



ELEVATING EXPECTATIONS

Taking Final Expense Whole Life insurance to the next level

MyEnroller User Guide

Great plans. Great service. Be part of something great.

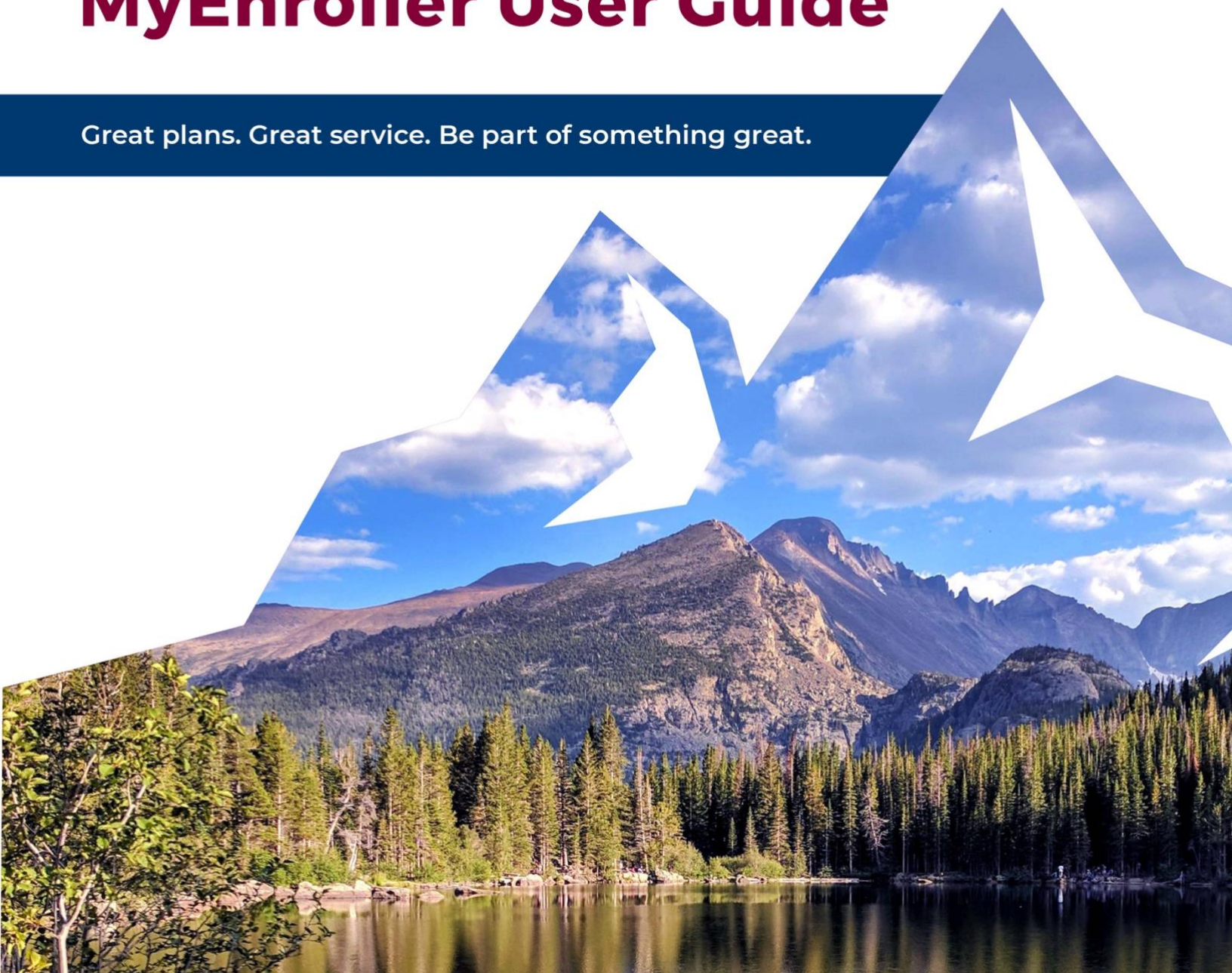


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Introduction

Great Western Insurance Company (GWIC®) is elevating expectations of the life insurance industry — by taking the ease of doing business to the next level. Everything we do is designed around the agent experience and uncomplicating your Final Expense sales.

