

# The United American Final Expense Plan 400 Series

## UA INDIVIDUAL WHOLE LIFE FINAL EXPENSE PLAN provides the following insurance features:

- ★ *Permanent whole life insurance* coverage issue ages 45-80.
- ★ *Choice of Benefit . . . Level OR Increasing.*  
Increasing Benefit grows 5% each policy year for 20 years until it doubles.
- ★ *No Physical Exam — Immediate qualification*  
(subject to health questions)
- ★ *Living Benefit —*  
(Accelerated Benefit rider▲) . . . not available on Graded Benefit.
- ★ *Cash and loan value*
- ★ *Paid-up insurance*
- ★ *Extended term insurance* — "Automatic Option"
- ★ *Quick claim settlement* — one week average■

A Graded Benefit is available on the Level or Increasing choice when the applicant is not able to qualify for immediate full coverage. With this plan, the initial policy benefit is 25%, 2nd policy year benefit is 50%, 3rd policy year benefit is 75% and the 4th policy year and thereafter the benefit is 100%.

After you secure *The United American Final Expense Plan* you are in control — **only you can change it.**

- ▲ Accelerated Benefit rider — upon proof of terminal illness (the insured has been diagnosed to have a noncorrectable medical condition that with reasonable medical certainty, will result in the death of the insured within twelve months from the date on which this benefit is requested), pays 50% of current benefit available prior to death, subject to the provisions of this rider.
- After 2-year incontestability period.

**CONGRATULATIONS ON YOUR GOOD JUDGEMENT!**  
**MAKE CHECK PAYABLE TO UNITED AMERICAN INSURANCE COMPANY, not to an individual.**

Received of \_\_\_\_\_ the sum of \$\_\_\_\_\_ for \_\_\_\_\_ months premium with application for Policy Form CSWL or CSWLGD. If for any reason policy is not issued, payment is to be refunded in full. Insurance is not effective until policy applied for has been issued, the initial premium paid, and the proposed insured's health and other conditions remain as described in the application.

\_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Authorized Signature

**Keep this Page . . .** it highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

UNITED AMERICAN INSURANCE COMPANY

# APPLICATION FOR LIFE INSURANCE

UNITED AMERICAN INSURANCE COMPANY

Full Name of Proposed Insured			Plan Code	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Month    Day    Year			Age	
(First Name)                      (Middle Name)                      (Last Name)									
Address of proposed Insured			Initial Amount of insurance applied for						
Address			\$						
City & Province			Postal Code	Amount paid with this application					
Telephone Number (            )				\$					
To whom should premium notices be sent? (Leave Blank if same as above)				for				months.	
Name			Pay Type <input type="checkbox"/> Direct Bill <input type="checkbox"/> Automatic Payment Plan (See Over)			Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly			
Address			Full name of Beneficiary						
City & Province			Postal Code	Relation to proposed Insured					
Will the life insurance being applied for replace or change any existing life insurance or annuity contract?			<input type="checkbox"/> Yes <input type="checkbox"/> No						

**IF THE ANSWER IS "YES" TO ANY OF QUESTIONS 1, 2 OR 3, THE PROPOSED INSURED IS NOT ELIGIBLE FOR COVERAGE.**

1. Is the proposed Insured currently bedridden, hospitalized, confined to a nursing facility or ever been diagnosed as having a terminal illness?                       Yes     No
2. Is the proposed Insured currently being treated for internal cancer, stroke or kidney failure?                       Yes     No
3. Has the proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or immune deficiency related disorders or tested positive for antibodies to the HIV virus?                       Yes     No

**IF THE ANSWERS TO QUESTIONS 1, 2 AND 3 ARE "NO," BUT THE ANSWER IS "YES" TO ANY OF QUESTIONS 4 THRU 8, THE PROPOSED INSURED IS ELIGIBLE ONLY FOR A GRADED DEATH BENEFIT PLAN.**

4. Is the proposed Insured currently confined to a wheel chair, or during the past year, had any type of amputation caused by disease?                       Yes     No
5. Within the past year, has the proposed Insured had or been treated for kidney failure, Alzheimer's disease, Cirrhosis of the liver, diabetes requiring treatment with insulin or used oxygen equipment to assist in breathing?                       Yes     No
6. Within the past three (3) years, has the proposed Insured had or been treated for a heart attack, congestive heart failure, stroke or been advised to have surgery for a heart condition or for any blood vessel disease but not had such surgery?                       Yes     No
7. Within the past three (3) years, has the proposed Insured received treatment for alcohol or drug abuse or been advised by a physician to reduce alcohol consumption?                       Yes     No
8. Within the past ten (10) years, has the proposed Insured been diagnosed as having, or received treatment for internal cancer?                       Yes     No

