

GUARANTEED GUARDIAN

AGENT GUIDE

FOR AGENT USE ONLY

WHOLE LIFE INSURANCE Policy Form No. 3652

Life Insurance Underwritten by:

**AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
PIONEER AMERICAN INSURANCE COMPANY
PIONEER SECURITY LIFE INSURANCE COMPANY**

Each Insurer has sole financial responsibility for its own products.

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GUARANTEED GUARDIAN

PLAN DESCRIPTION

GUARANTEED GUARDIAN is a Whole Life insurance policy with guaranteed premiums and values. It is designed with the needs of the payroll deduction market in mind. It can also be offered on an individual basis as well.

BASE PREMIUMS/ISSUE AGES

- Level premiums are fixed and are payable to age 100.
- Premiums are sex distinct
- Tobacco/Non-Tobacco status.
- Premiums are also banded by planned weekly premium. The premium bands are as follows:

PREMIUM BANDS	ISSUE AGE BY BAND (AGE NEAREST BIRTHDAY)
> = \$ 3 wk - < \$ 5 wk	0 - 45
> = \$ 5 wk - < \$ 8 wk	0 - 60
> = \$ 8 wk - < \$ 12 wk	0 - 70
> = \$ 12 wk	0 - 75

POLICY FEE

\$24.00 Annual — Non-commissionable

MINIMUM ISSUE AMOUNT

Amount \$3.00 per week (\$13.00 per month) on base policy will purchase

APPLICATION AND REQUIRED FORMS

- Application — Form No. 3651 (Company specific with state exceptions)
- HIPAA — **HIPAA, Form No. 9526** – Must be submitted with each application*
**Juvenile Applications – please print the juvenile’s name at the top of the HIPAA form signed by the guardian.*
- Replacement Form — Complete all replacement requirements as per individual state insurance replacement regulations.
- Applications if the Flexible Premium Deferred Annuity Rider is being applied for:
 - Annuity Suitability Disclosure
 - * Florida – Use Form No. 3070(10/14). Submit all 4 pages.
 - * Idaho – Use Form No. ID-AN-2020(12/20). Submit both pages
 - PRIOR to writing an application for this product with the Annuity Rider applied for, you must complete the following 2 items. Failure to do so will result in the application being returned:
 - 1) Our Company annuity product specific training course. This course can be completed on our Company website. On the “Marketing Sales” page, select the “AML/Annuity Suitability” tab. You will then see the option for completing the “AML/Annuity”. Simply click on this option and follow the instructions.
 - 2) An accredited “Annuity Suitability” course. Such courses are offered through numerous vendors (including online). Proof of course completion **MUST** be submitted to the Home Office.

SUPPLEMENTAL BENEFITS AND RIDERS (NOT AVAILABLE IN ALL STATES)

- Family Insurance Agreement
- Children’s Insurance Agreement
- Level Term Rider
- Accidental Death Benefit
- Waiver of Premium
- Guaranteed Insurability Rider
- Total Disability Benefit Rider
- Flexible Premium Deferred Annuity Rider

MODAL FACTORS: None

SUPPLEMENTAL BENEFITS/RIDERS

FAMILY INSURANCE AGREEMENT - FIA (Policy Form No. 8374)

Issue Ages: Spouse — 15-60
Children — 15 days-17 years

Premium: \$39.00 annually per unit

Maximum: 5 units - combination of FIA and CIA units cannot exceed 5 units

- The Family Agreement provides \$3,000 term coverage per unit on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of 5 times the base.
- FIA rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the Spouse expires at the Spouse's age 65.
- Provides a decreasing term coverage on the Spouse as his/her age increases according to the following chart.

SPOUSE'S INSURANCE PER UNIT OF FIA									
AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
15	\$16,750	25	\$13,250	35	\$9,750	45	\$6,250	55	\$2,750
16	16,400	26	12,900	36	9,400	46	5,900	56	2,400
17	16,050	27	12,550	37	9,050	47	5,550	57	2,050
18	15,700	28	12,200	38	8,700	48	5,200	58	1,700
19	15,350	29	11,850	39	8,350	49	4,850	59	1,350
20	15,000	30	11,500	40	8,000	50	4,500	60	1,000
21	14,650	31	11,150	41	7,650	51	4,150	61	1,000
22	14,300	32	10,800	42	7,300	52	3,800	62	1,000
23	13,950	33	10,450	43	6,950	53	3,450	63	1,000
24	13,600	34	10,100	44	6,600	54	3,100	64	1,000

CHILDREN'S INSURANCE AGREEMENT - CIA (Policy Form No. 8375)

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the applicants age 65, at which time their coverage is convertible to a permanent plan of insurance at a rate of up to 5 times amount of insurance provided on the CIA.

