secretary.

### **Conversion Privilege**

An Insured is eligible for an Individual Policy if all or a portion of his/her insurance, under a Certificate, ceases because:

- A. This group policy terminates or is amended to terminate insurance of any class of insureds, or
- B. The insured is no longer an eligible member of the group policyholder.

Application must be made and the first premium paid to us within 31 days after the termination of the group insurance coverage. No evidences of insurability will be required. The individual policy may be on any form we customarily issue at the age and amount applied for, except term insurance, and may not include disability or other supplementary benefits. The premium shall be at our current rates, applicable to the attained age and class of risk to which the Insured belonged at the time of termination of the group policy.

If an Insured dies during the period of eligibility for conversion but before an Individual Policy becomes effective, the amount of insurance the Insured would have been entitled to will be paid as a Death Benefit under the Certificate.

**Misstatement of Age and Sex**

If an Insured's age or sex is misstated, we will equitably adjust all benefits for the Insured under the Certificate. The adjusted benefits will be those the premium paid would have purchased at the Insured's correct age and sex, based on our rate in effect when the Insured's coverage was issued.

**Suicide**

If the Insured dies by suicide, whether sane or insane, within one year from the date the Certificate is issued, the amount payable will be limited to the sum of the premiums paid for that Insured.

**Incontestability**

After this Policy has been in force for two years from its date of issue, we cannot contest it, except for non-payment of premiums. We cannot contest coverage on an individual Insured except for non-payment of premiums after such coverage has been in force for two years during the Insured's lifetime. This provision does not apply to a claim for disability or accidental death benefit that this policy may provide.

**Conformity with Law**

If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform thereto.

**Group Whole Life Insurance Policy  
Non-Participating**

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Ten Pay Whole Life Insurance Death Benefit at Least Equal to Premiums Paid]  
**Plan Number:** [C91]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[880]	\$458	\$234	\$80	\$78]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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## **Premium Due at Death**

If premiums are paid on some mode other than annual and the Insured dies before the full amount of the annual premium has been paid, the remaining portion of the annual premium will not be deducted from the Death Benefit.

## **Grace Period**

After the first premium is paid, we will allow a grace period of 31 days after the due date for payment of each remaining premium. This Certificate will continue in force during the grace period. If a premium is not paid by the end of its grace period, this Certificate will terminate, except as provided under Value Options.

## **Payment Frequency**

The Certificate Owner may change the frequency of premium payments, provided:

1. The Certificate Owner notifies us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

The premium for any frequency will be based on our rates in effect when this Certificate was issued.

## **Accelerated Premium Payments & Reissue Options**

The Company may provide options for accelerated premium payments and/or options to reissue the coverage to another payment plan at the request of the Certificate Owner. These options may be established or modified by the Company at any time.

## **LOANS**

### **General**

The Certificate Owner may borrow against the Certificate Value at any time coverage under this Certificate is in force, provided:

1. A request is made In Writing; and
2. The Certificate's grace period has not expired.

We may defer a loan, except for a loan to pay a premium, for up to six months. A loan may be repaid while the associated coverage is in force. Any such Indebtedness will be deducted from any settlement under this Certificate.

### **Loan Amount**

The loan amount may not exceed the Certificate Value on the date we grant the loan. The maximum loan amount available may not exceed the total of the Certificate Value, less interest payable to the Certificate anniversary. Indebtedness may not exceed the Certificate Value. If it does, such coverage will terminate 31 days after we have mailed notice to the Certificate Owner's last know address and that of any assignee.

### **Loan Interest**

Loan interest will be payable at the rate shown on the Certificate Data Page. Interest is payable at the end of each Certificate year. Any interest not paid when due will be added to Indebtedness and bear interest at the same rate.

### **Automatic Premium Loan Option**

If the Certificate Owner elects this option, we will automatically process a loan to pay any past due premium. The loan will bear interest from the due date of the premium.

The Certificate Owner may elect this Option In Writing as long as no premium is overdue beyond its grace period. The Option will cease to operate on the earlier of the following:

1. When the Certificate Owner revokes the election In Writing; or
2. When the Certificate does not have sufficient Certificate Value for a least one month's insurance.

The Certificate Owner may resume premium payments at any time while such coverage is continued in force under this Option.

## VALUE OPTIONS

### Availability

If the Certificate Owner stops paying premiums after the Certificate has a Certificate Value and before the Certificate is paid in full, he/she may choose one of the following Options:

- Option A - Surrender for Cash
- Option B - Continue as Paid-up Insurance

The Certificate Owner must notify us of his/her choice In Writing within 60 days after the date to which premiums are paid or Option B will automatically apply. The Automatic Option is Option B. If the Certificate has no Certificate Value, it will terminate at the end of the grace period of the unpaid premium.

### Option Descriptions

**Option A-Surrender for Cash:** If the Certificate Owner chooses this Option, we will pay him/her the Certificate Value. We may defer payment of the Certificate Value for up to six months. Where required by law, if we defer payment for 30 or more days, we will pay interest at the rate required by the state law in which this Certificate is issued. When we pay the Certificate Owner the Certificate Value, this Certificate terminates.

**Option B-Continue as Paid-Up Insurance:** Whether the Certificate Owner chooses this Option or the Option is automatically applied, the insurance under this Certificate will be payable under the same conditions as if he/she had continued paying premiums. The Death Benefit under Option B will be a percentage of the regular Death Benefit. The percentage is determined by equating the Certificate Value to a single premium payment based on the Insured's attained age on the due date of the original unpaid premium. Any loan indebtedness incurred on or after such due date will be deducted from the Death Benefit.

### Basis of Values

Certificate Values are computed by the Standard Nonforfeiture Value Method. All values, present values, and net single premiums are based on:

1. Age last birthday;
2. The assumption that death occurs at the end of the Certificate year; and
3. The exclusion of any benefits provided by rider.

The Certificate Value at the end of any Certificate year may be determined from the Table of Values. The attained age of a Insured at the end of any Certificate year is equal to:

1. The age of the Insured as shown in the application; and
2. The number of full years elapsed since the Certificate Date.

The Certificate Value is equal to the present value of future benefits less the present value of an annual amount equal to the nonforfeiture factor. While this Certificate is being continued under Option B, its Certificate Value will be the

present value of the future benefits at the Insured's then attained age. If this Certificate is in force under Option B and it is surrendered within 30 days after a Certificate Anniversary, the Cash Value will be not less than the Certificate Value on the anniversary.

The nonforfeiture factors, Certificate Values and other nonforfeiture benefits for this Certificate are calculated using the Commissioner's 1980 Standard Ordinary Table of Mortality with interest at the rate shown on the Certificate Data Page. Certificate reserves and net premiums are computed in accordance with the Commissioner's Reserve Valuation Method using the Commissioner's 1980 Standard Ordinary Table of Mortality with interest at the rate shown on the Certificate Data Page.

All values equal or exceed those required by the state in which this Certificate is delivered. A detailed statement of the method of computation of the values and benefits shown in this Certificate has been filed with the insurance supervisory official of the state in which the Policy is issued.

The cash surrender values and paid-up nonforfeiture benefits shall be increased by any declared increases in death benefits and decreased by the amount of any indebtedness to the insurer.

### **Table of Values**

The values in the Table of Values apply at the end of the Certificate year shown, provided

1. All premiums are paid to that date; and
2. There is no Indebtedness.

Upon a request In Writing at any time during a Certificate year, we will compute the values allowing for the lapse of time. For Certificate years not shown, we will furnish values upon a request In Writing.

### **CONTROL**

#### **Assignment**

The Certificate Owner may assign the insurance and benefits under this Certificate. The assignment is not binding upon us until recorded at our home office. We assume no responsibility for the sufficiency or validity of any assignment.

### **BENEFICIARY**

#### **General**

Naming a beneficiary is the reserved right of the Certificate Owner. Any amount payable at the death of the Insured will be paid to the named beneficiary. If that beneficiary is not living at the death of the Insured, we can pay benefits to the Insured's estate or to a person whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

#### **Change of Beneficiary**

The Certificate Owner may change the beneficiary by notifying us In Writing while the Insured is alive. When we receive written notice, the change will be effective on the date the notice was signed. Any change is subject to any payment or actions we may have taken before receiving the notice.

## **GENERAL PROVISIONS**

### **The Contract**

The Certificate benefits are determined by the provisions of the Great Western Pre-Need Plans Master Group Life Insurance Policy. Any questions relating to benefits under the plan should be referred to the Master Group Policy. You can obtain a copy of the Master Group Policy by writing to Great Western Insurance Company.

### **Modification**

No Agent may change this Certificate or waive any provisions. This contract may only be modified by a written agreement signed by our President or Secretary.

### **Conversion Privilege**

The Insured is eligible for an individual policy if all or a portion of his/her insurance under this Certificate ceases because:

- a. The group Policy terminates or is amended to terminate insurance of any class of insureds, or
- b. The Insured is no longer an eligible member of the group policyholder.

Application must be made and the first premium paid to us within 31 days after the termination of the group insurance coverage. No evidence of insurability will be required. The individual policy may be in any form we customarily issue at the age and amount applied for, except term insurance, and may not include disability or other supplementary benefits. The premium shall be at our current rate, applicable to the attained age and class of risk to which the Insured belonged at the time the group policy was terminated.

If the Insured dies during the period of eligibility for conversion but before an Individual Policy becomes effective, the amount of insurance the Insured would have been entitled to will be paid as a Death Benefit under this Certificate.

### **Misstatement of Age and Sex**

If a Insured's age or sex is misstated, we will equitably adjust all benefits for the Insured under this Certificate. The adjusted benefits will be those the premium paid would have purchased at the Insured's correct age and sex, based on our rate in effect when the Insured's coverage was issued.

### **Suicide**

If the Insured dies by suicide, whether sane or insane, within one year from the date this Certificate is issued, the amount payable will be limited to the sum of the premiums paid for that Insured.

### **Incontestability**

After two years from the Certificate date, we cannot contest this Certificate during the Insured's lifetime, except for non-payment of premiums. This provision does not apply to a claim for disability or accidental death benefit the plan may provide.

### **Conformity with Law**

If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform thereto.

GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

TEN PAY Whole Life Insurance with Death Benefit At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	295.80	341.50	6.8
2	5,000	844.95	925.00	18.5
3	5,000	1,423.00	1,489.50	29.8
4	5,000	2,033.20	2,035.50	40.7
5	5,000	2,679.90	2,762.00	55.2
6	5,760	3,357.50	3,860.93	67.0
7	6,720	4,053.90	5,160.96	76.8
8	7,680	4,766.75	6,629.38	86.3
9	8,640	5,495.40	8,244.29	95.4
10	9,600	6,240.15	9,600.00	100.0
11	9,600	6,378.85	9,600.00	100.0
12	9,600	6,516.05	9,600.00	100.0
13	9,600	6,650.85	9,600.00	100.0
14	9,600	6,782.35	9,600.00	100.0
15	9,600	6,910.10	9,600.00	100.0
16	9,600	7,034.05	9,600.00	100.0
17	9,600	7,154.55	9,600.00	100.0
18	9,600	7,272.20	9,600.00	100.0
19	9,600	7,387.50	9,600.00	100.0
20	9,600	7,500.70	9,600.00	100.0

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two policy years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, and additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preneed



# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Three Pay Whole Life Insurance]  
**Plan Number:** [B31]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,705	\$887	\$452	\$155	\$153]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Three Pay Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	749.40	1,447.50	28.95
2	5,000	1,716.45	3,217.70	64.35
3	5,000	2,741.65	5,000.00	100.00
4	5,000	2,814.25	5,000.00	100.00
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,705	\$5,000	\$745.95
2	1,705	\$5,000	\$1,727.20
3	1,705	\$5,000	\$2,741.65
4		\$5,000	\$2,814.25
5		\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Three Pay Whole Life Insurance  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed Death Benefits

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preened (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B31 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner

\_\_\_\_\_  
 Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Five Pay Whole Life Insurance]  
**Plan Number:** [B51]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,155	\$601	\$307	\$105	\$103]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Five Pay Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	382.60	742.35	14.85
2	5,000	958.60	1,799.95	36.00
3	5,000	1,565.35	2,857.65	57.15
4	5,000	2,206.60	3,921.85	78.44
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,155	\$5,000	\$382.60
2	1,155	\$5,000	\$958.60
3	1,155	\$5,000	\$1,565.35
4	1,155	\$5,000	\$2,206.60
5	1,155	\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Five Pay Whole Life Insurance

Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preeeed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B51 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner

\_\_\_\_\_  
 Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Ten Pay Whole Life Insurance]  
**Plan Number:** [B91]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$798	\$415	\$212	\$73	\$71]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Ten Pay Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	114.50	227.00	4.54
2	5,000	404.75	763.90	15.28
3	5,000	705.80	1,292.20	25.84
4	5,000	1,018.60	1,813.95	36.28
5	5,000	1,344.45	2,332.15	46.64
6	5,000	1,685.20	2,850.00	57.00
7	5,000	2,043.10	3,371.25	67.43
8	5,000	2,420.95	3,900.25	78.01
9	5,000	2,822.05	4,441.40	88.83
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	798	\$5,000	\$114.55
2	798	\$5,000	\$404.75
3	798	\$5,000	\$705.80
4	798	\$5,000	\$1,018.60
5	798	\$5,000	\$1,344.45
6	798	\$5,000	\$1,685.20
7	798	\$5,000	\$2,043.10
8	798	\$5,000	\$2,420.95
9	798	\$5,000	\$2,822.05
10	798	\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,346.00
14		\$5,000	\$3,532.46
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$1,344.45

Benefit: Ten Pay Whole Life Insurance  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preeeed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B91 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner

\_\_\_\_\_  
 Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre- Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** Great Western Pre-Need Plans Trust  
**Certificate Number:** [999999999]  
**Covered Person:** [JOHN PRENEED]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [November 4, 2008]  
**Age Last Birthday:** [60]  
**Plan Type:** [One Pay Whole Life Insurance Limited Death Benefit during first year ]  
**Plan Number:** [B2Y]  
**Beneficiary:** [ANY BENEFICIARY]

	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Coupon Monthly</b>	<b>PAC Monthly</b>
<b>Total Premium</b>	[5,000.00]	2,500.00	1,250.00	N/A	417.00]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent. The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFIT AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality [1980 CSO MALE ALB,]  
 Interest [4.5%] For Reserves and Nonforfeiture Values  
 Loan Interest Rate [8%], Reinstatement Interest Rate [6%]

[One Pay Whole Life Insurance Limited Death Benefit during first year]

Issue Age [60]

End of Year	Death Benefit	Cash Value	Initial Amount Paid Up	Percent Paid Up
1	[ 5,000	2,597	5,000	100.00]
2	[ 5,000	2,669	5,000	100.00]
3	[ 5,000	2,742	5,000	100.00]
4	[ 5,000	2,814	5,000	100.00]
5	[ 5,000	2,887	5,000	100.00]
6	[ 5,000	2,960	5,000	100.00]
7	[ 5,000	3,032	5,000	100.00]
8	[ 5,000	3,105	5,000	100.00]
9	[ 5,000	3,178	5,000	100.00]
10	[ 5,000	3,250	5,000	100.00]
11	[ 5,000	3,322	5,000	100.00]
12	[ 5,000	3,394	5,000	100.00]
13	[ 5,000	3,464	5,000	100.00]
14	[ 5,000	3,532	5,000	100.00]
15	[ 5,000	3,599	5,000	100.00]
16	[ 5,000	3,664	5,000	100.00]
17	[ 5,000	3,726	5,000	100.00]
18	[ 5,000	3,788	5,000	100.00]
19	[ 5,000	3,848	5,000	100.00]
20	[ 5,000	3,907	5,000	100.00]

[ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two policy years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the beneficiary. The amount of such a death benefit will be equal to the amount that when added to the death benefit shown above will make the total amount payable equal to the Face Amount.]