**AGREEMENT:** I hereby apply to United American Insurance Company, for a policy to be issued solely and entirely in reliance upon the written answers to the foregoing questions, and I expressly agree on behalf of myself and any person who shall claim any interest in any policy issued on this application as follows: (1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief. (2) The insurance hereby applied for shall not be considered in force until a policy is issued and delivered to me and the full first premium paid thereon while the proposed Insured's health and other conditions remain as described in this application. (3) I fully understand that if the Company should issue a graded death benefit plan, the death benefit payable during the first three years shall be a percentage of the initial face amount of insurance as follows: 25% first policy year, 50% second policy year, 75% third policy year and 100% the fourth policy year and thereafter. If death is a result of an accident, then the percentage reduction listed shall not apply.

To the best of your knowledge as writing agent, is the insurance applied for intended to replace any existing life insurance or annuity?                       Yes     No

Signed At	<input style="width: 100%;" type="text"/>	This	<input style="width: 100%;" type="text"/>	day of	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	(Year)
	(City)				(Province)		
Signed	<input style="width: 100%;" type="text"/>	Signed	<input style="width: 100%;" type="text"/>				
	(Agent's Signature)		Proposed Insured				
	<input style="width: 100%;" type="text"/>	Signed	<input style="width: 100%;" type="text"/>				
	(Print Agent's Name)		Applicant (if other than the proposed Insured)				

# Summary of Plan Choices & Premium

## LEVEL BENEFIT SUMMARY

Monthly Premium \$ _____ <u>OR</u> Benefit Amount \$ _____	<b>Payment Option</b>  <input type="checkbox"/> Ordinary Life	<b>Payment Mode</b>  <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
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## INCREASING BENEFIT SUMMARY

Monthly Premium \$ _____ <u>OR</u> Benefit Amount \$ _____	<b>Payment Option</b>  <input type="checkbox"/> Ordinary Life	<b>Payment Mode</b>  <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
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# Bank Check Plan

*BANK CHECK PLAN is the most convenient, efficient way to pay your insurance premiums.*

### ★ CONVENIENCE ...

- ◆ Frees you from the bother of remembering premium due dates — whether too busy or traveling.
- ◆ No premium statements to keep up with and return.

### ★ PROTECTION ...

- ◆ Peace of mind without worry about forgotten payments.
- ◆ Premiums always paid on time.
- ◆ Record of your automatic payments included on your bank statements.

### ★ EFFICIENCY ...

- ◆ Easy budgeting — choose the scheduled dollar amount that fits your personal needs and budget.
- ◆ Correct premium amounts made automatically.

### ★ SAVINGS ...

- ◆ Continually increasing postage costs eliminated.
- ◆ No time or trouble over mailing.

The automatic payment method provides flexibility to change your payment mode or stop it. **All premiums will be automatically withdrawn from your account on MONTHLY mode unless a different mode is checked above.**

BANK CHECK PLAN

ATTACH VOIDED  
CHECK HERE

AND SIGN AUTHORIZATION

## AUTHORIZATION TO MY BANK

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks drawn on my account by and payable to the order of the United American Insurance Company provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

\_\_\_\_\_ Date

\_\_\_\_\_ ✓ \_\_\_\_\_  
Signature (as it appears on bank records)

**UNITED AMERICAN FINAL EXPENSE 400 SERIES**

**Whole Life Rate Card**

**CALCULATION OF PREMIUM:**

Determine the following: Level or increasing benefit amount\*; sex and issue age; payment mode — annual, semi-annual, quarterly or monthly; and premium pay type — Automatic Payment Plan or Direct Bill. (Monthly direct bill is \$20.00 minimum.)

1. Divide benefit amount\* by 1,000 to get number of thousands to be insured.....
2. Multiply by the appropriate Gross Annual Premium Rate (see chart at right) based on proposed insured's age.....
3. Subtotal (Round subtotal to nearest cent).....
4. Add annual policy fee .....
5. Subtotal .....
6. Multiply by appropriate Modal Factor (see chart below) for the pay type and payment mode selected. Round total to nearest dollar .....
7. TOTAL .....