Issue Ages: Primary Insured — 15-50
Children — 15 days-17 years

Premium: \$8.50 annually per unit

Maximum: 5 units (\$15,000 face amount of coverage) and the combination of FIA and CIA units cannot exceed 5 units.

LEVEL TERM RIDER - LTR (Policy Form No. 8087)

Issue Ages: 0 - 65

Coverage Per Unit: Level death benefit to the sooner of 20 years or Proposed Insured's attained age 70.

Maximum Amount Issued: Primary - Lessor of 3 times base or \$150,000
Other - Lessor of primary base coverage or \$150,000

- A term rider which provides a level death benefit for a period of 20 years or the Insured's attained age 70, whichever comes sooner.
- The coverage can be on the Primary Insured or on any other Insured (wife, husband, son, or daughter).
- This rider is renewable to age 70 and may be converted to permanent plan of insurance.
- There is a maximum of four (4) LTR riders that can be attached to the base plan.

ANNUAL RATES PER \$1,000 OF COVERAGE											
ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE
0	\$1.30	11	\$1.59	22	\$2.05	33	\$4.11	44	\$9.18	55	\$19.50
1	1.32	12	1.63	23	2.11	34	4.33	45	9.75	56	20.53
2	1.34	13	1.66	24	2.17	35	4.59	46	11.14	57	21.67
3	1.37	14	1.70	25	2.23	36	4.88	47	12.00	58	22.94
4	1.39	15	1.73	26	2.36	37	5.20	48	13.00	59	24.38
5	1.42	16	1.77	27	2.52	38	5.57	49	14.18	60	26.00
6	1.44	17	1.81	28	2.69	39	6.00	50	15.60	61	27.86
7	1.47	18	1.86	29	2.89	40	6.50	51	16.25	62	30.00
8	1.50	19	1.90	30	3.12	41	7.09	52	16.96	63	32.50
9	1.53	20	1.95	31	3.39	42	7.80	53	17.73	64	35.45
10	1.56	21	2.00	32	3.71	43	8.67	54	18.57	65	39.00

ACCIDENTAL DEATH BENEFIT ON INSURED - ADB (Policy Form No. 7159)

If the Insured dies as the result of an accident, an additional amount will be paid to his or her beneficiaries.

Issue Ages: 0-64 (Non-Tobacco)
16-64 (Tobacco)

Minimum Amount: \$1,000

Maximum Amount: \$150,000 or 5 times the face amount of base policy (whichever is less)

ADB RATES PER \$1,000 OF COVERAGE			
ISSUE AGE	RATE	ISSUE AGE	RATE
0-36	\$.96	55-57	\$1.44
37-42	1.08	58-61	1.56
43-48	1.20	62-64	1.68
49-54	1.32		

WAIVER OF PREMIUM - WOP (Policy Form No. 3442)

Issue Ages: 0-55

The Company will waive the payment of each premium for the base policy and all riders attached to it, with the exception of annuity riders, in the event of permanent Total Disability of the Insured as specified in the agreement. The principal points in the agreement are:

- Total disability has existed continuously for at least six consecutive months.
- Due proof that the Insured became Totally Disabled permanently while this agreement was in force must be furnished to the Company at its Home Office.
- Premium for the benefit ceases when the benefit terminates.
- Cash and loan values continue to increase if premiums are being waived.

With the addition of this rider, if the Insured becomes Totally Disabled (as defined in the agreement) prior to age 60, then premiums will be waived during such disability and up to age 100. The rates are unisex and are for ages 0 through 55. Premiums are paid to age 60 and are expressed per \$100 of premium to be waived.

RATES PER \$100 TO BE WAIVED							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0-5	\$1.39	18	\$2.06	31	\$3.31	44	\$6.21
6	1.43	19	2.14	32	3.45	45	6.59
7	1.47	20	2.21	33	3.60	46	7.15
8	1.51	21	2.29	34	3.76	47	7.78
9	1.55	22	2.36	35	3.94	48	8.50
10	1.60	23	2.45	36	4.12	49	9.31
11	1.64	24	2.53	37	4.31	50	10.23
12	1.69	25	2.62	38	4.52	51	11.27
13	1.75	26	2.72	39	4.75	52	12.46
14	1.80	27	2.82	40	5.00	53	13.79
15	1.86	28	2.93	41	5.26	54	15.30
16	1.92	29	3.05	42	5.55	55	16.98
17	1.99	30	3.17	43	5.86		

GUARANTEED INSURABILITY RIDER - GIR (Policy Form No. 8367)

- **Issue Ages:** 0 - 37
- This Rider enables the Insured to purchase additional amounts of insurance without evidence of insurability at specified option dates.
- It is available at issue only and cannot be added at a later date.
- Maximum amount is the lesser of the base face amount or \$50,000.
- The Option Dates for the purchase of additional insurance shall be the anniversary dates of the effective date of the Rider on which the age of the Insured at his/her nearest birthday is 25, 28, 31, 34, 37, and 40.