Certificate: [999999999]

Insured: [JOHN PRENEED]

**GREAT WESTERN INSURANCE COMPANY**  
**STATEMENT OF COST AND BENEFIT INFORMATION**

POLICY YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	[ 5,000	470	2,597]
2	[	5,000	2,669]
3	[	5,000	2,741]
4	[	5,000	2,814]
5	[	5,000	2,886]
6	[	5,000	2,959]
7	[	5,000	3,032]
8	[	5,000	3,104]
9	[	5,000	3,177]
10	[	5,000	3,250]
11	[	5,000	3,322]
12	[	5,000	3,393]
13	[	5,000	3,464]
14	[	5,000	3,532]
15	[	5,000	3,599]
16	[	5,000	3,663]
17	[	5,000	3,726]
18	[	5,000	3,787]
19	[	5,000	3,847]
20	[	5,000	3,906]
AGE 60		[N/A	N/A]
AGE 65		[ 5,000	2,886]

Benefit: [One Pay Whole Life Insurance Limited Death Benefit during first year]  
 [Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2000]  
 [Accidental Death Benefit for the first year IF the death benefit is less than the Initial Face Amount.]  
 [Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.]  
 [I understand I have purchased a one-year payment plan with a limited death benefit of 9.4% of the face amount for each month premiums are paid, up to the face amount. Initials:\_\_\_\_\_]

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office or Your Agent Send Policy To: [Owner]  
 Great Western Insurance Company [ANY AGENT]  
 [3434 Washington Blvd. 123 ANY STREET]  
 [Ogden, Utah 84401 ANY CITY, ST, 12345]  
 [800-621-5688]
- The maximum certificate loan interest rate is 8%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: [JOHN PRENEED (999) 999-9999]  
 [456 ANY STREET]  
 [ANY CITY, ST 12345]

Policy Number: 3 Date Prepared: [November 04, 2008]  
 Policy Form: [GRPCERT-610 0503][B2Y] Age Last Birthday: [60]  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: [9999999999]

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Three Pay Whole Life Insurance Limited Death Benefit during first two years]  
**Plan Number:** [B32]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,705	\$887	\$452	\$155	\$153]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Three Pay Whole Life Insurance Limited Death Benefit During First Two Years

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	2,500	745.95	1,093.55	43.74
2	5,000	1,427.20	3,236.60	64.74
3	5,000	2,741.65	5,000.00	100.00
4	5,000	2,814.25	5,000.00	100.00
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,705	\$205	\$745.95
2	1,705	\$2,705	\$1,727.20
3	1,705	\$5,000	\$2,741.65
4		\$5,000	\$2,814.25
5		\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Three Pay Whole Life Insurance Limited Death Benefit during first two years  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed Death Benefits

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preeeed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B32 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner

\_\_\_\_\_  
 Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Five Pay Whole Life Insurance Limited Death Benefit during first two years]  
**Plan Number:** [B52]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,155	\$601	\$307	\$105	\$103]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Five Pay Whole Life Insurance Limited Death Benefit During First Two Years

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	2,000	383.40	491.75	24.59
2	4,500	981.70	1,847.90	41.06
3	5,000	1,581.25	2,889.75	57.80
4	5,000	2,214.85	3,938.05	78.76
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,155	\$165	\$295.80
2	1,155	\$2,205	\$844.95
3	1,155	\$5,000	\$1,423.00
4	1,155	\$5,000	\$2,033.20
5	1,155	\$5,000	\$2,679.90
6		\$5,000	\$3,357.50
7		\$5,000	\$4,053.90
8		\$5,000	\$4,766.75
9		\$5,000	\$5,495.40
10		\$5,000	\$6,240.15
11		\$5,000	\$6,378.85
12		\$5,000	\$6,516.05
13		\$5,000	\$6,650.85
14		\$5,000	\$6,782.35
15		\$5,000	\$6,910.10
16		\$5,000	\$7,034.05
17		\$5,000	\$7,154.55
18		\$5,000	\$7,272.20
19		\$5,000	\$7,387.50
20		\$5,000	\$7,500.70
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Five Pay Whole Life Insurance Limited Death Benefit during first two years  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed Death Benefits

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preeed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B52 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Ten Pay Whole Life Insurance Limited Death Benefit during first two years]  
**Plan Number:** [B92]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$798]	\$415	\$212	\$73	\$71]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

---

GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Ten Pay Whole Life Insurance Limited Death Benefit During First Two Years

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	1,500	119.70	123.50	8.23
2	3,500	440.50	853.90	24.40
3	5,000	737.90	1,370.95	27.42
4	5,000	1,043.95	1,881.65	37.63
5	5,000	1,368.80	2,388.80	47.78
6	5,000	1,705.30	2,895.60	57.91
7	5,000	2,058.70	3,405.90	68.12
8	5,000	2,431.75	3,923.60	78.47
9	5,000	2,827.65	4,453.30	89.07
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	798	\$125	\$119.70
2	798	\$1,665	\$440.50
3	798	\$5,000	\$737.90
4	798	\$5,000	\$1,046.95
5	798	\$5,000	\$1,368.80
6	798	\$5,000	\$1,705.30
7	798	\$5,000	\$2,058.70
8	798	\$5,000	\$2,431.75
9	798	\$5,000	\$2,827.65
10	798	\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$1,368.80

Benefit: Ten Pay Whole Life Insurance Limited Death Benefit during first two years  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preened (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B92 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Single Premium Whole Life Insurance]  
**Plan Number:** [B11]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$4,800	NA	NA	NA	NA]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Single Premium Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	2,597.20	5,000.00	100.00
2	5,000	2,669.20	5,000.00	100.00
3	5,000	2,741.65	5,000.00	100.00
4	5,000	2,814.25	5,000.00	100.00
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	4,800	\$5,000	\$2,597.20
2		\$5,000	\$2,669.20
3		\$5,000	\$2,741.65
4		\$5,000	\$2,814.25
5		\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Single Premium Whole Life Insurance  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B11 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner

\_\_\_\_\_  
 Date



# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [One Pay Whole Life Insurance Death Benefit at Least Equal to Premiums Paid]  
**Plan Number:** [C21]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$4,800	\$2,496	\$1,272	\$437	\$435]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

ONE PAY Whole Life Insurance with Death Benefit At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,220	2,719.95	5,220.00	100.00
2	5,220	2,795.40	5,220.00	100.00
3	5,220	2,871.25	5,220.00	100.00
4	5,220	2,947.30	5,220.00	100.00
5	5,220	3,023.40	5,220.00	100.00
6	5,220	3,099.45	5,220.00	100.00
7	5,220	3,175.50	5,220.00	100.00
8	5,220	3,251.55	5,220.00	100.00
9	5,220	3,327.70	5,220.00	100.00
10	5,220	3,403.75	5,220.00	100.00
11	5,220	3,479.35	5,220.00	100.00
12	5,220	3,554.20	5,220.00	100.00
13	5,220	3,627.75	5,220.00	100.00
14	5,220	3,699.45	5,220.00	100.00
15	5,220	3,769.15	5,220.00	100.00
16	5,220	3,836.75	5,220.00	100.00
17	5,220	3,902.50	5,220.00	100.00
18	5,220	3,966.65	5,220.00	100.00
19	5,220	4,029.55	5,220.00	100.00
20	5,220	4,091.30	5,220.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preened

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	4,800	\$5,000	\$2,719.95
2		\$5,000	\$2,795.40
3		\$5,000	\$2,871.25
4		\$5,000	\$2,947.30
5		\$5,000	\$3,023.40
6		\$5,000	\$3,099.45
7		\$5,000	\$3,175.50
8		\$5,000	\$3,251.55
9		\$5,000	\$3,327.70
10		\$5,000	\$3,403.75
11		\$5,000	\$3,479.35
12		\$5,000	\$3,554.20
13		\$5,000	\$3,627.75
14		\$5,000	\$3,699.45
15		\$5,000	\$3,769.15
16		\$5,000	\$3,836.75
17		\$5,000	\$3,902.50
18		\$5,000	\$3,966.65
19		\$5,000	\$4,029.55
20		\$5,000	\$4,091.30
AGE 60		N/A	N/A
AGE 65		\$5,000	\$3,023.40

Benefit: ONE PAY Whole Life Insurance With Death Benefit At Least Equal to Premiums Paid  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office  
 Great Western Insurance Company  
 3434 Washington Blvd.  
 Ogden, Utah 84401  
 (800)621-5688  
 Or Your Agent  
 Joe Agent  
 999 This Street  
 Anytown, Utah 99999
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 C21 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner

\_\_\_\_\_  
 Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Three Pay Whole Life Insurance Death Benefit at Least Equal to Premiums Paid]  
**Plan Number:** [C31]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,733	\$901	\$460	\$158	\$156]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

---

GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

THREE PAY Whole Life Insurance with Death Benefit At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	847.10	1,452.25	29.05
2	5,000	1,947.55	3,425.35	68.51
3	5,616	3,109.05	5,616.00	100.00
4	5,616	3,191.40	5,616.00	100.00
5	5,616	3,273.75	5,616.00	100.00
6	5,616	3,356.10	5,616.00	100.00
7	5,616	3,438.45	5,616.00	100.00
8	5,616	3,520.85	5,616.00	100.00
9	5,616	3,603.25	5,616.00	100.00
10	5,616	3,685.60	5,616.00	100.00
11	5,616	3,767.50	5,616.00	100.00
12	5,616	3,848.55	5,616.00	100.00
13	5,616	3,928.15	5,616.00	100.00
14	5,616	4,005.80	5,616.00	100.00
15	5,616	4,081.25	5,616.00	100.00
16	5,616	4,154.50	5,616.00	100.00
17	5,616	4,225.65	5,616.00	100.00
18	5,616	4,295.15	5,616.00	100.00
19	5,616	4,363.25	5,616.00	100.00
20	5,616	4,430.10	5,616.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preened

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,733	\$5,000	\$847.10
2	1,733	\$5,000	\$1,947.55
3	1,733	\$5,199	\$3,109.05
4		\$5,199	\$3,191.40
5		\$5,199	\$3,273.75
6		\$5,199	\$3,356.10
7		\$5,199	\$3,438.45
8		\$5,199	\$3,520.85
9		\$5,199	\$3,603.25
10		\$5,199	\$3,685.60
11		\$5,199	\$3,767.50
12		\$5,199	\$3,848.55
13		\$5,199	\$3,928.15
14		\$5,199	\$4,005.80
15		\$5,199	\$4,081.25
16		\$5,199	\$4,154.50
17		\$5,199	\$4,225.65
18		\$5,199	\$4,295.15
19		\$5,199	\$4,365.25
20		\$5,199	\$4,430.10
AGE 60		N/A	N/A
AGE 65		\$5,199	\$3,273.75

Benefit: THREE PAY Whole Life Insurance With Death Benefit At Least Equal to Premiums Paid  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office  
 Great Western Insurance Company  
 3434 Washington Blvd.  
 Ogden, Utah 84401  
 (800)621-5688  
 Or Your Agent  
 Joe Agent  
 999 This Street  
 Anytown, Utah 99999
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 C31 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Five Pay Whole Life Insurance Death Benefit at Least Equal to Premiums Paid]  
**Plan Number:** [C51]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,183	\$615	\$314	\$108	\$106

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

FIVE Pay Whole Life Insurance with Death Benefit At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	295.80	765.55	15.31
2	5,000	844.95	1,840.35	36.81
3	5,000	1,423.00	2,944.05	58.88
4	5,088	2,033.20	4,528.32	89.00
5	6,360	2,679.90	6,360.00	100.00
6	6,360	3,357.50	6,360.00	100.00
7	6,360	4,053.90	6,360.00	100.00
8	6,360	4,766.75	6,360.00	100.00
9	6,360	5,495.40	6,360.00	100.00
10	6,360	6,240.15	6,360.00	100.00
11	6,360	6,378.85	6,360.00	100.00
12	6,360	6,516.05	6,360.00	100.00
13	6,360	6,650.85	6,360.00	100.00
14	6,360	6,782.35	6,360.00	100.00
15	6,360	6,910.10	6,360.00	100.00
16	6,360	7,034.05	6,360.00	100.00
17	6,360	7,154.55	6,360.00	100.00
18	6,360	7,272.20	6,360.00	100.00
19	6,360	7,387.50	6,360.00	100.00
20	6,360	7,500.70	6,360.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preened

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,183	\$5,000	\$495.15
2	1,183	\$5,000	\$1,239.05
3	1,183	\$5,000	\$2,025.40
4	1,183	\$5,000	\$2,856.65
5	1,183	\$5,915	\$3,724.10
6		\$5,915	\$3,817.80
7		\$5,915	\$3,911.45
8		\$5,915	\$4,005.20
9		\$5,915	\$4,098.95
10		\$5,915	\$4,192.60
11		\$5,915	\$4,285.80
12		\$5,915	\$4,377.95
13		\$5,915	\$4,468.55
14		\$5,915	\$4,556.90
15		\$5,915	\$4,642.70
16		\$5,915	\$4,726.00
17		\$5,915	\$4,806.95
18		\$5,915	\$4,886.00
19		\$5,915	\$4,963.50
20		\$5,915	\$5,039.55
AGE 60		N/A	N/A
AGE 65		\$5,915	\$3,724.10

Benefit: FIVE PAY Whole Life Insurance With Death Benefit At Least Equal to Premiums Paid  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office  
 Great Western Insurance Company  
 3434 Washington Blvd.  
 Ogden, Utah 84401  
 (800)621-5688  
 Or Your Agent  
 Joe Agent  
 999 This Street  
 Anytown, Utah 99999
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 C51 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Three Pay Whole Life Insurance Death Benefit Limited in First Two Years]  
**Plan Number:** [C32] and at Least Equal to Premiums Paid]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,733	\$901	\$460	\$158	\$156]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