\* Ultimate benefit amount on level graded plans; initial benefit amount (before grading) on increasing graded plan.

**EXAMPLE:**

Level \$6,000 benefit amount; female; issue age 60; premiums to be paid monthly on Automatic Payment Plan.

6.000 Number of thousands to be insured (6,000 ÷ 1,000)

x 55 Gross Annual Premium Rate

\$330.00 Subtotal

+ 20.00 Annual Policy Fee

\$350.00 Subtotal

x 1/12 Modal Factor

\$ 29.00 Premium Collected with App

<b>GROSS ANNUAL PREMIUM RATES PER \$1,000</b> (excluding the \$20 annual policy fee)				
Issue Age	Ordinary Life Plan Code Level F23 Graded G23		Ordinary Life Plan Code Increasing F28 Graded G28	
	Male	Female	Male	Female
45	\$ 33	\$ 30	\$ 49	\$ 41
46	34	31	52	43
47	35	32	55	45
48	37	33	58	47
49	39	34	61	49
50	41	35	64	51
51	43	36	68	54
52	45	37	72	57
53	48	39	76	60
54	51	41	80	63
55	54	43	85	67
56	57	45	90	71
57	61	47	95	75
58	65	49	100	79
59	69	52	105	84
60	74	55	110	89
61	79	58	115	94
62	85	62	121	99
63	91	66	127	105
64	97	71	133	111
65	103	76	139	117
66	109	82	146	123
67	116	89	153	130
68	123	96	161	137
69	130	104	170	145
70	138	113	179	154
71	147	122	189	164
72	157	131	200	174
73	167	140	212	185
74	178	150	225	197
75	190	161	239	210
76	203	173	254	224
77	217	186	270	239
78	233	200	287	254
79	251	215	305	270
80	271	232	325	287

PAYMENT MODE	PAY TYPE MODAL FACTOR	
	Automatic Payment Plan	Direct Bill
Annual	1.00000	1.00000
Semi-Annual	.50000	.52000
Quarterly	.25000	.26500
Monthly	1/12	.09000

# Ordinary Level (Plan Code F23) and Ordinary Level Graded (Plan Code G23) 400 Series Monthly Premium Including Policy Fee (Rounded To Nearest Dollar)

Charts reflect Monthly Automatic Payment Plan premium for \$1,000 to \$15,000 benefit amounts. (Ordinary level graded benefit amounts are *ultimate*.)

## MALE

Issue Age	\$1,000	2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000	11,000	12,000	13,000	14,000	15,000
45	---	---	\$10	13	15	18	21	24	26	29	32	35	37	40	43
46	---	---	10	13	16	19	22	24	27	30	33	36	39	41	44
47	---	---	10	13	16	19	22	25	28	31	34	37	40	43	45
48	---	---	11	14	17	20	23	26	29	33	36	39	42	45	48
49	---	---	11	15	18	21	24	28	31	34	37	41	44	47	50
50	---	---	12	15	19	22	26	29	32	36	39	43	46	50	53
51	---	---	12	16	20	23	27	30	34	38	41	45	48	52	55
52	---	---	13	17	20	24	28	32	35	39	43	47	50	54	58
53	---	10	14	18	22	26	30	34	38	42	46	50	54	58	62
54	---	10	14	19	23	27	31	36	40	44	48	53	57	61	65
55	---	11	15	20	24	29	33	38	42	47	51	56	60	65	69
56	---	11	16	21	25	30	35	40	44	49	54	59	63	68	73
57	---	12	17	22	27	32	37	42	47	53	58	63	68	73	78
58	---	13	18	23	29	34	40	45	50	56	61	67	72	78	83
59	---	13	19	25	30	36	42	48	53	59	65	71	76	82	88
60	---	14	20	26	33	39	45	51	57	63	70	76	82	88	94
61	---	15	21	28	35	41	48	54	61	68	74	81	87	94	100
62	---	16	23	30	37	44	51	58	65	73	80	87	94	---	---
63	---	17	24	32	40	47	55	62	70	78	85	93	100	---	---
64	10	18	26	34	42	50	58	66	74	83	91	99	---	---	---
65	10	19	27	36	45	53	62	70	79	88	96	---	---	---	---
66	11	20	29	38	47	56	65	74	83	93	---	---	---	---	---
67	11	21	31	40	50	60	69	79	89	98	---	---	---	---	---
68	12	22	32	43	53	63	73	84	94	---	---	---	---	---	---
69	13	23	34	45	56	67	78	88	99	---	---	---	---	---	---
70	13	25	36	48	59	71	82	94	---	---	---	---	---	---	---
71	14	26	38	51	63	75	87	100	---	---	---	---	---	---	---
72	15	28	41	54	67	80	93	---	---	---	---	---	---	---	---
73	16	30	43	57	71	85	99	---	---	---	---	---	---	---	---
74	17	31	46	61	76	91	---	---	---	---	---	---	---	---	---
75	18	33	49	65	81	97	---	---	---	---	---	---	---	---	---
76	19	36	52	69	86	---	---	---	---	---	---	---	---	---	---
77	20	38	56	74	92	---	---	---	---	---	---	---	---	---	---
78	21	41	60	79	99	---	---	---	---	---	---	---	---	---	---
79	23	44	64	85	---	---	---	---	---	---	---	---	---	---	---
80	24	47	69	92	---	---	---	---	---	---	---	---	---	---	---