GIR RATES PER \$1,000 OF COVERAGE			
ISSUE AGE	RATE	ISSUE AGE	RATE
0	\$.45	19	\$1.09
1	.48	20	1.13
2	.50	21	1.16
3	.53	22	1.19
4	.56	23	1.21
5	.59	24	1.24
6	.62	25	1.27
7	.66	26	1.30
8	.69	27	1.34
9	.74	28	1.39
10	.78	29	1.44
11	.81	30	1.48
12	.85	31	1.52
13	.89	32	1.56
14	.92	33	1.60
15	.96	34	1.63
16	.99	35	1.68
17	1.03	36	1.72
18	1.06	37	1.51

FLEXIBLE PREMIUM DEFERRED ANNUITY RIDER - (Policy Form No. 3055)

- A tax deferred interest-bearing annuity rider with a guaranteed interest rate of 1%.
- Interest is calculated from the date that payment is received to the date of withdrawal.
- Minimum required payment of \$5.00 per month.
- The maximum payment to the annuity rider is \$4,000 per year.
- There are no withdrawal or other fees or charges.
- Distributions made before age 59½ may be subject to an IRS penalty.
- Annuity Suitability Disclosure – Refer to Page 3 of this Agent Guide for state required Annuity disclosure forms.
- **Prior to writing an application involving the FPDAR, you must complete our Company annuity product specific training course. This course can be completed on the Company website. On the “Marketing Sales” page, select the “AML/Annuity Suitability” tab. You will then see the option for completing the “Annuity Training”. Simply click on this option and follow the instructions.**
- **Prior to writing an application involving the FPDAR, you must also complete the Annuity Suitability described in the following section**

ANNUITY SUITABILITY REQUIREMENT

Proof of Annuity Suitability training must be provided to the Home Office before you can engage in the sale of any annuity (including the FPDAR). Annuity Suitability requirements may vary by state and it is your responsibility to know and comply with annuity sales training requirements in all states in which you attempt to sell annuities. All agents selling annuities are required by the Home Office to complete at least a state accredited Annuity Suitability Training (4 hours of CE credit), regardless of that state's Annuity Suitability requirements. State accredited Annuity Suitability are offered through numerous vendors (such as limra.com). (For a complete explanation of our Annuity Suitability Compliance rules consult our Company Compliance Manual.)

TOTAL DISABILITY BENEFIT RIDER-DIR (Policy Form No. 9785)

Issue Ages: 18 – 55

Minimum Total Disability Income Benefit: \$500 monthly

Maximum Total Disability Income Benefit: If the Insured becomes Total Disability as defined and specified in the rider agreement, the Company will pay 60% of applicant's monthly income up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum benefit is \$900 monthly benefit. The benefit will begin after a 60 day elimination period and the benefits are not retroactive. The maximum benefit period is 2 years and Total Disability must begin before age 65.

TOTAL DISABILITY INCOME RIDER							
ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM
18	\$9.78	28	\$13.60	38	\$20.52	48	\$32.98
19	\$10.12	29	\$14.08	39	\$21.56	49	\$34.74
20	\$10.46	30	\$14.58	40	\$22.60	50	\$36.62
21	\$10.80	31	\$15.14	41	\$23.68	51	\$38.66
22	\$11.16	32	\$15.70	42	\$24.78	52	\$40.92
23	\$11.52	33	\$16.32	43	\$25.92	53	\$43.42
24	\$11.90	34	\$17.00	44	\$27.12	54	\$45.98
25	\$12.28	35	\$17.76	45	\$28.42	55	\$48.62
26	\$12.70	36	\$18.58	46	\$29.80		
27	\$13.14	37	\$19.50	47	\$31.32		

TOTAL DISABILITY INCOME GUIDELINES

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR**
 - Blasters & Explosives Handlers
 - Casino Workers
 - Disabled
 - Firefighters
 - Housekeepers
 - Janitors
 - Migrant laborers
 - Participated in High-Risk Avocations within the past 12 months
 - Individuals carrying a weapon in their occupation
 - Professional Athletes
 - Retired
 - Self Employed
 - Structural Workers/Iron Workers
 - Students
 - Underground Miners & Workers
 - Unemployed (except stay-at-home spouses, significant others, or students)