THREE PAY Whole Life Insurance with Death Benefit Limited in First Two Years and At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	2,500	847.65	1,096.55	43.86
2	5,000	1,959.35	3,443.45	68.87
3	5,616	3,109.05	5,616.00	100.00
4	5,616	3,191.40	5,616.00	100.00
5	5,616	3,273.80	5,616.00	100.00
6	5,616	3,356.15	5,616.00	100.00
7	5,616	3,438.50	5,616.00	100.00
8	5,616	3,521.55	5,616.00	100.00
9	5,616	3,603.25	5,616.00	100.00
10	5,616	3,685.60	5,616.00	100.00
11	5,616	3,767.50	5,616.00	100.00
12	5,616	3,848.55	5,616.00	100.00
13	5,616	3,928.15	5,616.00	100.00
14	5,616	4,005.80	5,616.00	100.00
15	5,616	4,081.25	5,616.00	100.00
16	5,616	4,154.50	5,616.00	100.00
17	5,616	4,225.65	5,616.00	100.00
18	5,616	4,295.15	5,616.00	100.00
19	5,616	4,363.25	5,616.00	100.00
20	5,616	4,430.10	5,616.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,733	\$205	\$847.65
2	1,733	\$2,705	\$1,959.35
3	1,733	\$5,199	\$3,109.05
4		\$5,199	\$3,191.40
5		\$5,199	\$3,273.80
6		\$5,199	\$3,356.15
7		\$5,199	\$3,438.50
8		\$5,199	\$3,521.55
9		\$5,199	\$3,603.25
10		\$5,199	\$3,685.60
11		\$5,199	\$3,767.50
12		\$5,199	\$3,848.55
13		\$5,199	\$3,928.15
14		\$5,199	\$4,005.80
15		\$5,199	\$4,081.25
16		\$5,199	\$4,154.50
17		\$5,199	\$4,225.65
18		\$5,199	\$4,295.15
19		\$5,199	\$4,363.25
20		\$5,199	\$4,430.10
AGE 60		N/A	N/A
AGE 65		\$5,199	\$3,273.80

Benefit: THREE PAY Whole Life Insurance With Death Benefit Limited in First Two Years and At Least Equal to Premiums Paid Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  

The Company's Home Office	Or Your Agent
Great Western Insurance Company	Joe Agent
3434 Washington Blvd.	999 This Street
Ogden, Utah 84401	Anytown, Utah 99999
(800)621-5688	
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
123 Any Street  
Anytown, Utah 99999

Policy Number:	1	Date Prepared:	07-01-2003
Policy Form:	G610-0503 C32	Age Last Birthday:	60
Policy Holder:	Great Western Pre-Need Plans Trust	Certificate Number:	99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

---

Signature of Certificate Owner \_\_\_\_\_ Date \_\_\_\_\_

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Five Pay Whole Life Insurance Death Benefit Limited in First Two Years]  
**Plan Number:** [C52 and at Least Equal to Premiums Paid]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$1,183	\$615	\$314	\$108	\$106]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

FIVE PAY Whole Life Insurance with Death Benefit Limited in First Two Years and At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	2,000	500.80	505.35	25.27
2	4,500	1,267.30	1,878.30	41.74
3	5,000	2,044.45	2,969.60	59.39
4	5,088	2,867.05	4,543.08	89.29
5	6,360	3,724.10	6,360.00	100.00
6	6,360	3,817.80	6,360.00	100.00
7	6,360	3,911.45	6,360.00	100.00
8	6,360	4,005.20	6,360.00	100.00
9	6,360	4,098.95	6,360.00	100.00
10	6,360	4,192.60	6,360.00	100.00
11	6,360	4,285.80	6,360.00	100.00
12	6,360	4,377.95	6,360.00	100.00
13	6,360	4,468.55	6,360.00	100.00
14	6,360	4,556.90	6,360.00	100.00
15	6,360	4,642.70	6,360.00	100.00
16	6,360	4,726.00	6,360.00	100.00
17	6,360	4,806.95	6,360.00	100.00
18	6,360	4,886.00	6,360.00	100.00
19	6,360	4,963.50	6,360.00	100.00
20	6,360	5,039.55	6,360.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preened

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	1,183	\$165	\$500.80
2	1,183	\$2,205	\$1,267.30
3	1,183	\$5,000	\$2,044.45
4	1,183	\$5,000	\$2,867.05
5	1,183	\$5,915	\$3,724.10
6		\$5,915	\$3,817.80
7		\$5,915	\$3,911.45
8		\$5,915	\$4,005.20
9		\$5,915	\$4,098.95
10		\$5,915	\$4,192.60
11		\$5,915	\$4,285.80
12		\$5,915	\$4,377.95
13		\$5,915	\$4,468.55
14		\$5,915	\$4,556.90
15		\$5,915	\$4,642.70
16		\$5,915	\$4,726.00
17		\$5,915	\$4,806.95
18		\$5,915	\$4,886.00
19		\$5,915	\$4,963.50
20		\$5,915	\$5,039.55
AGE 60		N/A	N/A
AGE 65		\$5,915	\$3,724.10

Benefit: FIVE PAY Whole Life Insurance With Death Benefit Limited in First Two Years and At Least Equal to Premiums Paid Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office  
 Great Western Insurance Company  
 3434 Washington Blvd.  
 Ogden, Utah 84401  
 (800)621-5688  
 Or Your Agent  
 Joe Agent  
 999 This Street  
 Anytown, Utah 99999
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 C52 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Ten Pay Whole Life Insurance Death Benefit Limited in First Two Years]  
**Plan Number:** [C92 and at Least Equal to Premiums Paid]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$880]	\$458	\$234	\$80	\$78]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

---

GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

TEN PAY Whole Life Insurance with Death Benefit Limited in First Two Years and At Least Equal to Premiums Paid

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	1,500	308.55	177.65	11.84
2	3,500	897.05	978.00	27.94
3	5,000	1,469.25	1,535.00	30.70
4	5,000	2,073.40	2,073.90	41.48
5	5,000	2,713.65	2,776.95	55.54
6	5,616	3,385.45	3,773.39	67.19
7	6,552	4,075.75	5,033.25	76.82
8	7,488	4,782.20	6,455.40	86.21
9	8,424	5,504.05	8,048.29	95.54
10	9,360	6,240.15	9,360.00	100.00
11	9,360	6,378.85	9,360.00	100.00
12	9,360	6,516.05	9,360.00	100.00
13	9,360	6,650.85	9,360.00	100.00
14	9,360	6,782.35	9,360.00	100.00
15	9,360	6,910.10	9,360.00	100.00
16	9,360	7,034.05	9,360.00	100.00
17	9,360	7,154.55	9,360.00	100.00
18	9,360	7,272.20	9,360.00	100.00
19	9,360	7,387.50	9,360.00	100.00
20	9,360	7,500.70	9,360.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

The Death Benefit after any limited benefit period is the greater of the sum of premiums paid, the Face Amount, or any increased Death Benefit as described in the section titled Death Benefits. The Death Benefits listed on this page are based on all premiums being paid when due at the rate and mode selected in the application. Actual Death Benefits will vary with actual premiums paid.

Certificate: 99999999

Insured: John Preened

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	880	\$125	\$308.55
2	880	\$1,665	\$897.05
3	880	\$5,000	\$1,469.25
4	880	\$5,000	\$2,073.40
5	880	\$5,000	\$2,713.65
6	880	\$5,280	\$3,385.45
7	880	\$6,160	\$4,075.75
8	880	\$7,040	\$4,782.20
9	880	\$7,920	\$5,504.05
10	880	\$8,800	\$6,240.15
11		\$8,800	\$6,378.85
12		\$8,800	\$6,516.05
13		\$8,800	\$6,650.85
14		\$8,800	\$6,782.35
15		\$8,800	\$6,910.10
16		\$8,800	\$7,034.05
17		\$8,800	\$7,154.55
18		\$8,800	\$7,272.20
19		\$8,800	\$7,387.50
20		\$8,800	\$7,500.70

AGE 60

N/A

N/A

AGE 65

\$5,000

\$2,776.95

Benefit: TEN PAY Whole Life Insurance With Death Benefit Limited in First Two Years and At Least Equal to Premiums Paid Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year and based on annual premium payments. Actual Death Benefits will vary with actual premiums paid. Cash Values are as of the end of the certificate year.

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  

The Company's Home Office	Or Your Agent
Great Western Insurance Company	Joe Agent
3434 Washington Blvd.	999 This Street
Ogden, Utah 84401	Anytown, Utah 99999
(800)621-5688	
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
123 Any Street  
Anytown, Utah 99999

Policy Number: 1  
Policy Form: G610-0503 C92  
Policy Holder: Great Western Pre-Need Plans Trust

Date Prepared: 07-01-2003  
Age Last Birthday: 60  
Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
Signature of Certificate Owner

\_\_\_\_\_  
Date

# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Single Premium Whole Life Insurance]  
**Plan Number:** [C11]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$4,800	NA	NA	NA	NA]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Single Premium Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	2,597.20	5,000.00	100.00
2	5,000	2,669.20	5,000.00	100.00
3	5,000	2,741.65	5,000.00	100.00
4	5,000	2,814.25	5,000.00	100.00
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

ACCIDENTAL DEATH: If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preneed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	4,800	\$5,000	\$2,597.20
2		\$5,000	\$2,669.20
3		\$5,000	\$2,741.65
4		\$5,000	\$2,814.25
5		\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Single Premium Whole Life Insurance  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 C11 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date



# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401, Phone Toll Free 800-621-5688

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Single Premium Whole Life Insurance]  
**Plan Number:** [B01]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$4,800	NA	NA	NA	NA]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Single Premium Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	2,597.20	5,000.00	100.00
2	5,000	2,669.20	5,000.00	100.00
3	5,000	2,741.65	5,000.00	100.00
4	5,000	2,814.25	5,000.00	100.00
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

**ACCIDENTAL DEATH:** If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preeed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	4,800	\$5,000	\$2,597.20
2		\$5,000	\$2,669.20
3		\$5,000	\$2,741.65
4		\$5,000	\$2,814.25
5		\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Single Premium Whole Life Insurance  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B01 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date



# GREAT WESTERN INSURANCE COMPANY

3434 Washington Boulevard, Ogden, UT 84401, Phone Toll Free 800-621-5688

## Non-Participating Group Whole-Life Certificate

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

**Policyholder:** [Great Western Pre-need Plans Trust]  
**Certificate Number:** [99999999]  
**Covered Person:** [John Preneed]  
**Face Amount:** [\$5,000]  
**Certificate Date:** [07/01/2003]  
**Age Last Birthday:** [60]  
**Plan Type:** [Single Premium Whole Life Insurance]  
**Plan Number:** [B02]  
**Beneficiary:** [Any Funeral Home]

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Coupon Monthly</u>	<u>PAC Monthly</u>
<b>Total Premium</b>	[\$5,000	NA	NA	NA	NA]

### DEATH BENEFITS

Great Western Insurance Company ("we", "us", "our") will pay a Death Benefit to the Beneficiary on the death of the Insured. The amount of the Death Benefit applicable to the Insured is the amount shown on the Table of Death Benefits for the year in which death occurs. In addition, if the Face Amount is \$2,000 or more, and if death occurs more than 250 miles away from the permanent residence of the Insured, an additional death benefit of \$500 will be paid.

The Death Benefit will be paid when we receive due proof that the Insured's death occurred while this Certificate was in force. Where required by law, the minimum required rate of interest will be added to the Death Benefit for the period from the date of death to the date of payment. The Death Benefit may be increased by resolution of our Board of Directors.

### PREMIUM PAYMENTS

#### General

All premiums are payable by the Certificate Owner ("Insured" or the "Purchaser," if other than the Insured) in advance either:

1. At our Home Office, or
2. To our authorized Agent in exchange for a receipt signed by our President or Secretary and countersigned by the Agent.

The first premium is due on the Certificate Date. Each premium, after the first, is due at the end of the period for which the preceding premium was paid.

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**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

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GREAT WESTERN INSURANCE COMPANY  
 CERTIFICATE DATA  
 TABLE OF DEATH BENEFITS AND CASH, LOAN AND NON-FORFEITURE VALUES

Per Face Amount From Page 1, Mortality 1980 CSO MALE ALB,  
 Interest 4.5% For Reserves and Nonforfeiture Values  
 Loan Interest 8.0%, Past Due Premium Interest Rate 6%

Single Premium Whole Life Insurance

Issue Age 60

End of Year	Death Benefit	Cash Value	Amount Paid Up	Percent Paid Up
1	5,000	2,597.20	5,000.00	100.00
2	5,000	2,669.20	5,000.00	100.00
3	5,000	2,741.65	5,000.00	100.00
4	5,000	2,814.25	5,000.00	100.00
5	5,000	2,886.90	5,000.00	100.00
6	5,000	2,959.55	5,000.00	100.00
7	5,000	3,032.15	5,000.00	100.00
8	5,000	3,104.80	5,000.00	100.00
9	5,000	3,177.50	5,000.00	100.00
10	5,000	3,250.10	5,000.00	100.00
11	5,000	3,322.30	5,000.00	100.00
12	5,000	3,393.75	5,000.00	100.00
13	5,000	3,464.00	5,000.00	100.00
14	5,000	3,532.45	5,000.00	100.00
15	5,000	3,599.00	5,000.00	100.00
16	5,000	3,663.55	5,000.00	100.00
17	5,000	3,726.35	5,000.00	100.00
18	5,000	3,787.60	5,000.00	100.00
19	5,000	3,847.65	5,000.00	100.00
20	5,000	3,906.60	5,000.00	100.00

**ACCIDENTAL DEATH:** If the benefit option you selected includes an accidental death benefit, and death occurs within the first two certificate years and results directly and independently from accidental bodily injury occurring while the insurance is in force and within 180 days from the date of such injury, an additional accidental death benefit will be paid to the Beneficiary. The amount of such a death benefit will be equal to the amount that when added to the Death Benefit shown above will make the total amount payable equal to the Face Amount.

Certificate: 99999999

Insured: John Preeed

GREAT WESTERN INSURANCE COMPANY

STATEMENT OF COST AND BENEFIT INFORMATION

CERTIFICATE YEAR	ANNUAL PREMIUM	GUARANTEED DEATH BENEFIT	GUARANTEED CASH VALUE
1	5,000	\$5,000	\$2,597.20
2		\$5,000	\$2,669.20
3		\$5,000	\$2,741.65
4		\$5,000	\$2,814.25
5		\$5,000	\$2,886.90
6		\$5,000	\$2,959.55
7		\$5,000	\$3,032.15
8		\$5,000	\$3,104.80
9		\$5,000	\$3,177.50
10		\$5,000	\$3,250.10
11		\$5,000	\$3,322.30
12		\$5,000	\$3,393.75
13		\$5,000	\$3,464.00
14		\$5,000	\$3,532.45
15		\$5,000	\$3,599.00
16		\$5,000	\$3,663.55
17		\$5,000	\$3,726.35
18		\$5,000	\$3,787.60
19		\$5,000	\$3,847.65
20		\$5,000	\$3,906.60
AGE 60		N/A	N/A
AGE 65		\$5,000	\$2,886.90

Benefit: Single Premium Whole Life Insurance  
 Additional Death Benefit for Death Occurring Away from Home if the Face Amount is Greater than \$2,000.