## FEMALE

Issue Age	\$1,000	2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000	11,000	12,000	13,000	14,000	15,000
45	---	---	---	---	14	17	19	22	24	27	29	32	34	37	39
46	---	---	---	12	15	17	20	22	25	28	30	33	35	38	40
47	---	---	10	12	15	18	20	23	26	28	31	34	36	39	42
48	---	---	10	13	15	18	21	24	26	29	32	35	37	40	43
49	---	---	10	13	16	19	22	24	27	30	33	36	39	41	44
50	---	---	10	13	16	19	22	25	28	31	34	37	40	43	45
51	---	---	11	14	17	20	23	26	29	32	35	38	41	44	47
52	---	---	11	14	17	20	23	26	29	33	36	39	42	45	48
53	---	---	11	15	18	21	24	28	31	34	37	41	44	47	50
54	---	---	12	15	19	22	26	29	32	36	39	43	46	50	53
55	---	---	12	16	20	23	27	30	34	38	41	45	48	52	55
56	---	---	13	17	20	24	28	32	35	39	43	47	50	54	58
57	---	10	13	17	21	25	29	33	37	41	45	49	53	57	60
58	---	10	14	18	22	26	30	34	38	43	47	51	55	59	63
59	---	10	15	19	23	28	32	36	41	45	49	54	58	62	67
60	---	11	15	20	25	29	34	38	43	48	52	57	61	66	70
61	---	11	16	21	26	31	36	40	45	50	55	60	65	69	74
62	---	12	17	22	28	33	38	43	48	53	59	64	69	74	79
63	---	13	18	24	29	35	40	46	51	57	62	68	73	79	84
64	---	14	19	25	31	37	43	49	55	61	67	73	79	85	90
65	---	14	21	27	33	40	46	52	59	65	71	78	84	90	97
66	---	15	22	29	36	43	50	56	63	70	77	84	91	97	---
67	---	17	24	31	39	46	54	61	68	76	83	91	98	---	---
68	10	18	26	34	42	50	58	66	74	82	90	98	---	---	---
69	10	19	28	36	45	54	62	71	80	88	97	---	---	---	---
70	11	21	30	39	49	58	68	77	86	96	---	---	---	---	---
71	12	22	32	42	53	63	73	83	93	---	---	---	---	---	---
72	13	24	34	45	56	67	78	89	100	---	---	---	---	---	---
73	13	25	37	48	60	72	83	95	---	---	---	---	---	---	---
74	14	27	39	52	64	77	89	---	---	---	---	---	---	---	---
75	15	29	42	55	69	82	96	---	---	---	---	---	---	---	---
76	16	31	45	59	74	88	---	---	---	---	---	---	---	---	---
77	17	33	48	64	79	95	---	---	---	---	---	---	---	---	---
78	18	35	52	68	85	---	---	---	---	---	---	---	---	---	---
79	20	38	55	73	91	---	---	---	---	---	---	---	---	---	---
80	21	40	60	79	98	---	---	---	---	---	---	---	---	---	---