GUARANTEED GUARDIAN BUILD CHART							
HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 6	MAXIMUM WEIGHT CANNOT BE MORE THAN	HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 6	MAXIMUM WEIGHT CANNOT BE MORE THAN
4'10"	86	211	230	5'10"	120	307	335
4'11"	88	218	238	5'11"	125	315	344
5'	90	225	246	6'	129	324	354
5'1"	93	233	254	6'1"	133	334	364
5'2"	95	241	262	6'2"	136	343	374
5'3"	99	248	271	6'3"	140	352	384
5'4"	101	256	280	6'4"	143	361	394
5'5"	104	264	288	6'5"	146	371	405
5'6"	106	273	297	6'6"	149	381	415
5'7"	110	281	306	6'7"	153	391	426
5'8"	113	289	316	6'8"	157	401	437
5'9"	117	298	325	6'9"	160	411	448

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the applicant has a medical condition combined with build that exceeds table 6, the applicant may be eligible for coverage on a rated sub-standard basis.

**GUARANTEED GUARDIAN
ANNUAL PREMIUMS PER 1000 - MALE NON-TOBACCO**

WEEKLY PREMIUM BAND					WEEKLY PREMIUM BAND				
ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12	ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12
0	\$ 9.36	\$ 6.60	\$ 4.80	\$ 4.32	38	\$ 25.44	\$ 18.48	\$ 16.56	\$ 15.36
1	9.60	6.72	4.92	4.44	39	26.40	19.32	17.88	16.20
2	9.72	6.84	5.16	4.56	40	27.36	20.16	18.60	17.04
3	9.84	6.96	5.28	4.80	41	28.20	21.12	19.32	17.76
4	10.08	7.08	5.40	4.92	42	29.16	21.96	19.92	18.60
5	10.20	7.08	5.52	5.04	43	30.12	22.80	20.52	19.44
6	10.32	7.20	5.76	5.16	44	31.08	23.76	21.36	20.16
7	10.56	7.32	5.88	5.28	45	32.04	24.60	22.20	21.00
8	10.68	7.44	6.00	5.52	46	N/A	25.80	23.40	22.20
9	10.80	7.56	6.24	5.64	47	N/A	27.12	24.72	23.40
10	11.04	7.68	6.36	5.76	48	N/A	28.32	25.92	24.72
11	11.16	7.80	6.48	5.88	49	N/A	29.52	27.12	25.92
12	11.28	7.92	6.60	6.12	50	N/A	30.84	28.44	27.12
13	11.52	8.04	6.84	6.24	51	N/A	32.04	29.64	28.32
14	11.64	8.04	6.96	6.36	52	N/A	33.24	30.84	29.52
15	11.76	8.16	7.08	6.48	53	N/A	34.56	32.16	30.84
16	12.12	8.52	7.32	6.72	54	N/A	35.76	33.36	32.28
17	12.36	8.76	7.56	6.96	55	N/A	36.96	34.56	33.72
18	12.60	9.00	7.80	7.20	56	N/A	39.60	37.08	35.88
19	13.08	9.24	8.04	7.44	57	N/A	42.24	39.48	38.04
20	13.68	9.48	8.28	7.56	58	N/A	44.76	41.88	40.32
21	14.28	9.96	8.52	7.80	59	N/A	47.40	44.40	42.72
22	14.64	10.56	8.76	8.04	60	N/A	50.04	47.04	45.12
23	14.88	11.16	9.00	8.28	61	N/A	N/A	49.44	47.52
24	15.00	11.40	9.12	8.52	62	N/A	N/A	51.96	49.92
25	15.24	11.52	9.36	8.76	63	N/A	N/A	54.36	52.20
26	15.72	11.88	9.84	9.12	64	N/A	N/A	56.88	54.60
27	17.16	12.24	10.32	9.60	65	N/A	N/A	59.40	57.00
28	17.64	12.72	10.68	9.96	66	N/A	N/A	63.12	60.60
29	18.00	13.20	11.16	10.44	67	N/A	N/A	66.96	64.32
30	18.84	13.56	11.64	10.80	68	N/A	N/A	70.80	68.16
31	19.56	13.92	12.00	11.28	69	N/A	N/A	74.52	72.48
32	20.52	14.28	12.48	11.76	70	N/A	N/A	78.36	76.08
33	21.00	14.76	12.96	12.12	71	N/A	N/A	N/A	80.76
34	21.84	15.36	13.32	12.60	72	N/A	N/A	N/A	85.08
35	22.56	15.84	13.80	12.96	73	N/A	N/A	N/A	90.12
36	23.52	16.68	14.64	13.80	74	N/A	N/A	N/A	95.04
37	24.48	17.52	15.48	14.64	75	N/A	N/A	N/A	99.96

- **Issue Ages:** based on age nearest birthday
- **Policy Fee:** \$24.00 annually