Death Benefits are as of the beginning of the certificate year, Cash Values are as of the end of the certificate year.  
 Premiums may exceed the Death Benefit

LIFE INSURANCE COST INDEX: Life Insurance Cost Indexes are not applicable to this certificate.

FOOTNOTES:

- For inquires regarding this certificate summary please contact:  
 The Company's Home Office Or Your Agent  
  
 Great Western Insurance Company Joe Agent  
 3434 Washington Blvd. 999 This Street  
 Ogden, Utah 84401 Anytown, Utah 99999  
 (800)621-5688
- The maximum certificate loan interest rate is 8.0%, charged in arrears.
- This certificate is non-participating. The Death Benefit may be increased by resolution of our Board of Directors.
- Covered Person: John Preneed (801)555-5555  
 123 Any Street  
 Anytown, Utah 99999

Policy Number: 1 Date Prepared: 07-01-2003  
 Policy Form: G610-0503 B02 Age Last Birthday: 60  
 Policy Holder: Great Western Pre-Need Plans Trust Certificate Number: 99999999

I hereby acknowledge receipt of my certificate from Great Western Insurance Company and a copy of the Statement of Cost and Benefit Information.

\_\_\_\_\_  
 Signature of Certificate Owner Date



**GREAT WESTERN INSURANCE COMPANY**  
**3434 Washington Boulevard, Ogden, UT 84401**  
**Non Participating Group Supplemental Insurance Certificate**  
**Away From Home Supplemental Benefit**

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

Great Western Insurance Company ("We") will pay a Supplemental Death Benefit of \$500 to the Beneficiary on the death of the Insured, if death occurs more than 250 miles away from the permanent residence of the Insured.

<b>Policyholder:</b>	[Great Western Pre-need Plans Trust]
<b>Certificate Number:</b>	[99999999]
<b>Insured:</b>	[John Preneed]
<b>Certificate Date:</b>	[07-01-2003]
<b>Premium:</b>	[\$10.00]

**PREMIUM PAYMENTS**

This supplemental coverage is issued for a single premium payable on or before the Certificate Date.

All premiums are payable by the Certificate Holder ("You") in advance either:

1. At our Home Office, or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

**CONTROL**

**ASSIGNMENT**

You may assign the insurance and benefits under this Certificate. The assignment is not binding upon us until recorded at our home office. We assume no responsibility for the sufficiency or validity of any assignment.

**BENEFICIARY**

**GENERAL**

The right to name the beneficiary is reserved to You. Any amount payable as a death benefit will be paid to the named beneficiary. If that beneficiary is not living when the death benefit becomes payable, we can pay benefits to you or to a person whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**CHANGE OF BENEFICIARY**

You may change the beneficiary by notifying us In Writing prior to the death benefit becoming payable. When we receive written notice, the change will be effective on the date the notice was signed. Any change is subject to any payment or actions we may have taken before receiving the notice.

---

**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

---

## **GENERAL PROVISIONS**

### **CONTRACT**

Your benefits are determined by the provisions of the Great Western Pre-Need Plans Group Life Insurance Policy. Any questions relating to benefits under the plan should be referred to the Master Group Policy. You can obtain a copy of the Master Group Policy by writing to Great Western Insurance Company.

### **MODIFICATION**

No agent may change this Supplemental Certificate or waive any of its provisions. This contract may only be modified by a written agreement signed by our President or Secretary.

### **PARTICIPATION**

This Certificate does not participate in the surplus of the company.

### **CONVERSION PRIVILEGE**

Your conversion privilege is the same under this Supplemental Certificate as under your Certificate.

### **MISSTATEMENT OF AGE AND SEX**

If a Insured's age or sex is misstated, we will adjust all benefits for that Insured under this Supplemental Certificate. The adjusted benefits will be those the premium paid would have purchased at the Insured's correct age and sex, based on our rate in effect when the Insured's coverage was issued.

### **SUICIDE**

If, within one year from the date a Certificate is issued, a Insured dies by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid for that Insured.

### **CONFORMITY WITH LAW**

If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform thereto.

### **INCONTESTABILITY**

We cannot contest the coverage under this Certificate after it has been in force, during each Insured's lifetime for two years from its date of issue, except for non-payment of premiums. This provision does not apply to a claim for disability or accidental death benefit the plan may provide.

**GREAT WESTERN INSURANCE COMPANY**  
**3434 Washington Boulevard, Ogden, UT 84401**  
**Non Participating Group Supplemental Insurance Certificate**  
**Grandchild Protection Rider**

Great Western Insurance Company certifies that the Insured listed below is insured under the Great Western Pre-Need Plans Group Life Policy ("The Policy") subject to the provisions and conditions contained in the Policy.

Great Western Insurance Company ("We") will pay one Death Benefit to the Beneficiary upon the death of any one Covered Grandchild listed on the application or subsequently added to the application for this Supplemental Certificate as long as that Covered Grandchild meets the Conditions of Coverage. The amount of the Death Benefit applicable to this Supplemental Certificate is \$2,500. This supplemental Certificate will terminate upon the earlier of the payment of the Death Benefit or upon termination of the base Certificate.

<b>Policyholder:</b>	[Great Western Pre-need Plans Trust]
<b>Certificate Number:</b>	[99999999]
<b>Insured:</b>	[John Preneed]
<b>Certificate Date:</b>	[07-01-2003]
<b>Premium:</b>	[\$10.00]

**CONDITIONS OF COVERAGE**

Coverage under this Supplemental Certificate applies to each Covered Grandchild of the Insured listed on or subsequently added to the application for this Supplemental Certificate while that Covered Grandchild meets the following conditions:

- The Covered Grandchild has never been married and is living with a parent, grandparent or guardian at the time of death.
- The Covered Grandchild is at least one year of age and has not attained the age of eighteen years.
- The Covered Grandchild died while the Insured on the Certificate was alive.
- The coverage under the base Certificate to which this Supplemental Certificate is active and current in its premium payments.

**PREMIUM PAYMENTS**

This supplemental coverage is issued for a single premium payable on or before the Certificate Date.

All premiums are payable by the Certificate Holder ("You") in advance either:

1. At our Home Office, or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

**CONTROL**

**ASSIGNMENT**

You may assign the insurance and benefits under this Certificate. The assignment is not binding upon us until recorded at our home office. We assume no responsibility for the sufficiency or validity of any assignment.

---

**THIRTY-DAY RIGHT TO EXAMINE:** We want you to be satisfied with the coverage you have purchased. Please examine this certificate carefully. If, for any reason, you are not satisfied, you may return the certificate to us within thirty days after you receive it. We will cancel your coverage and refund all of the premium paid.

---

## **BENEFICIARY**

### **GENERAL**

The right to name the beneficiary is reserved to You. Any amount payable as a death benefit will be paid to the named beneficiary. If that beneficiary is not living when the death benefit becomes payable, we can pay benefits to you or to a person whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

### **CHANGE OF BENEFICIARY**

You may change the beneficiary by notifying us In Writing prior to the death benefit becoming payable. When we receive written notice, the change will be effective on the date the notice was signed. Any change is subject to any payment or actions we may have taken before receiving the notice.

## **GENERAL PROVISIONS**

### **CONTRACT**

Your benefits are determined by the provisions of the Great Western Pre-Need Plans Group Life Insurance Policy. Any questions relating to benefits under the plan should be referred to the Master Group Policy. You can obtain a copy of the Master Group Policy by writing to Great Western Insurance Company.

### **MODIFICATION**

No agent may change this Certificate or waive any of its provisions. This contract may only be modified by a written agreement signed by our President or Secretary.

### **PARTICIPATION**

This Certificate does not participate in the surplus of the company.

### **CONVERSION PRIVILEGE**

Your conversion privilege is the same under this Supplemental Certificate as under your Certificate.

### **MISSTATEMENT OF AGE AND SEX**

If a Grandchild's age or sex is misstated, we will adjust all benefits for that Grandchild under this Supplemental Certificate. The adjusted benefits will be those the premium paid would have purchased at the Grandchild's correct age and sex, based on our rate in effect when the Grandchild's coverage was issued.

### **SUICIDE**

We will not limit the amount payable if the Covered Grandchild dies by suicide, while sane or insane.

### **CONFORMITY WITH LAW**

If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform thereto.

### **INCONTESTABILITY**

We cannot contest the coverage under this Certificate after it has been in force, during each Insured's lifetime for two years from its date of issue, except for non-payment of premiums.



# Application for Group Life Insurance for Great Western Preneed Plans Trust

## to GREAT WESTERN INSURANCE COMPANY

3434 Washington Blvd. Ste. 100 • Ogden, Utah 84401 • (800) 621-5688

(Please Print)

State UT Print Agent Name Joe Agent Agent Number 99999-9 Date (mm/dd/yyyy) 99/99/9999

INSURED'S INFORMATION	
Full Name	<u>John Preneed</u>
Social Security #	<u>999-99-9999</u>
Sex	<u>M</u>
Birthdate (M/D/Y)	<u>02-01-1937</u>
Age	<u>60</u>
Mailing Address	<u>123 Any Street</u>
City	<u>Anytown</u>
State	<u>USA</u>
Zip	<u>99999</u>
Telephone # ( <u>999</u> )	<u>999-9999</u>

CERTIFICATE INFORMATION	
Total	Face Amount \$ <u>5,000</u> Total Paid to Agent \$ <u>98.00</u>
Base Plan	Face Amount \$ <u>5,000</u> Modal Premium \$ <u>78.00</u>
Down Payment Rider-Optional	Face Amount \$ _____ Premium Amount \$ _____
Grandchild Rider (complete additional application)	Premium Amt \$ <u>10</u>
Away-From-Home Supplement Rider	Premium Amt \$ <u>10</u>
Payment Method	<input type="checkbox"/> Single <input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr <input type="checkbox"/> 5 yr <input checked="" type="checkbox"/> 10 yr <input checked="" type="checkbox"/> Mo <input type="checkbox"/> Qtr <input type="checkbox"/> Semi <input type="checkbox"/> Ann
<input type="checkbox"/> Coupon Book <input checked="" type="checkbox"/> Automatic Bank Withdrawal <input checked="" type="checkbox"/> Course <input type="checkbox"/> Voyage	
Special Instructions	

OWNER (IF OTHER THAN INSURED)	
Full Name	
Relationship	
Social Security #	Sex
Address	
City, State, Zip	
Telephone # ( )	

BENEFICIARIES	
Primary	<u>Jane Preneed</u>
Relationship	<u>wife</u>
Social Security #	<u>999-99-9999</u>
Address	<u>123 Any Street, Anytown, USA 99999</u>

PRIMARY CARE PHYSICIAN	
<i>Complete only if applying for First-Day coverage.</i>	
Name	<u>Dr. John Smith</u>
Address	<u>456 Any Street, Anytown, USA 99999</u>
Telephone # ( <u>999</u> )	<u>999-9999</u>

Contingent	<u>Joe Preneed</u>
Relationship	<u>son</u>
Social Security #	<u>999-99-9999</u>
Address	<u>456 Any Street, Anytown, USA 99999</u>

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ASSIGNMENT	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Approval <u>JP</u>	I hereby <b>irrevocably assign</b> and <b>transfer</b> all the benefits and proceeds of this certificate to <u>Any Funeral Home</u> as their interest may appear. I understand fully the effects of this assignment and transfer. It is my intention as owner to continue to pay premiums and retain ownership.

Does the applicant have any existing policy or annuity?  No or  Yes  
Will the proposed insurance replace any existing policy or annuity?  No or  Yes If yes, please complete a replacement form.

INSURED'S NAME John Preneed

### MULTI-PAY HEALTH QUESTIONS

- Now or within the last **two** years, has the insured been, or been told to be and refused to be, hospitalized or in a nursing facility? Yes  No  Initial JP
- In the last two years, has the insured been diagnosed, treated, or prescribed drugs by a healthcare provider for any of the following diseases? Cancer, Tumor, Insulin-Dependent Diabetes, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-RelatedComplex (ARC), any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System or Liver? Yes  No  Initial JP

I affirm that both the above health questions have been answered correctly. If either of the health questions is answered "yes," or is not answered, I will be issued a certificate with a two-year limited death benefit, per thousand dollars of face amount as outlined below:

Plan Type	1st-Yr Monthly Increases	12th Month Value	2nd-Yr Monthly Increases	24th Month Value	25th Month Value and thereafter	Initials
<input type="checkbox"/> 1-Yr	\$94	\$1,000	-	\$1,000	\$1,000	
<input type="checkbox"/> 3-yr	\$41	\$ 500	\$41	\$1,000	\$1,000	
<input type="checkbox"/> 5-yr	\$33	\$ 400	\$41	\$ 900	\$1,000	
<input checked="" type="checkbox"/> 10-yr	\$25	\$ 300	\$33	\$ 700	\$1,000	<u>JP</u>

### AGREEMENT

By signing below, I agree that: (1) To the best of my knowledge and belief, statements in this Application are complete and true. (2) When the certificate is delivered, the Insured must be alive and in the same health as described above or there will be no insurance. Also, the full premium for the chosen period must be paid by the time the certificate is delivered. (3) By accepting the certificate, I approve any change(s), correction(s), or addition(s) that Great Western made when issuing it. If my approval requires written consent, a form will be included.

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

**Authorization:** By signing below, I approve of any healthcare provider, medical facility, or other person, including a Veterans Administration Hospital, giving the Great Western Insurance Company any records or information it needs about the Insured's health. A copy of this approval will be as effective as the original. This approval is only valid for 30 months. The Insured, or a person authorized to act on behalf of the Insured, is entitled to receive a copy of this authorization upon request. **I affirm that no illustration was used in the sale of this product.**

Signed at Anytown, USA, 11/11/1111 Insured John Preneed  
City and State Month Day Year Parent or Guardian, If Juvenile Insured  
Owner \_\_\_\_\_ Agent Joe Agent # 9999  
If Other Than Insured Replacement of insurance is involved.  YES  NO

**To the Applicant:** You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of Great Western Insurance Company at the address listed above.

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED AUTOMATIC BANK WITHDRAWALS

PLEASE ATTACH A VOIDED CHECK	
Your Financial Institution's Name (DEPOSITORY)	<u>Bank of Anytown, USA</u>
Your Financial Institution's City and State	<u>Anytown, USA</u>
Your Transit (ABA) No.	<u>999 999999</u> (The first nine numbers on the bottom of the check)
Your Account No.	<u>999 999999</u> <input checked="" type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account

I hereby authorize **Great Western Insurance Company** (THE COMPANY) to initiate debit entries. If necessary, THE COMPANY may credit entries on the above named financial institution and account.

This authorization is to remain in full force and effect until THE COMPANY receives written notice of its termination. The notice must be in such time and in such manner as to allow THE COMPANY and DEPOSITORY reasonable time to act (minimum of three weeks).

Authorized Signature: John Preneed  
Authorized Name (please print) John Preneed

Date 8-23-03 Withdrawal Date 99/99/99

Please detach or lay flat to write on, or separate sides with manila folder or cardstock. Writing on folded form will cause marks on all pages.

Application for **GREAT WESTERN PRENEED PLANS TRUST**  
to **GREAT WESTERN INSURANCE COMPANY**

3434 Washington Blvd. Ste. 100 • Ogden, Utah 84401 • (800) 621-5688

**Grandchild Protection Plan**

(Please print)

Rider Application for Life Insurance

**T** **N** State Print Agent Name Joe Agent Agent Number 9 9 9 9 9 - 9 Date (mm/dd/yyyy) 99/99/9999

**INSURED'S INFORMATION**

Full Name John Preneed  
Social Security # 999-99-9999 Sex M Age 60 Birthdate 02-01-1943  
Mailing Address 123 Any Street  
City Anytown State USA  
Zip 99999 Telephone # ( 999 ) 999-9999

**GRANDCHILD PROTECTION RIDER INFORMATION**

Existing Certificate # <u>999999999</u>	Rider Premium \$ <u>10.00</u>	Does the applicant have any existing policy or annuity? <input checked="" type="checkbox"/> No or <input type="checkbox"/> Yes Will the proposed insurance replace any existing policy or annuity? <input checked="" type="checkbox"/> No or <input type="checkbox"/> Yes If yes, please complete a replacement form.
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**CONDITIONS OF GRANDCHILD PROTECTION PLAN**

I apply for the Grandchild Protection Plan and understand that only the Covered Grandchildren listed below, who meet the following conditions, will be covered.

- The Covered Grandchild has never been married and is living with a parent, grandparent or guardian at the time of death.
- The Covered Grandchild is at least one year of age and has not attained the age of 18 years.
- The Covered Grandchild died while the Insured on the base Certificate was alive.
- The coverage under the base Certificate to which this Certificate is attached is active and current in its premium payments.

**GRANDCHILDREN**

GRANDCHILD'S FULL NAME	DATE OF BIRTH	GRANDCHILD'S FULL NAME	DATE OF BIRTH
<u>Albert Preneed</u>	<u>99-99-99</u>		
<u>Betsy Doe</u>	<u>99-99-99</u>		
<u>Cathy Doe</u>	<u>99-99-99</u>		
<u>John Preneed III</u>	<u>99-99-99</u>		

**AGREEMENT**

**Agreement** By signing below, I agree that: (1) to the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Certificate is delivered, the Applicant and listed grandchildren must be alive. Also, the full premium must be paid by the time the Certificate is delivered. (3) By accepting the Certificate, I approve any change(s), correction(s), or addition(s) that Great Western made when issuing it. If my approval requires written consent, a form will be included.

Signed at Anytown on 11/11/1111 Insured John Preneed  
Location Date Parent or Guardian, If Juvenile Insured  
Owner \_\_\_\_\_ Agent Joe Agent # 9999  
If Other Than Proposed Insured Replacement of insurance is involved.  YES  NO

**To the Applicant:** You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of the Great Western Insurance Company at the address listed above.

Application for GREAT WESTERN PRENEED PLANS TRUST  
to GREAT WESTERN INSURANCE COMPANY

3434 Washington Blvd. #100 • Ogden, Utah 84401 • (800) 621-5688

(Please Print)

TN State Print Agent Name Joe Agent Agent Number 99999-9 Date (mm/dd/yyyy) 99/99/9999

INSURED'S INFORMATION

Full Name <u>John Preneed</u>			
Social Security # <u>999-99-9999</u>	Sex <u>M</u>	Age <u>60</u>	Birthdate <u>02-01-1943</u>
Mailing Address <u>123 Any Street</u>			
City <u>Anytown</u>			State <u>USA</u>
Zip <u>99999</u>	Telephone # ( <u>999</u> ) <u>999-9999</u>		

ADD-ON RIDER INFORMATION

Existing Certificate # <u>99999999</u>	Face Amount and Premium Amount \$ <u>500</u>	Does the applicant have any existing policy or annuity? <input type="checkbox"/> No or <input checked="" type="checkbox"/> Yes Will the proposed insurance replace any existing policy or annuity? <input checked="" type="checkbox"/> No or <input type="checkbox"/> Yes If yes, please complete a replacement form.
--	--	---

**Agreement** By signing below, I agree that: (1) To the best of my knowledge and belief, statements in this Application are complete and true. (2) When the certificate is delivered, the Applicant must be alive or there will be no insurance. Also, the full premium for the chosen period must be paid by the time the certificate is delivered. (3) By accepting the certificate, I approve any change(s), correction(s), or addition(s) that Great Western made when issuing it. If my approval requires written consent, a form will be included. *Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

Signed at Anytown, USA on 11/11/1111 Insured John Preneed  
Location Date Parent or Guardian, if Juvenile Insured  
Owner \_\_\_\_\_ Agent Joe Agent # 9999  
If Other Than Proposed Insured Replacement of insurance is involved.  YES  NO

**To the Applicant:** You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of Great Western Insurance Company at the address listed above.

*SERFF Tracking Number:* GWST-125905107      *State:* Arkansas  
*Filing Company:* Great Western Insurance Company      *State Tracking Number:* 40936  
*Company Tracking Number:* G610-0503  
*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
  
*Product Name:* Passages Course/Voyage  
*Project Name/Number:* Passages Course/Voyage/Passages Course/Voyage

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: GWST-125905107 State: Arkansas  
Filing Company: Great Western Insurance Company State Tracking Number: 40936  
Company Tracking Number: G610-0503  
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
Product Name: Passages Course/Voyage  
Project Name/Number: Passages Course/Voyage/Passages Course/Voyage

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 11/14/2008  
**Comments:**  
Certification of Compliance  
**Attachment:**  
Certification of Compliance.doc

**Review Status:**  
**Satisfied -Name:** Cover Letter 11/17/2008  
**Comments:**  
Cover Letter  
**Attachment:**  
AR Cover Letter 11-18-2008.pdf

**Review Status:**  
**Satisfied -Name:** NAIC Buyer's Guide 11/17/2008  
**Comments:**  
NAIC Buyer's Guide  
**Attachment:**  
G311-1103.pdf

**Review Status:**  
**Satisfied -Name:** AR LHIGA Notice 11/17/2008  
**Comments:**  
Arkansas Life and Health Insurance Guaranty Association Notice  
**Attachment:**  
AR Guaranty Association Notice.pdf

**Review Status:**  
**Satisfied -Name:** Replacement Notice 11/17/2008  
**Comments:**

*SERFF Tracking Number:* GWST-125905107      *State:* Arkansas  
*Filing Company:* Great Western Insurance Company      *State Tracking Number:* 40936  
*Company Tracking Number:* G610-0503  
*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
  
*Product Name:* Passages Course/Voyage  
*Project Name/Number:* Passages Course/Voyage/Passages Course/Voyage

**Replacement Notice**

**Attachment:**

G138-1204.pdf

SERFF Tracking Number: GWST-125905107 State: Arkansas  
Filing Company: Great Western Insurance Company State Tracking Number: 40936  
Company Tracking Number: G610-0503  
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
Product Name: Passages Course/Voyage  
Project Name/Number: Passages Course/Voyage/Passages Course/Voyage

**Review Status:**

**Satisfied -Name:** UT Domiciliary Approvals 11/17/2008

**Comments:**

The first attachment deals with the Master Policy and Certificates' approval. The second attachment is the approval of the application forms.

**Attachments:**

Utah aprvl ltrs.pdf  
Disposition rpt aprvd 01-21-2008.pdf

**Review Status:**

**Satisfied -Name:** Great Western Preneed PLans Trust Documents 11/17/2008

**Comments:**

The first attachment contains copies of the documents setting up the Great Western Preneed Plans Trust. The second and third attachments are the sections of the Utah Insurance Code that allow for discretionary groups.

**Attachments:**

Trust\_Documents.pdf  
Utah Code 31A-22-501.pdf  
Utah Code 31A-22-509.pdf

**Review Status:**

**Satisfied -Name:** Sample Funeral Service Contract 11/21/2008

**Comments:**

We are submitting the attached Funeral Service Contract only as a sample form. Once the product has been approved, we will submit the contract for approval with the appropriate division within the Department of Insurance, per 23-40-112.

**Attachment:**

FSA 100G-AR.pdf

*SERFF Tracking Number:* GWST-125905107      *State:* Arkansas  
*Filing Company:* Great Western Insurance Company      *State Tracking Number:* 40936  
*Company Tracking Number:* G610-0503  
*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
  
*Product Name:* Passages Course/Voyage  
*Project Name/Number:* Passages Course/Voyage/Passages Course/Voyage

Attachment "Certification of Compliance.doc" is not a PDF document and cannot be reproduced here.



November 18, 2008

Life and Health Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Form Filing via SERFF Tracking #: GWST- 125905107

Subject: Approval Form Filing of New, Out-of-State, Non-Participating Individual Whole Life Certificate and Related Forms  
Great Western Insurance Company, Great Western Preaded Plans Trust  
NAIC No. 71480, NAIC Group No. 1280, Arkansas License No. 2482

Dear Analyst:

In accordance with Arkansas insurance regulations, Great Western Insurance Company is filing the following forms for approval. This is a new discretionary group whole life product.

**Forms List**

Form Number	Description	Replacement	Illustrated
G610-0503	Non-Participating Group Whole Life Policy	No	No
GRPCERT-610 0503	Non-Participating Group Whole Life Base Certificate	No	No
GRPCERT-AFHB-0903	Non-Participating Group Supplemental Insurance Certificate, Away From Home Supplemental Benefit Rider	No	No
GRPCERT-GCPR-0903	Non-Participating Group Supplemental Insurance Certificate, Grandchild Protection Rider	No	No
AP320-1207	Base Certificate Application	No	No
AP320AG-1207	Grandchild Rider Protection Rider Application	No	No
AP320R-1207	Add-On Rider Application	No	No

**Filing Fee**

According to Rule and Regulation 57, Arkansas charges \$50 per new policy form filing. Utah is a retaliatory state and does not charge filing fees, so no retaliatory fees apply. An EFT payment of \$50 will accompany this form filing.

## **Product Description**

This is a discretionary group whole life insurance certificate issued by Great Western Insurance Company to the Great Western Preened Plans Trust in Utah. It is offered to individuals who wish to prearrange their funerals and fund the plan through a life insurance certificate. A Certificate is issued to each insured within the Group.

There are no unfair, deceptive, ambiguous, misleading, or unfairly discriminatory provisions contained in this master policy, the related certificates, or the applications.

## **The Group**

The Great Western Preened Plans Trust was approved in Utah in December of 1993. A copy of all the original approval documents is attached.

In those states requiring the three-prong test, this group life insurance meets the following requirements listed in Utah Code 31A-22-501 and 509.

- Its issuance is not contrary to the best interest of the public; and
- Its issuance is actuarially sound; and
- Its issuance results in economies of acquisition or administration; and
- Its benefits are reasonable in relation to the premiums charged.

## **New Product Form Description**

The following apply to the filed forms:

- The certificates, riders and applications represent a new, non-participating, group whole life product, which was approved in our domiciliary state of Utah on August 19, 2003. Upon approval in Utah, the following group states don't require formal filing: Alabama, Colorado, Georgia, and Pennsylvania.
- The group certificate and related forms have been filed and approved or deemed in Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Maryland, Mississippi, Missouri, Nebraska, Nevada, New Mexico, Oklahoma, Rhode Island, South Carolina, Tennessee, West Virginia, Wisconsin, and Wyoming.
- These certificates are not illustrated.
- The application forms are four-part, non-carbon replicating (NCR).
- The certificate application is two-page, includes an optional bank draft authorization section, and has highlighted section captions. It is printed on 11" x 17" paper.
- The Grandchild Protection Rider Application is used for the optional grandchild death benefit and is sold only at the same time as the base certificate. The option is checked on the base certificate application, and the grandchild rider application is used in addition to the base application to list the grandchildren to be covered by the rider.
- The At-Issue Rider is sold at the same time as the base certificate, and the option is listed on the base certificate application.
- The Add-On Rider Application is used to add coverage to an existing certificate at a later date.
- The certificates and related forms conform to normal company and/or industry standards, and as such, don't contain any unusual or possibly controversial items.



## Plan and Rider Descriptions

The new certificate will be individually marketed to persons in Arkansas who have preplanned their funerals and are interested in a funding alternative to a funeral trust. The product was developed based on input from our sales force and policyholders in other states. It provides non-guaranteed increases in the death benefit—by resolution of the Great Western Board of Directors—and additional optional benefits for nominal additional single premiums. Answers of “yes” or “no” on two, simple, underwriting health questions determine First Day or Guaranteed Issue coverage.

- Single Premium, Guaranteed Issue B11: Issued on a guaranteed issue basis, the death benefit, in all years, is equal to the face amount.
- First Day Coverage, Simplified Underwritten BX1: This plan allows for 3-, 5-, or 10-year payment options. The applicant receives the full death benefit from day one. The coverage may be contested during the first two years of the coverage based on the responses to the health questions completed at the time of application.
- Graded Death Benefit, Guaranteed Issue BX2: This plan allows for 1-, 3-, 5-, or 10-year payment options. The applicant receives a graded death benefit, which increases monthly, during the first one (1-year payment plan) or two years of the coverage. These plans also include an accidental death benefit, which raises the death benefit to the face amount of the certificate during the graded death benefit period. A chart in the application defines the graded death benefit.
- First Day Coverage, Simplified Underwritten with Death Benefit at Least Equal to Premiums Paid CX1: This plan allows for 1-, 3-, 5-, or 10-year payment options. The applicant receives the full death benefit from day one. The coverage may be contested during the first two years of the coverage based on the responses to the health questions. The premiums for this coverage are slightly higher than the Simplified Underwritten BX1 due to providing a death benefit that is never less than the total amount of the premiums paid.
- Graded Death Benefit, Guaranteed Issue with Death Benefit at Least Equal to Premiums Paid CX2: This plan allows for 3-, 5-, and 10-year payment options. The applicant receives a graded death benefit, which increases monthly, during the first two years of the coverage. These plans also include an accidental death benefit, which raises the death benefit to the face amount of the certificate during the graded death benefit period. The premiums for this coverage are slightly higher than the Guaranteed Issue BX2 plan due to providing a death benefit that is never these than the total amount of premiums paid. A chart in the application defines the Graded Death Benefit.
- At-Issue Rider, B01/C01: The At-Issue Rider is used for optional large down payments at the time the certificate is issued.
- Add-On Rider, B02/C02: The Add-On Rider covers any additions made to an existing certificate.
- Away From Home Death Benefit Rider, AFHB: This rider provides an optional additional \$500 death benefit for a single premium of \$10.
- Grandchild Protection Rider, GCPR: This rider provides an optional \$2,500 death benefit upon the death of one covered grandchild. Any number of grandchildren may be listed. Only the first death is covered, and the benefit is only available during the lifetime of the insured.