**GUARANTEED GUARDIAN
ANNUAL PREMIUMS PER 1000 - FEMALE NON-TOBACCO**

WEEKLY PREMIUM BAND					WEEKLY PREMIUM BAND				
ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12	ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12
0	\$ 8.40	\$ 5.16	\$ 3.96	\$ 3.60	38	\$ 20.52	\$ 15.36	\$ 13.08	\$ 12.12
1	8.52	5.28	4.08	3.72	39	21.24	16.08	13.80	12.72
2	8.64	5.40	4.32	3.84	40	21.96	16.68	14.40	13.32
3	8.88	5.52	4.44	3.96	41	22.68	17.40	15.00	13.92
4	9.00	5.64	4.56	4.08	42	23.40	18.00	15.72	14.52
5	9.12	5.76	4.68	4.20	43	24.12	18.72	16.32	15.12
6	9.24	5.88	4.80	4.32	44	24.84	19.32	16.92	15.72
7	9.48	6.00	4.92	4.44	45	25.56	20.04	17.64	16.32
8	9.60	6.00	5.04	4.56	46	N/A	21.12	18.60	17.28
9	9.72	6.12	5.16	4.68	47	N/A	22.20	19.44	18.36
10	9.84	6.24	5.28	4.80	48	N/A	23.28	20.40	19.32
11	9.96	6.36	5.52	4.92	49	N/A	24.36	21.36	20.40
12	10.20	6.48	5.64	5.04	50	N/A	25.56	22.32	21.36
13	10.32	6.60	5.76	5.16	51	N/A	26.64	23.28	22.32
14	10.44	6.72	5.88	5.28	52	N/A	27.72	24.24	23.40
15	10.56	6.84	6.00	5.40	53	N/A	28.80	25.08	24.36
16	10.80	6.96	6.12	5.52	54	N/A	29.88	26.04	25.44
17	11.04	7.20	6.36	5.76	55	N/A	30.96	27.00	26.40
18	11.16	7.44	6.48	5.88	56	N/A	32.64	28.92	28.32
19	11.40	7.56	6.72	6.00	57	N/A	34.20	30.84	30.12
20	11.52	7.80	6.84	6.24	58	N/A	35.76	32.76	32.04
21	11.76	8.04	7.08	6.36	59	N/A	37.44	34.56	33.96
22	11.88	8.16	7.20	6.48	60	N/A	39.00	36.48	35.76
23	12.12	8.40	7.32	6.72	61	N/A	N/A	38.40	37.68
24	12.36	8.64	7.56	6.84	62	N/A	N/A	40.32	39.60
25	12.72	8.76	7.68	6.96	63	N/A	N/A	42.24	41.40
26	13.20	9.48	8.04	7.32	64	N/A	N/A	44.16	43.32
27	14.04	10.08	8.40	7.68	65	N/A	N/A	45.96	45.24
28	14.88	10.80	8.76	8.04	66	N/A	N/A	48.96	48.00
29	15.48	11.28	9.12	8.40	67	N/A	N/A	51.96	50.88
30	15.96	11.64	9.48	8.76	68	N/A	N/A	54.84	53.76
31	16.44	11.88	9.84	9.00	69	N/A	N/A	57.84	56.52
32	16.92	12.12	10.20	9.36	70	N/A	N/A	60.84	59.40
33	17.40	12.48	10.56	9.72	71	N/A	N/A	N/A	63.72
34	17.88	12.96	10.80	10.08	72	N/A	N/A	N/A	68.04
35	18.36	13.44	11.16	10.44	73	N/A	N/A	N/A	72.36
36	19.08	14.04	11.88	11.04	74	N/A	N/A	N/A	76.68
37	19.80	14.76	12.48	11.64	75	N/A	N/A	N/A	81.00

- **Issue Ages:** based on age nearest birthday
- **Policy Fee:** \$24.00 annually

**GUARANTEED GUARDIAN
ANNUAL PREMIUMS PER 1000 - MALE TOBACCO**

WEEKLY PREMIUM BAND					WEEKLY PREMIUM BAND				
ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12	ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12
0	\$ 9.36	\$ 6.60	\$ 4.80	\$ 4.32	38	\$ 30.48	\$ 22.20	\$ 19.92	\$ 18.48
1	9.60	6.72	4.92	4.44	39	31.68	23.16	21.48	19.44
2	9.72	6.84	5.16	4.56	40	32.88	24.24	22.32	20.40
3	9.84	6.96	5.28	4.80	41	33.84	25.32	23.16	21.36
4	10.08	7.08	5.40	4.92	42	35.04	26.40	23.88	22.32
5	10.20	7.08	5.52	5.04	43	36.12	27.36	24.60	23.28
6	10.32	7.20	5.76	5.16	44	37.32	28.56	25.68	24.24
7	10.56	7.32	5.88	5.28	45	38.40	29.52	26.64	25.20
8	10.68	7.44	6.00	5.52	46	N/A	30.96	28.08	26.64
9	10.80	7.56	6.24	5.64	47	N/A	32.52	29.64	28.08
10	11.04	7.68	6.36	5.76	48	N/A	33.96	31.08	29.64
11	11.16	7.80	6.48	5.88	49	N/A	35.40	32.52	31.08
12	11.28	7.92	6.60	6.12	50	N/A	36.96	34.08	32.52
13	11.52	8.04	6.84	6.24	51	N/A	38.40	35.52	33.96
14	11.64	8.04	6.96	6.36	52	N/A	39.84	36.96	35.40
15	14.16	9.84	8.52	7.80	53	N/A	41.52	38.64	36.96
16	14.52	10.20	8.76	8.04	54	N/A	42.96	40.08	38.76
17	14.88	10.56	9.12	8.40	55	N/A	44.40	41.52	40.44
18	15.12	10.80	9.36	8.64	56	N/A	47.52	44.52	43.08
19	15.72	11.04	9.60	8.88	57	N/A	50.64	47.40	45.60
20	16.44	11.40	9.96	9.12	58	N/A	53.76	50.28	48.36
21	17.16	12.00	10.20	9.36	59	N/A	56.88	53.28	51.24
22	17.52	12.72	10.56	9.60	60	N/A	60.00	56.40	54.12
23	17.88	13.44	10.80	9.96	61	N/A	N/A	59.28	57.00
24	18.00	13.68	10.92	10.20	62	N/A	N/A	62.40	59.88
25	18.24	13.80	11.28	10.56	63	N/A	N/A	65.28	62.64
26	18.84	14.28	11.76	10.92	64	N/A	N/A	68.28	65.52
27	20.64	14.64	12.36	11.52	65	N/A	N/A	71.28	68.40
28	21.12	15.24	12.84	12.00	66	N/A	N/A	75.72	72.72
29	21.60	15.84	13.44	12.48	67	N/A	N/A	80.40	77.16
30	22.56	16.32	13.92	12.96	68	N/A	N/A	84.96	81.84
31	23.52	16.68	14.40	13.56	69	N/A	N/A	89.40	87.00
32	24.60	17.16	15.00	14.16	70	N/A	N/A	94.08	91.32
33	25.20	17.76	15.60	14.52	71	N/A	N/A	N/A	96.96
34	26.16	18.48	15.96	15.12	72	N/A	N/A	N/A	102.12
35	27.12	18.96	16.56	15.60	73	N/A	N/A	N/A	108.12
36	28.20	20.04	17.52	16.56	74	N/A	N/A	N/A	114.00
37	29.40	21.00	18.60	17.52	75	N/A	N/A	N/A	120.00

- **Issue Ages:** based on age nearest birthday
- **Policy Fee:** \$24.00 annually