### Sample Data

Sample data for each plan code listing type of coverage and payment option is attached. The table below lists the plan codes for each type of coverage and payment option.

Plan Codes					
Course Series		Voyage Series			
BX1	B31	First Day 3-Pay	CX1	C21	First Day 1-Pay
	B51	First Day 5-Pay		C31	First Day 3-Pay
	B91	First Day 10-Pay		C51	First Day 5-Pay
		C91		First Day 10-Pay	
BX2	B2Y	Guaranteed Issue 1-Pay	CX2	C32	Guaranteed Issue 3-Pay
	B32	Guaranteed Issue 3-Pay		C52	Guaranteed Issue 5-Pay
	B52	Guaranteed Issue 5-Pay		C92	Guaranteed Issue 10-Pay
	B92	Guaranteed Issue 10-Pay			
B11	First Day/Guaranteed Issue Single Premium		C11	First Day/Guaranteed Issue Single Premium	
Riders					
B01	At-Issue Rider		C01	At-Issue Rider	
B02	Add-On Rider		C02	Add-On Rider	
AFHB	Away From Home Death Benefit Rider				
GCPR	Grandchild Protection Rider				

### Explanation of Variables

The certificate variables are listed below:

- Policyholder (Name of the owner of the certificate)
- Certificate number
- Covered Person (Name of the insured)
- Face amount
- Certificate date
- Age last birthday
- Plan type (Indicates the payment plan)
- Plan number (Indicates the plan code, which identifies the type of product and the payment plan)
- Beneficiary (Primary beneficiary designated by the policyholder)
- Total premium (Lists the annual, semi-annual, quarterly, coupon amount monthly, and PAC bank draft monthly premiums)
- Cost and Benefit section (Data varies based on individual information and lists the certificate year, death benefit, and cash value)

### Market Method

The coverage is sold only to individuals through appointed, licensed life agents. The product is individually marketed. There is no change in Great Western's established marketing procedures currently used in Arkansas due to this new product and forms.



**Market Intended**

The coverage is sold to assist in paying funeral expenses at the time of the insured's death. The issue ages will be 0-100 years of age for both First Day coverage and Guaranteed Issue coverage. Our target market is age 60 and older.

**Underwriting**

The certificates are underwritten by two simple health questions. An answer of "no" to both questions results in First Day coverage with a two-year contestability period. An answer of "yes" to either question results in Guaranteed Issue coverage with a graded death benefit during the first two years.

**Implementation**

We will not begin marketing this new product in Arkansas until we receive word from the Department that it has been approved.

**Attachments**

Please find the following documents attached to the above-referenced SERFF filing:

- Cover letter
- Policy, master certificates, riders, and applications (Filing samples in John Doe format)
- Actuarial Memoranda
- Compliance Certification
- Trust Approval Documents (Informational)
- Copy of Utah domiciliary and trust approval documents (Informational)

To the best of our research and understanding, these application forms comply with Arkansas' Insurance Code, Rules and Regulations. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Leanne R. Shay  
Compliance Officer

Regulatory Compliance

Toll-free (866) 689-1417 x1467

Local (801) 689-1467

Fax (801) 689-1395

Email lshay@gwic.com

SERFF attachments

/lm



## What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash Values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers, which you can get from life insurance agents and companies:

**Life Insurance Surrender Cost Index.** This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

**Life Insurance Net Payment Cost Index.** This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the **Equivalent Level Annual Dividend**. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends.

However, if you make any cost comparisons of a participating policy with a non-participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non-participating policy will not change.

## How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

(1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those, which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.

(2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount, which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.

(3) Small differences in index numbers could be offset by other policy features or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.

(4) In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.

(5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company, which issued the old policy before you take action.

## Important Things To Remember— A Summary

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay.

Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop.

### **REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS.**

A good life insurance agent can help you to choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you make cost comparisons of similar policies. Don't buy life insurance unless you intend to stick with it

A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

Great Western  
Insurance Company

G311 1103

# LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you shop for life insurance.

It helps you to:

- Decide how much life insurance you should buy,
- Decide what kind of life insurance policy you need, and
- Compare the cost of similar life insurance policies.

Prepared by  
The National Association  
of Insurance Commissioners

Reprinted by  
GREAT WESTERN  
INSURANCE COMPANY  
P.O. Box 3428  
Ogden, Utah 84409-1428

**October 2003**

## Buying Life Insurance

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much coverage you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy.

You can find important differences in the cost of life insurance by using the life insurance cost indexes, which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds, which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library.

**THIS GUIDE DOES NOT ENDORSE  
ANY COMPANY OR POLICY.**

**The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this Guide in making a life insurance purchase.**

## Choosing the Amount

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die.

You should think of life insurance as a source of cash needed for expenses of final illnesses, paying taxes, mortgages or other debts. It can also provide income for your family's living expenses, educational costs and other future expenses.

Your new policy should come as close as you can afford to making up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need.

## Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole life insurance
3. Endowment insurance

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent or company if it combines more than one kind of life insurance. The following is a brief description of the three basic kinds:

**Term Insurance**—Term insurance is death protection for a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible." This means that before the end of the conversion

period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Whole Life Insurance**—Whole life insurance gives death protection for as long as you live. The most common type is called "straight life" or "ordinary life" insurance, for which you pay the same premiums for as long as you live.

These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop "cash values" which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection.

Technically speaking, these values are called "nonforfeiture benefits." This refers to benefits you do not lose (or "forfeit") when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it. A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

**Endowment Insurance**—An endowment insurance policy pays a sum or income to you—the policyholder—if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary.

Premiums and cash values for endowment insurance are higher than the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

## Finding a Low Cost Policy

After you have decided which kind of life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index."

It will be worth your time to try to understand how these indexes are used, but in any event, use them ONLY for comparing the relative costs of similar policies. LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.

## What is Cost?

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called "guaranteed cost" or "non-participating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not.

Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

## LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers care in selecting insurance companies that are well managed and financially stable.

### DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights and obligations of the Guaranty Association.

### COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessment required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, rider, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contract there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**IMPORTANT NOTICE:  
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? \_\_\_ YES \_\_\_ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? \_\_\_ YES \_\_\_ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	<b>INSURER NAME</b>	<b>CONTRACT OR POLICY #</b>	<b>INSURED OR ANNUITANT</b>	<b>REPLACED (R) OR FINANCING (F)</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

\_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Signature, Printed Name and Date

\_\_\_\_\_  
Producer's Signature, Printed Name and Date

## **BE SURE TO READ THESE IMPORTANT POINTS TO CONSIDER**

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### **Premiums:**

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### **Policy Values:**

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### **Insurability:**

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### **If You Are Keeping The Old Policy As Well As The New Policy:**

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### **If You Are Surrendering An Annuity Or Interest Sensitive Life Product:**

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### **Other Issues To Consider For All Transactions:**

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable “grand-fathered” treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



# Great Western

INSURANCE COMPANY

September 30, 2003

**RECEIVED**

OCT 02 2003

UTAH STATE  
INSURANCE DEPT.

**FILED FOR USE**  
Pursuant to U. C. A. § 31A-21-201  
**OCT 02 2003**  
Life Insurance Division  
Utah Insurance Department

RoseMarie Parkinson  
Life Rate & Form Analyst  
Utah Insurance Department  
3110 State Office Building  
Salt Lake City, Utah 84114-6901

Regarding: **Non-Participating Group Whole Life Policy Filing for  
Great Western Insurance Company – Great Western Preened Plans  
Trust**

Dear Ms. Parkinson:

In accordance with Utah regulations, Great Western Insurance Company is filing the following forms:

Form Number	Description	Replacement	Illustrated
GRPCERT-AWFH-0903	Non-Participating Group Supplemental Insurance Certificate - Away From Home Supplemental Benefit Rider	No	No
GRPCERT-GCR-0903	Non-Participating Group Supplemental Insurance Certificate - Grandchild Protection Rider	No	No
AP 307-NA-0903	Certificate Application (Non-Assigned)	No	No

This filing is intended to comply with Bulletin 99-7 of the Utah Insurance Code/Rules.

### Form Descriptions

- The revised Certificates and the new non-assigned application relate to Non-Participating Group Whole Life Policy approved 8-11-03.
- The application form is four-part, non-carbon replicating (NCR).

### Certificates

- The certificates have been revised to include the Premium amount in the ID portion of the certificate. The section is highlighted on the enclosed forms.

### Application

- The new application is to be used in states that don't permit the assignment to be on the application.

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PLANNED TRANSITIONS



# Great Western

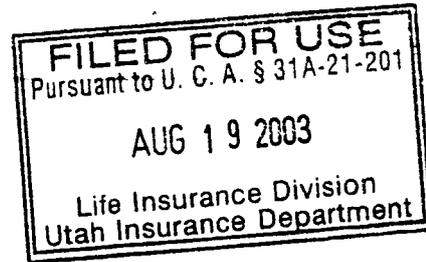
August 19, 2003

RECEIVED

AUG 19 2003

Utah Insurance Dept.

RoseMarie Parkinson  
Senior Rate & Form Analyst  
Life Insurance Division  
Utah Department of Insurance  
3110 State Office Building  
Salt Lake City, Utah 84114-6901



Regarding: **Clarifications to Group Whole Life Certificate form,  
For Approved Non-Participating Group Whole Life Policy for  
Great Western Insurance Company – Great Western Preneed Plans Trust**

Dear Ms. Parkinson:

We have added language to clarify the death benefits included in the plans that incorporate a death benefit that is at least equal to the premiums paid. The highlighted modifications are on the Certificate Data Page (page 6 of the Certificate) and on the Statement of Cost and Benefit Information page. Please consider substituting these pages in our original filing.

If that is not possible, please inform me and we will submit a new filing. I can be reached at 800-621-5688 X109 or email me at [lsHay@gwic.com](mailto:lsHay@gwic.com).

Sincerely,

*Leanne R. Shay*  
Leanne R. Shay  
Compliance Officer

[www.gwic.com](http://www.gwic.com)

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PLANNED TRANSITIONS

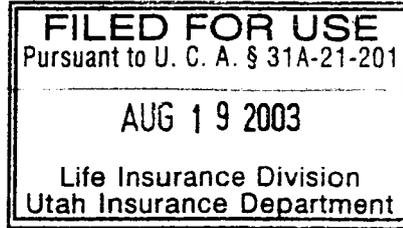


# Great Western

INSURANCE COMPANY

August 19, 2003

RoseMarie Parkinson  
Senior Rate & Form Analyst  
Life Insurance Division  
Utah Department of Insurance  
3110 State Office Building  
Salt Lake City, Utah 84114-6901



RECEIVED

AUG 19 2003

Utah Insurance Dept.

Regarding: **New Group Whole Life Certificate Application,  
For Approved Non-Participating Group Whole Life Policy for  
Great Western Insurance Company – Great Western Preeed Plans Trust**

Dear Ms. Parkinson:

Please find enclosed a new Certificate Application form for our recently approved product. We have made revisions to the application that was filed with the product to accommodate requirements in other states. We believe these revisions will not prevent the application from continuing to comply with the laws and regulations of Utah.

**Forms List**

<b>Form Number</b>	<b>Description</b>	<b>Replacement</b>	<b>Illustrated</b>
AP304 0803	Application	Yes AP304 0703	No

This filing is intended to comply with Bulletin 99-7 of the Utah Insurance Code/Rules.

**Application Full Replacement Due to Revisions**

- AP304 0803 will replace AP304 0703 due to the following revisions and the fact that the AP304 0703 has never been put into use.
- Due to readability requirements in other states, we revised the text in the application to exceed a reading score of 40.
- Because some states require that HIV, AIDS and ARC be written out, we revised the application to reflect the full terms as well as the acronyms.
- Since most states now require a fraud warning statement, we added that to the application.

**Form Description**

- Application will be used with product approved August 11, 2003.
- The application forms are four-part, non-carbon replicating (NCR).
- The new certificate application is two-page, includes an optional bank draft authorization section and has highlighted section captions.

*Great Western Insurance Company NAIC 71480  
Group Insurance Certificate Application Filing  
August 19, 2003 Page 1*

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PLANNED TRANSITIONS



# Great Western

August 8, 2003

<b>FILED FOR USE</b>
Pursuant to U. C. A. § 31A-21-201
<b>AUG 11 2003</b>
Life Insurance Division
Utah Insurance Department

RoseMarie Parkinson  
 Senior Rate & Form Analyst  
 Life Insurance Division  
 Utah Department of Insurance  
 3110 State Office Building  
 Salt Lake City, Utah 84114-6901

**RECEIVED**

AUG 11 2003

Utah Insurance Dept.

Regarding: **Revision of G610-0503 Group Whole Life Policy, Certificate, Sample Data and Provision of Additional Information  
 New Non-Participating Group Whole Life Policy Filing for  
 Great Western Insurance Company – Great Western Preened Plans Trust**

Dear RoseMarie:

Thank you for faxing a copy of your analysis; it enabled us to begin working on the corrections immediately. Per the Order to Prohibit Use, please find below additional information related to our filing dated July 29, 2003 and a revised Group Policy form your review:

**Forms List**

<b>Form Number</b>	<b>Description</b>	<b>Replacement</b>	<b>Illustrated</b>
G610-0503	Revised Non-Participating Group Whole-Life Policy	No	No

This revised filing is intended to comply with Bulletin 99-7 of the Utah Insurance Code/Rules. This cover letter follows the outline of the Order To Prohibit Use.

*1. Explain the Plans*

**Plan Descriptions**

- Once approved, this is a new group policy that will be issued to the Great Western Preened Plans Trust. The product was developed based on input from our sales force and customers. It provides non-guaranteed increases in the death benefit by resolution of the Board of Directors and additional optional benefits for additional single premiums. Answers of “yes” or “no” to two simple health questions determine First-Day or Guaranteed-Issue coverage.