**GUARANTEED GUARDIAN
ANNUAL PREMIUMS PER 1000 - FEMALE TOBACCO**

WEEKLY PREMIUM BAND					WEEKLY PREMIUM BAND				
ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12	ISSUE AGE	>=\$3 <\$5	>=\$5 <\$8	>=\$8 <\$12	>=\$12
0	\$ 8.40	\$ 5.16	\$ 3.96	\$ 3.60	38	\$24.60	\$18.48	\$15.72	\$14.52
1	8.52	5.28	4.08	3.72	39	25.44	19.32	16.56	15.24
2	8.64	5.40	4.32	3.84	40	26.40	20.04	17.28	15.96
3	8.88	5.52	4.44	3.96	41	27.24	20.88	18.00	16.68
4	9.00	5.64	4.56	4.08	42	28.08	21.60	18.84	17.40
5	9.12	5.76	4.68	4.20	43	28.92	22.44	19.56	18.12
6	9.24	5.88	4.80	4.32	44	29.76	23.16	20.28	18.84
7	9.48	6.00	4.92	4.44	45	30.72	24.00	21.12	19.56
8	9.60	6.00	5.04	4.56	46	N/A	25.32	22.32	20.76
9	9.72	6.12	5.16	4.68	47	N/A	26.64	23.28	22.08
10	9.84	6.24	5.28	4.80	48	N/A	27.96	24.48	23.16
11	9.96	6.36	5.52	4.92	49	N/A	29.28	25.68	24.48
12	10.20	6.48	5.64	5.04	50	N/A	30.72	26.76	25.68
13	10.32	6.60	5.76	5.16	51	N/A	31.92	27.96	26.76
14	10.44	6.72	5.88	5.28	52	N/A	33.24	29.04	28.08
15	12.72	8.16	7.20	6.48	53	N/A	34.56	30.12	29.28
16	12.96	8.40	7.32	6.60	54	N/A	35.88	31.20	30.48
17	13.20	8.64	7.68	6.96	55	N/A	37.20	32.40	31.68
18	13.44	8.88	7.80	7.08	56	N/A	39.12	34.68	33.96
19	13.68	9.12	8.04	7.20	57	N/A	41.04	36.96	36.12
20	13.80	9.36	8.16	7.44	58	N/A	42.96	39.36	38.40
21	14.16	9.60	8.52	7.68	59	N/A	44.88	41.52	40.80
22	14.28	9.84	8.64	7.80	60	N/A	46.80	43.80	42.96
23	14.52	10.08	8.76	8.04	61	N/A	N/A	46.08	45.24
24	14.88	10.32	9.12	8.16	62	N/A	N/A	48.36	47.52
25	15.24	10.56	9.24	8.40	63	N/A	N/A	50.64	49.68
26	15.84	11.40	9.60	8.76	64	N/A	N/A	53.04	51.96
27	16.80	12.12	10.08	9.24	65	N/A	N/A	55.20	54.24
28	17.88	12.96	10.56	9.60	66	N/A	N/A	58.80	57.60
29	18.60	13.56	10.92	10.08	67	N/A	N/A	62.40	61.08
30	19.20	13.92	11.40	10.56	68	N/A	N/A	65.76	64.56
31	19.68	14.28	11.76	10.80	69	N/A	N/A	69.36	67.80
32	20.28	14.52	12.24	11.28	70	N/A	N/A	72.96	71.28
33	20.88	15.00	12.72	11.64	71	N/A	N/A	N/A	76.44
34	21.48	15.60	12.96	12.12	72	N/A	N/A	N/A	81.60
35	22.08	16.08	13.44	12.48	73	N/A	N/A	N/A	86.88
36	22.92	16.80	14.28	13.20	74	N/A	N/A	N/A	92.04
37	23.76	17.76	15.00	13.92	75	N/A	N/A	N/A	97.20

- **Issue Ages:** based on age nearest birthday
- **Policy Fee:** \$24.00 annually

TELEPHONE INTERVIEW

A telephone interview conducted with the Proposed Insured may be required based on the Age and Amount Limit Chart provided in this guide. If an interview is required, it may be completed at point-of-sale.

After fully completing the application, you may call from the client’s home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 ways:

- 1) at point-of-sale, or
- 2) the telephone interview company will contact the Proposed Insured upon receipt of the application by the Home Office.

Point-of-sale telephone interviews can be completed by calling at the toll-free number below. When calling the interview company be sure to identify yourself, Company and product being applied for “Guaranteed Guardian”. The applicant must always complete the telephone interview without assistance from the agent or another person. If the interview is completed point-of-sale, you must write the case number provided by the interview company in the upper, right-hand corner of the application. Otherwise, we will assume the interview has not been completed, and it will be ordered upon receipt of the application by the Home Office.

Apptical: 1-877-351-1773
7:30am-1:00am Monday thru Friday CST
9:00am-9:00pm Saturday & Sunday CST

AGE AND AMOUNT LIMITS				
AGE & AMOUNTS	0-45	46-55	56-65	66 AND UP
0-25,000				T
25,000-50,000			(***)	T
50,001-100,000		T	T	T
100,001-150,000	T	T	MED, HOS, BLDPF	MED, HOS, BLDPF, EKG
150,001-250,000	MED, HOS, BLDPF (***)	MED, HOS, BLDPF	MED, HOS, BLDPF	MED, HOS, BLDPF, EKG
250,001-500,000	MED, HOS, BLDPF (***)	MED, HOS, BLDPF	MED, HOS, BLDPF, EKG	MED, HOS, BLDPF, EKG
500,001-1,000,000	MED, HOS, BLDPF, EKG (***)	MED, HOS, BLDPF, EKG**	MED, HOS, BLDPF, EKG**	MED, HOS, BLDPF, EKG**
1,000,001 AND UP	MED, HOS, BLDPF, EKG** (***)	MED, HOS, BLDPF, EKG**	MED, HOS, BLDPF, EKG**	MED, HOS, BLDPF, EKG**

** STRESS EKG MAY BE REQUIRED
 *** 0-17 UW discretion
 **** Interview UW discretion

ABBREVIATIONS: MED= PARAMEDICAL EXAM
 T= TELEPHONE INTERVIEW
 HOS= URINE SPECIMEN
 BLDPF= BLOOD PROFILE STUDY
 EKG= ELECTROCARDIOGRAM

NOTE: Telephone Inspections are required on all applications whose face amount is \$500,001 and above and will be ordered by the Home Office.