*Great Western Insurance Company NAIC 71480  
 Group Insurance Filing  
 Original filing dated July 29, 2003 Page 1*

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 P.O. Box 3428 • Ogden, Utan 84409-1428  
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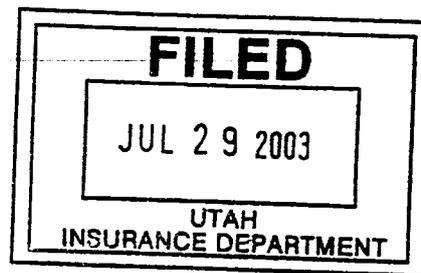
PLANNED TRANSITIONS



# Great Western

INSURANCE COMPANY

July 22, 2003



Life Rate & Form Analyst  
Utah Insurance Department  
3110 State Office Building  
Salt Lake City, Utah 84114-6901

Regarding: **New Non-Participating Group Whole Life Policy Filing for  
Great Western Insurance Company – Great Western Preeed Plans Trust**

Dear Sir or Madam:

In accordance with Utah regulations, Great Western Insurance Company is filing the following forms:

#### Forms List

<u>Form Number</u>	<u>Description</u>	<u>Replacement</u>	<u>Illustrated</u>
G610-0505	Non-Participating Group Whole-Life Policy	No	No
GRPCERT-610 0503	Non-Participating Group Whole-Life Certificate	No	No
GRPCERT-AWFH-0603	Non-Participating Group Supplemental Insurance Certificate - Away From Home Supplemental Benefit	No	No
GRPCERT-GCR-0603	Non-Participating Group Supplemental Insurance Certificate - Grandchild Protection Rider	No	No
AP 304 0703	Certificate Application	No	No
AP 304 AG 0703	Grandchild Application	No	No
AP 305R 0703	Rider Application	No	No

This filing is intended to comply with Bulletin 99-7 of the Utah Insurance Code/Rules.

#### Form Description

- The Policy and related Certificates represent a new product
- The application forms are four-part, non-carbon replicating (NCR).
- The new certificate application is two-page, includes an optional bank draft authorization section and has highlighted section captions.
- The rider application will be used for any add-ons to an existing certificate.

*Great Western Insurance Company NAIC 71480  
Group Insurance Filing  
July 2003 Page 1*

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## Disposition for GWST-125399105

Close
-------

<b>SERFF Tracking Number:</b>	GWST-125399105	<b>State:</b>	Utah
<b>Filing Company:</b>	Great Western Insurance Company	<b>State Tracking Number:</b>	68046
<b>Company Tracking Number:</b>	AP320-1207		
<b>TOI:</b>	L07G Group Life - Whole	<b>Sub-TOI:</b>	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
<b>Product Name:</b>	Passages Course/Voyage		
<b>Project Name:</b>	320 Blue Application series		

**Disposition Date:** 01/21/2008**Implementation Date:****Status:** FILED FOR USE**Comment:**

The specific provision(s) in the filing objection dated January 17, 2008 have been resolved and "FILED FOR USE" JANUARY 21, 2008  
LIFE INSURANCE DIVISION  
UTAH INSURANCE DEPARTMENT

## Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Life - Certification (Group)	FILED FOR USE	Yes
Supporting Document	Domicile State Approval Document (L)	FILED FOR USE	No
Supporting Document	Alternate State Filing Information (L)	FILED FOR USE	No
Supporting Document	Group Questionnaire for Defined Groups	FILED FOR USE	No
Supporting Document	Group Questionnaire request for Discretionary Group Authorization or Authorization Letter	FILED FOR USE	No
Supporting Document	Letter of Authorization (L)	FILED FOR USE	No
Supporting Document	Variable Data (L)	FILED FOR USE	No
Supporting Document	Illustration Actuary's Certification (L)	FILED FOR USE	No
Supporting Document	Company Officer's Certification for Life Illustration (L)	FILED FOR USE	No
Supporting Document	Life Illustration Materials (L)	FILED FOR USE	No
Supporting Document	Statement of Policy Cost and Benefit Information - Policy Summary (L)	FILED FOR USE	No
Supporting Document	Life - Actuarial Memorandum, Demonstration of Compliance and Certification (L)	FILED FOR USE	No
Supporting	Response Letter to Objection state tracking #68046	FILED FOR	No

Document		USE	
Form	AP320-1207, Application/Enrollment Form, Base Application	FILED FOR USE	Yes
Form	AP320NA-1207, Application/Enrollment Form, Non-Assigned Base Application	FILED FOR USE	Yes
Form	AP320AG-1207, Application/Enrollment Form, Grandchild Rider Application	FILED FOR USE	Yes
<i>Form</i>	<i>AP320AG-1207, Application/Enrollment Form, Grandchild Rider Application</i>	<i>FILED FOR USE</i>	<i>No</i>
Form	AP320R-1207, Application/Enrollment Form, Add-on Rider Application	FILED FOR USE	Yes
<i>Form</i>	<i>AP320R-1207, Application/Enrollment Form, Add-on Rider Application</i>	<i>FILED FOR USE</i>	<i>No</i>

Close



# State of Utah

## INSURANCE DEPARTMENT

Michael O. Leavitt  
Governor  
Robert E. Wilcox  
Commissioner

State Office Building, Room 3110  
Salt Lake City, Utah 84114-6901  
(801) 538-3800

RECEIVED

DEC 17 1993

Milliman & Robertson

December 15, 1993

Lorraine W. Mayne, ASA, MAAA  
Milliman & Robertson, Inc.  
170 South Main Street, Suite 1050  
Salt Lake City, Utah 84101

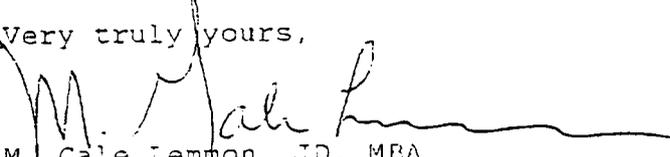
RE: Approval of Group for Group or Blanket Insurance  
Great Western Insurance Company - Great Western Pre-Need  
Plans Trust

Dear Ms. Mayne:

I have reviewed your submission for approval of the above referenced group for sale of a blanket or group insurance program. The proposed group meets the qualifications as a Discretionary Group under 31A-22-509.

Please submit a photocopy of this approval letter along with your forms submissions to the Rate and Form Filing Division of this Department.

If you have further questions regarding this approval, please feel free to contact me at the above telephone or address.

Very truly yours,  
  
M. Gale Lennon, JD, MBA  
Staff Counsel  
Market Conduct Division

MGL:sh



## MILLIMAN & ROBERTSON, INC.

Actuaries and Consultants

Suite 1050  
170 South Main Street  
Salt Lake City, Utah 84101  
Telephone: 801/532-2390  
Fax: 801/359-0126

December 10, 1993

Mr. M. Gale Lemmon, Legal Counsel  
Market Conduct Division  
State of Utah  
Insurance Department  
Market Conduct Division  
State Office Building, Room 3110  
Salt Lake City, Utah 84114-6901

### Re: Group Approval Consideration - Great Western Insurance Company

Dear Mr. Lemmon:

On behalf of Great Western Insurance Company, we are requesting discretionary group approval under Utah Insurance Code Section 31A-22-509. The group to whom the anticipated group policy will be issued is Great Western Pre-Need Plans Trust. Specific information required for approval is itemized below:

1. The name of the group is Great Western Pre-Need Plans Trust.
2. The purpose of the group is to finance the prearrangement of burial services.
3. The trust was formed by Great Western Insurance Company as Trustor and Bank of Utah as Trustee on December 9, 1993.
4. Participating members of the trust are any persons who agree to participate in the Trust by executing a pre-need agreement to cover burial expenses.
5. The policyholder is Great Western Pre-Need Plans Trust. The trust is situated in Ogden, Utah. The group is composed of individuals who have executed a pre-need agreement for burial expenses.
6. The insurance coverage will be marketed through licensed agents. Insureds will be solicited individually, generally by following up on leads from mortuaries associated with the company.
7. Coverage will be marketed only through licensed agents.

Albany • Atlanta • Boston • Chicago • Cincinnati • Dallas • Denver • Hartford • Houston  
Indianapolis • Irvine • Los Angeles • Milwaukee • Minneapolis • New York • Omaha • Philadelphia  
Phoenix • Portland • St. Louis • Salt Lake City • San Diego • San Francisco • Seattle • Washington, D.C.

Internationally WOODROW MILLIMAN

Australia • Austria • Belgium • Bermuda • Canada • Channel Islands • Denmark  
France • Germany • Ireland • Italy • Mexico • Netherlands • New Zealand • Norway  
Philippines • Spain • United Kingdom • United States • West Indies

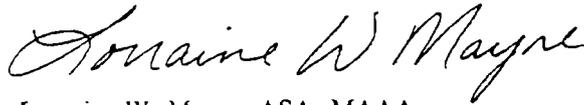
Mr. M. Gale Lemmon  
State of Utah, Insurance Department  
December 10, 1993  
Page 2

8. Premium billing will be performed for the Trustee by Great Western Insurance Company, as administrator for the trust.
9. If an individual is no longer eligible for coverage under the trust, they may convert their coverage, without evidence of insurability, to an individual policy.

For your reference I have included copies of the policy form and certificate intended for use with this group as well as a copy of the trust agreement.

If you have questions about this filing please feel free to call. Thank you for your assistance.

Sincerely,



Lorraine W. Mayne, ASA, MAAA  
Actuary

QUESTIONNAIRE FOR CONSIDERATION  
OF GROUP APPROVAL

The Utah Insurance Code requires that, prior to any marketing or any enrollment of a person residing in Utah in a group policy, all forms must be filed with the Insurance Commissioner AND THE GROUP ITSELF MUST BE A QUALIFIED GROUP. Utah Code Sections 31A-22-502 through 509 define the types of groups acceptable under the law. Furthermore, pursuant to Section 31A-22-701(1), U.C., group disability forms are also subject to Sections 31A-22-501 through 509.

BY COMPLETING THIS FORM, THE COMPANY CERTIFIES THAT THE MARKETING WILL BE LIMITED TO THE GROUPS IDENTIFIED HEREIN. ANY FUTURE MARKETING TO OTHER GROUPS MUST BE SUBMITTED TO THIS DEPARTMENT FOR APPROVAL. Answer all questions in detail as they apply to the group(s) to be insured.

1. IDENTIFY THE TYPE OF GROUP(S) FOR THIS FILING:

- SINGLE CASE filing limited to one specific named group that qualifies under 31A-22-502 through 508, U.C.
- GENERAL USE filing to be marketed to groups that qualify under 31A-22-502 through 508, U.C.
- ALL OTHER GROUPS or combination of groups including discretionary groups as described in 31A-22-509, U.C.

2. DESCRIBE THE GROUP(S): Great Western Pre-Need Plans Trust

Identify Utah Code section(s) for group(s): 31A-22- 509

Name of group: Great Western Pre-Need Plans Trust

What is the purpose of the group(s)? To Finance the prearrangement of burial service

When was the group formed and by whom? 12/9/93 by Great Western Insurance Company & Bank of Utah

What are the qualifications for membership in the group? Persons who agree to participate in the trust by executing a pre-need agreement to cover burial expenses are eligible for membership.

3. IDENTIFY or DESCRIBE all organizations and levels of those participants contractually involved in any way: Bank of Utah is trustee, Great Western Insurance Co. is Trustor, Administrator & Insurer

Who is or will be the POLICYHOLDER(S)? Great Western Pre-Need Plans Trust  
Explain: \_\_\_\_\_

Is a TRUST involved? XX Yes \_\_\_ No If yes, where is it sitused? Ogden, Utah

Who formed the trust? Great Western Insurance Co & Bank of Utah

What is its function? To finance the prearrangement of Burial services.

Will the group be composed of other groups or otherwise unrelated persons? \_\_\_\_\_  
Explain: The group is composed of individuals who have executed a pre-need agreement for burial expenses.

(continued on reverse side)

4. MARKETING: Identify all organizations and individuals involved in marketing and describe their functions: Marketing is through licensed agents

How is the marketing and/or enrolling done? Follow up on leads from mortuaries associated with the Company.

Are the insureds solicited individually or enrolled together as a group? Individually upon execution of a pre-need agreement.

Where do the leads for marketing or enrolling group members originate? Mortuaries associated with the company.

Who performs the marketing or enrolling? Licensed Agents

Commercially printed material showing functions of the group may be submitted to further describe the group.

5. LICENSING: Are all organizations and individuals involved in enrolling or marketing properly licensed in Utah as required by Utah Insurance Code Chapter 23?  Yes  No If no, explain: \_\_\_\_\_

6. BILLING: Is billing handled through the group, the policyholder, the marketing organization, the insurer, or others? As administrator, Great Western Insurance Company, will handle the billing on behalf of the Trustee.

7. TERMINATION: If the policy terminates or the insured leaves the group, what happens to the insurance of the individual insured? Coverage may be converted. To an Individual Policy.

PURSUANT TO 31A-22-201, U.C., POLICY AND CERTIFICATE FORMS WHICH ARE NOT FILED WITH THIS DEPARTMENT MAY NOT BE USED IN THE STATE OF UTAH.

The group filing procedure is described in Utah Life Filing Bulletin 92-5 and Disability Filing Bulletin 92-4. If you have any questions regarding your group and how to complete this questionnaire, you may call:

- Sandra Christensen, Filing Technician: (801) 538-3863
- DeLone Cates, Disability Forms Analyst: (801) 538-3861
- RoseMarie Parkinson, Life Forms Analyst: (801) 538-3862

## GREAT WESTERN PRE-NEED PLANS TRUST AGREEMENT

THIS AGREEMENT entered into at Ogden, Utah, as of Dec 9 '93, (hereinafter called the "Agreement Date"), by and between GREAT WESTERN INSURANCE COMPANY (hereinafter called the "Trustor"), and BANK OF UTAH (hereinafter referred to as the "Trustee").

WHEREAS, the Trustor desires to create a Trust on behalf of certain persons ("Participating Members") for the purpose of providing periodic information regarding funeral prearrangement, and also to provide group insurance for these persons who wish to participate.

WHEREAS, the designated Trustee is willing to undertake said Trust under the terms of this Agreement;

NOW THEREFORE, in consideration of the foregoing, and of the agreements hereinafter provided, it is agreed as follows:

1. This Trust shall be known as the Great Western Pre-need Plans Trust.

### DEFINITIONS

1. TRUSTOR - Great Western Insurance Company of Ogden, Utah.
2. TRUSTEE - Bank of Utah of Ogden, Utah (which, with any successor or successors thereto is hereinafter referred to as the "Trustee").
3. PARTICIPATING MEMBER - Any person who agrees to participate in the Trust by executing a pre-need agreement to cover burial expenses.

Each individual agreeing to participate will also have the option to apply for group insurance from the trust. In order to obtain group insurance from the trust a participating member must complete an application of insurance, be accepted by the insurer and pay all applicable premiums.

4. ADMINISTRATOR - Great Western Insurance Company of Ogden, Utah (which, with any successor or successors thereto is hereinafter referred to as the "Administrator").
5. PLAN OF GROUP INSURANCE - Any contract of group insurance issued pursuant to this Agreement, including any rider, endorsement or amendment made a part thereof; and the eligibility requirements and any other terms or conditions therefore as may be determined by the insurer.

6. TRUST - The original trust as established by this Agreement and all modifications and amendments thereto.

#### WITNESSETH

The Trustor is interested in providing group insurance programs for persons who wish to participate in such programs. It is the purpose of the Trustor, to that end, to create this Trust.