NEW BUSINESS TIPS

PRODUCT SOFTWARE

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

APPLICATION SUBMISSION

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

IMPORTANT

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

PAYROLL DEDUCTION ISSUE GUIDELINES

- Five lives are needed to establish a new group.
- The appropriate forms to be used are listed under underwriting on our website. Then click on Payroll Deduction Issue Guidelines.
 - **Employer Agreement for Payroll Deduction of Insurance Premiums (Form No. 8138)**
Complete for each new payroll group. Send in with initial completed application.
 - **Payroll Deduction Authorization (Form No. 8139)** - Complete and send in with each applications.
- Applicants must work a minimum of 30 hours per week. Part-time employees are not eligible for Payroll Deduction list bill.
- See our website for a list of unacceptable business accounts for the payroll deduction program.

BANK DRAFT PROCEDURES

DRAFT FIRST PREMIUM ONCE POLICY IS APPROVED:

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

IMMEDIATE DRAFT FOR CASH WITH APPLICATION (CWA) USING eCHECK:

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

APPLICATION COMPLETION

- Full Name of Proposed Insured – List full legal name.
- Age – Calculate age based upon nearest birthday.
- Signature – Power of Attorney (POA) signatures are not acceptable.
- Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign on the “Signature of Applicant”. The Proposed Insured should sign on the “Signature of Insured if other than applicant” on the back of the application.
- Primary and Contingent Beneficiary – Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary’s relationship to the Proposed Insured. Also provide the beneficiary’s Social Security Number if it can be obtained. – A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, or a Trust. **NOTE: Funeral homes are not acceptable beneficiary designations. Also “friend”, “boyfriend”, or “girlfriend” do not satisfy the insurable interest requirements.**
- Plan Applied For – Guaranteed Guardian
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff, or other tobacco products (excluding occasional cigar or pipe use).
- Will you replace an existing life insurance policy or an annuity? - Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application.
NOTE: Complete any state required Replacement Forms.
- Telephone Interview - Refer to the Age and Amount Limits chart in this guide to determine if a telephone interview is required. If the telephone interview has been completed point-of-sale, you must write the interview case number provided by the interviewing company in the upper, right-hand corner of the application. Always provide the applicant’s telephone number and the best time to call even if the interview is completed at point-of-sale.
- Application Date/Requested Policy Date – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The requested Policy Date cannot be more than 30 days out from the date the application was signed.

- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- If the Proposed Insured answers 'Yes' to any questions, the applicable condition should be circled, personal Physician information should always be completed, and list current prescription medications.
- Applications on Juveniles (Issue Ages 0 to 17)
 - If the grandparent or legal guardian applies for coverage on a child, we need a copy of guardianship papers.
 - All children within the family should be insured equally.
 - We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
 - Juvenile questionnaires (Form No. 9825) are required to be submitted with the applications.
- Third-Party Payor – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third-Party Payors". This is defined as a premium payor other than the Primary Insured, the Spouse, business or business partner (regardless of the mode of payment). Examples of "Third-Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept GUARANTEED GUARDIAN applications where a Third-Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a Spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.
- Replacement of Existing Insurance – Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's "Compliance Guidelines" manual found on our website. Applications involving replacement sales are monitored daily. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.
- Applications in the State of California:
 - Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
 - California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
 - California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
 - Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his/her personal information.
- Applications in the State of Connecticut – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Applications in the State of Idaho – Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the application
- Applications in the State of Kansas:
 - Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.
 - Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.
- Applications in the State of Kentucky – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Applications in the State of Pennsylvania – Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.
- Applicants Re-applying for Coverage – A new application will not be processed if the Proposed Insured has had 2 policies with any of our companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
 - It is often easier and in the best interests of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:
 - Re-date and Reinstate Request*:
 - If the request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our Client Experience Department at cx@aatx.com.
 - There is no additional paperwork necessary.

* A policy can be re-dated ONE time only.

COMPANY CONTACT INFORMATION

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

DEPARTMENT	PHONE MENU PROMPTS:	EMAIL	FAX
Agent Contracting	1, 1, 3	contracting@aatx.com	254-297-2110
Commissions	1, 1, 4	mktfinance@aatx.com	254-297-2126
Client Experience	1, 1, 7	cx@aatx.com	254-297-2105
New Business Agent Support	1, 1, 1	marketingassistants@aatx.com	254-297-2709
Policy Issue	1, 1, 1	policyissue@aatx.com	254-297-2101
Supplies	1, 1, 6	supplies@aatx.com	254-297-2791
Underwriting	1, 1, 1	underwriting@aatx.com	254-297-2102
Technical Helpdesk	2 8 0 8	helpdesk@aatx.com	254-297-2190

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

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

* Be sure to include a Fax Application Cover Page.

Want To Chat With Us? Go to the marketing page of your agent portal and click on the department you need (new business, agent hotline, client experience "CX", underwriting risk assessment, and, commissions.

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

Online Services:

www.americanamicable.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

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