The Trustee will be custodian, owner, and holder of all insurance contracts. All administrative functions and responsibilities are delegated to and assumed by the Administrator.

The Trustee has agreed to accept such trust arrangements and to act as custodian, owner, and holder of the insurance contracts subject to the conditions and limitations hereinafter set forth; and the Administrator has agreed to assume the responsibility of all administrative duties in connection with the insurance programs for the Trustor, subject to the conditions and limitations hereinafter contained.

NOW THEREFORE, in consideration of the promises and mutual covenants and conditions hereinafter contained, the parties agree as follows:

1. Under the group insurance contracts, the Administrator shall receive applications for insurance coverage from the Participating Members, in such amounts and subject to such conditions as the insurer shall determine. The Administrator shall assume responsibility for collecting premiums and performing any and all other functions necessary for the administration of the insurance programs.
2. The Trustee shall not assume responsibility nor be liable for collection, remittance, or payment of premium for the Trust or its Participating Members or for the continuance of the coverage, or to apply for or obtain renewals thereof, or to replace same in the event of cancellation or termination thereof, nor shall it have any duties or responsibilities with respect to the payment, settlement, processing or presentment of claims.
3. All correspondence and monies that the Trustee may receive shall be promptly forwarded to the Administrator at its administrative office.
4. All premiums shall be paid directly to the Administrator, and the Trustee shall not have any responsibilities hereunder, except that the Trustee shall act as holder of the insurance group contracts, shall sign such applications as may be prepared by the Administrator, and shall act as policy owner for all such group insurance contracts.
5. The Trustor is not authorized to incur any expenses or obligation on the part of the Participating Members or the Trustee in connection with the administration of the insurance programs. All administration of said insurance programs are to

be borne exclusively by the Administrator.

6. There shall be no obligation, direct or implied, upon any Participating Member of this Trust arising out of this Agreement, except for the payment of group insurance premiums.
7. This Trust Agreement shall terminate one hundred (100) days after the termination date of the last insurance policy held by the Trust.
8. In consideration of the services rendered by the Trustee, the Administrator agrees to pay said Trustee a reasonable annual fee for each year that this Trust is in force, and to reimburse the Trustee for all its expense, including court costs and reasonable attorney's fees in the event that the Trustee is a part to litigation, or in the event that Trustee reasonably feels it should consult legal counsel in connection with its power or duties under this Trust.
9. The Administrator hereby agrees to prepare and file all tax or information returns, Federal, State, or local, that may now or hereafter be required, and further agrees to prepare and file all documents or forms that may now or hereafter be required by law.
10. In the event that Trustee resigns, becomes incapacitated or is otherwise unable or unwilling to act as Trustee, the Trustor, as agent for the Participating Members of the Trust, shall appoint a successor Trustee.
11. The Trustee or any successor Trustee may resign by mailing in registered form written notice thereof to the Trustor not less than thirty (30) days prior to the effective date of such resignation. Upon receipt of such notice, the Trustor may appoint a successor immediately.
12. Each successor Trustee appointed hereunder shall have the same rights, immunities, and duties conferred or imposed herein upon the Trustee, provided, however, that a successor or successors in trust shall not be liable for acts or neglect of a predecessor Trustee.
13. The Administrator hereby agrees to defend and hold the Trustee harmless of and from any and all claims or demands made or brought against the Trustee by any person, firm, corporation, or group arising out of its undertaking to act as Trustee hereunder except when such claims and demands arise from the negligence of the Trustee. The Administrator also agrees to hold the Trustee harmless from and against any losses the Trustee may incur or sustain in connection with this Trust occasioned by any act, neglect, or misconduct of the Administrator, and to save the Trustee free of and from any liability whatsoever for those acts.
14. The Trustee or any successor Trustee may be removed by the Trustor at any time upon thirty (30) days written notice to such Trustee or successor Trustee.

- 15. The Administrator or any successor Administrator may be removed by the Trustor at any time upon thirty (30) days written notice to such Administrator or successor Administrator.
- 16 This Trust Agreement is executed under the laws of the State of Utah, and the laws of that state shall control in determining the validity, meaning, effect, and enforcement hereof.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seal the day and year first above written.

ATTEST:

*Thomas*

BANK OF UTAH  
Trustee

By: *Dawn*

ATTEST:

*Shelley Payer*

GREAT WESTERN INSURANCE COMPANY  
Trustor

By: *Dennis E. McBride*

ATTEST:

*Shelley Payer*

GREAT WESTERN INSURANCE COMPANY  
Administrator

By: *Fred [Signature]*

**INsource on the Web**

Utah  
Insurance Code

TITLE 31A -- INSURANCE CODE...Chapter 22 -- CONTRACTS IN SPECIFIC LINES...Part 5. Group Life Insurance

**31A-22-501****Eligible groups**

A group or blanket policy of life insurance may not be delivered in Utah unless the insured group:

- (1) falls within at least one of the classifications under Sections 31A-22-501.1 through 31A-22-509; and
- (2) is formed for a reason other than the purchase of insurance.

<b>History</b>	Laws 1985, ch. 242, § 27; 2004, ch. 96 (HB 16), § 2; 2005, ch. 125 (HB 201), § 5, eff. 5-2-2005.
<b>Cited By</b>	Bulletin 87-7 (Amended); ML Model 565 SD
<b>Date New</b>	1985
<b>Date Amended</b>	2004; 2005
<b>Lines of Business</b>	<b>Life</b> Group Annuities, Group Blanket Life, Group Corporate Owned - Key Man, Group Credit Life, Group Deferred Annuities, Group Fixed Annuities, Group Industrial Life, Group Term Life, Group Universal Life, Group Variable Annuities, Group Variable Life, Group Whole Life
<b>Subject Categories</b>	020 - Life insurance / insurers 080 - Group insurance (all lines) 940 - Model Laws
<b>Index</b>	Group life insurance Group membership Eligibility
<b>Information Type</b>	TEXT

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\*\*\*\*\* END DOCUMENT \*\*\*\*\*

**INsource on the Web**

Utah  
Insurance Code

TITLE 31A -- INSURANCE CODE...Chapter 22 -- CONTRACTS IN SPECIFIC LINES...Part 5. Group Life Insurance

**31A-22-509****Regulatory authority**

A policy may be issued to a group other than those specified under Sections 31A-22-502 through 31A-22-508, if specifically authorized by the commissioner and if granting the permission is not contrary to public policy. The commissioner may not grant permission to issue these types of policies unless the insurer demonstrates to the commissioner's satisfaction that the proposed group would be actuarially sound, would result in economies of acquisition and administration which justify a group rate, and would not present hazards of adverse selection. The premiums for the policy shall be paid by the policyholder, either from the policyholder's funds or from funds contributed by the covered persons, or from both. Premiums for the policy and any contributions by or on behalf of the insured persons shall be reasonable in relation to the benefits provided.

<b>History</b>	Laws 1985, ch. 242, § 27.
<b>Cited By</b>	Rule R590-226-4; Rule R590-227-4
<b>Date New</b>	1985
<b>Lines of Business</b>	<b>Life</b> Group Annuities, Group Blanket Life, Group Corporate Owned - Key Man, Group Deferred Annuities, Group Fixed Annuities, Group Industrial Life, Group Term Life, Group Universal Life, Group Variable Annuities, Group Variable Life, Group Whole Life
<b>Subject Categories</b>	020 - Life insurance / insurers 080 - Group insurance (all lines)
<b>Index</b>	Group life insurance Discretionary groups Regulatory authority Premium payments
<b>Information Type</b>	TEXT

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\*\*\*\*\* END DOCUMENT \*\*\*\*\*

PREPAID FUNERAL CONTRACT

THIS CONTRACT IS FUNDED BY INSURANCE

No. \_\_\_\_\_

For the Benefit of: \_\_\_\_\_
(Contract Beneficiary) (Address) (Phone) (Social Security #)
Agreed to by: \_\_\_\_\_ and \_\_\_\_\_
(Funeral Firm) (Purchaser)
(Address) (Address)
(Address) (Address)
(Phone) (Phone) (Social Security #)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Section I - Services

Package Plan Option \$ \_\_\_\_\_

[Empty box for package plan option details]

See full description on attachment (Reference General Price list)

Itemized Services

Arrangements and Professional Staff Services \$ \_\_\_\_\_

Transfer of Deceased to Funeral Home \_\_\_\_\_ miles @ \$ \_\_\_\_\_ per mile \$ \_\_\_\_\_

Embalming

If you have selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below: \_\_\_\_\_

Other Preparation \$ \_\_\_\_\_
Visitation \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day \$ \_\_\_\_\_
Funeral/Memorial Service \$ \_\_\_\_\_
Family car no. \_\_\_\_\_ @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_
Hearse \$ \_\_\_\_\_
Escort \$ \_\_\_\_\_
Other facilities, services, and equipment \$ \_\_\_\_\_
Please specify \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL SERVICES \$ \_\_\_\_\_

Section II - Merchandise

Disposition  Burial  Cremation  Other

Casket  None  Manufacturer \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

Interior fabric and color \_\_\_\_\_

Exterior material and color \_\_\_\_\_

Model number \_\_\_\_\_

Construction and type \_\_\_\_\_

Outer Burial Container \$ \_\_\_\_\_

Manufacturer \_\_\_\_\_

Description \_\_\_\_\_

Model number \_\_\_\_\_

Construction \_\_\_\_\_

Other Guaranteed Merchandise - Please specify

\_\_\_\_\_
\_\_\_\_\_

TOTAL GUARANTEED FUNERAL GOODS & SERVICES \$ \_\_\_\_\_

If any legal, cemetery or other requirement has mandated the purchase of any of the items listed above, the law or requirement is listed below: \_\_\_\_\_

This Contract guarantees that Guaranteed Funeral Goods and Services will be furnished at the contract price regardless of the cost at the death of the Contract Beneficiary.

Non-Guaranteed Cash Advance Items

Memorial package \$ \_\_\_\_\_ Grave opening and closing \$ \_\_\_\_\_
Obituary notices \$ \_\_\_\_\_ Sales tax \$ \_\_\_\_\_
Death certificates \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_
Flowers \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_
Clergy honorarium \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_
Music \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_
Shipping container \$ \_\_\_\_\_

TOTAL GUARANTEED AND NON-GUARANTEED ITEMS \$ \_\_\_\_\_

I  Revocably  Irrevocably assign the policy used to fund this Agreement \_\_\_\_\_ Buyer's Initials
\_\_\_\_\_ Date \_\_\_\_\_ Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_
Funeral Firm's Agent Signature

This Agreement is funded by insurance: You, the Purchaser, may cancel this Statement of Funeral Goods and Services Selected, without any penalty or obligation, within three (3) business days from the date of this Agreement.

## PREPAID FUNERAL CONTRACT

### **BINDING CONTRACT**

This offer becomes a binding agreement when the provisions herein described are accepted by and executed by the Funeral Firm. To provide funding for comparable funeral merchandise and services to those described in the Funeral Service Agreement, the Purchaser has purchased a policy of life insurance from GREAT WESTERN INSURANCE COMPANY, P.O. Box 3428, Ogden Utah 84409-1428. (800) 621-5688, on the life of the Contract Beneficiary and offers to make Funeral Firm the beneficiary thereof. In consideration for designating Funeral Firm the Beneficiary of the said policy Funeral Firm will accept the insurance policy as full payment of the Guaranteed Goods and Services, regardless of the cost of the merchandise and services at the death of the Contract Beneficiary.

### **EXCESS POLICY PROCEEDS**

Upon death of the Insured, any accumulation of the policy in excess of the then current charges for comparable merchandise and services selected by my family will be the property of my estate.

### **EXPENDITURES EXCEEDING POLICY PROCEEDS**

In the event my family selects either higher quality merchandise or services with a cost greater than those described in the Statement of Funeral Good and Services Selected, the additional cost will be paid by my family.

### **COMMITMENT OF THE PURCHASER**

Purchaser agrees to keep the policy in full force, allowing all interest and dividends to accumulate. Purchaser will not borrow against the proceeds of the policy. The Purchaser understands that all increases in death benefits from dividends are assigned to the Funeral Firm. Should the policy become unenforceable for any reason or the death benefits are paid under the suicide clause, this Agreement will become null and void.

### **LIMITATION ON PERFORMANCE AND PRICE GUARANTEE**

(Applies to all policies except paid-up single premium or full first-day coverage policies.) If Contract Beneficiary dies by other than accidental means during the first two policies years, either the estate or the family must pay the balance due on the Statement of Funeral Goods and Services Selected. The balance due on the Statement of Funeral Goods and Services Selected shall not exceed the prices set forth by the Agreement less the amount of premiums paid.

### **CANCELLATION**

This Agreement may be canceled at any time, before or after the death of the Contract Beneficiary. Canceling this Agreement does not cancel your GREAT WESTERN INSURANCE COMPANY policy. Unless irrevocably assigned, the Purchaser may cancel the insurance under the terms and conditions outlined in the insurance documents. The Purchaser will receive the cash value if the policy is canceled 31 days or more after the issue date and before the death of the Contract Beneficiary. The cash value may be considerably less than the premiums actually paid in.

### **IRREVOCABLE ASSIGNMENT OF BENEFITS**

The irrevocable assignment is used when it is desirable to protect the policy values from attachment. The irrevocable assignment transfers the benefits of the policy to the designated funeral firm and is consideration for the Statement of Funeral Goods and Services Selected. The assignment cannot be revoked and all other incidents of ownership are waived by the policy owner. The policy cannot be cashed in. The cash surrender value to the Purchaser is zero upon cancellation of this Agreement.

### **CHANGE OF INSURED'S ADDRESS OR CANCELLATION OF THIS AGREEMENT AFTER DEATH**

In the event the Contract Beneficiary's permanent residence is moved to a location outside the area normally serviced by Funeral Firm, and Purchaser elects not to return to the said service area for either funeral services or burial, or the Purchaser selects to cancel this Agreement after the death of the Contract Beneficiary, the proceeds of the insurance policy will go to the contingent beneficiary name by the Purchaser, unless an Irrevocable Assignment of Benefits has been executed in which case the Funeral Firm agrees to forward the proceeds of said policy to the provider of the funeral services and merchandise.

### **DISCLOSURE**

By completing this form and by signing the GREAT WESTERN INSURANCE COMPANY application form, you acknowledge that: you were shown current General, Casket, and Outer Burial Container price lists prior to discussing those prices, services, or merchandise; you have read this Statement of Funeral Goods and Services; you have received a copy of this document; and you understand that the person presenting this document is a representative of the funeral firm and an agent of GREAT WESTERN INSURANCE COMPANY to whom commissions may be paid. The Arkansas Insurance Department regulates the sale of Prepaid Funeral Contracts. You may contract the Department at: Arkansas Insurance Department, 1200 West Third Street, Little Rock, Arkansas 72201-1901, (501) 371-2681.