This user guide will help you use MyEnrollerSM — from customizing a quote to accepting signatures in a manner that's most convenient for your clients through in-person physical signatures, e-signatures via email, or voice authorizations.

MyEnroller is available for desktops, laptops, cell phones, or tablets. While in the field, connect to the internet via Wi-Fi or a mobile hot spot.

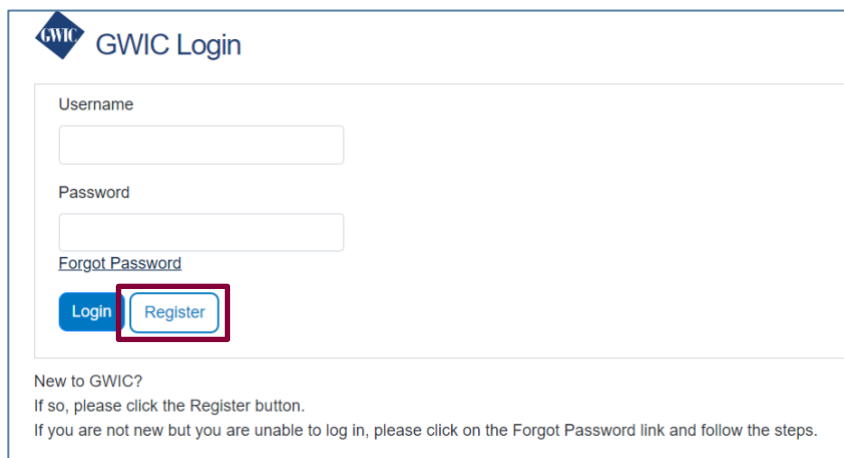
Undeniable options. Undeniable service. We're the solution for all your clients' needs. If you have additional questions, please contact us. We are here to assist you.

Initial set up

User login process

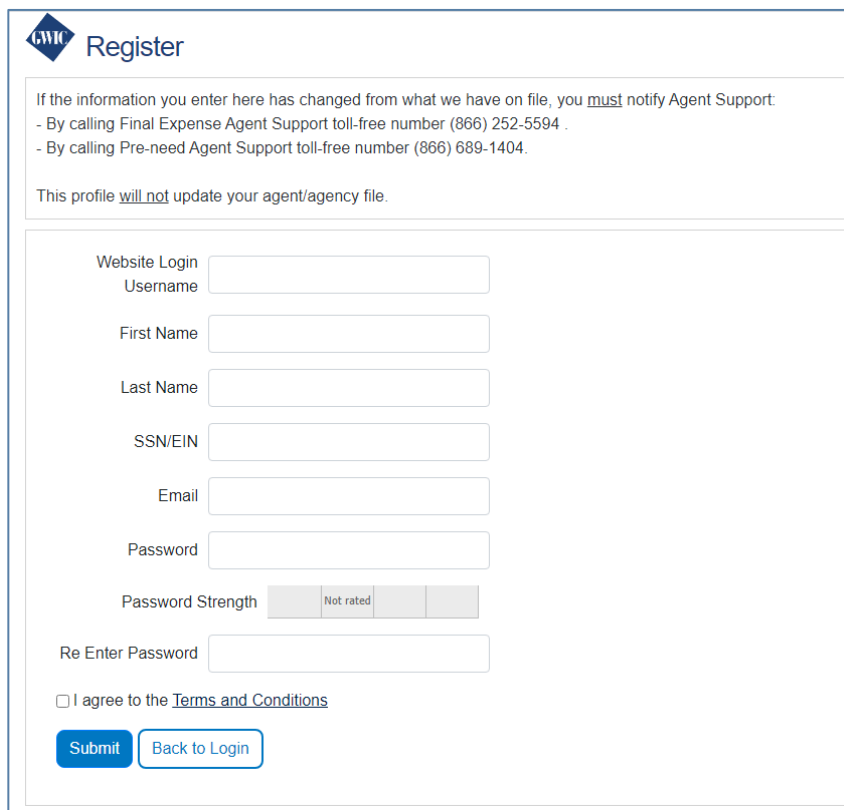
First-time users will be required to register on the GWIC agent portal before accessing MyEnroller. To register, please go to <https://my.gwic.com> and click on “Register.” You will be redirected to the registration page.

If you have previously registered on the GWIC agent portal, simply enter your username and password.



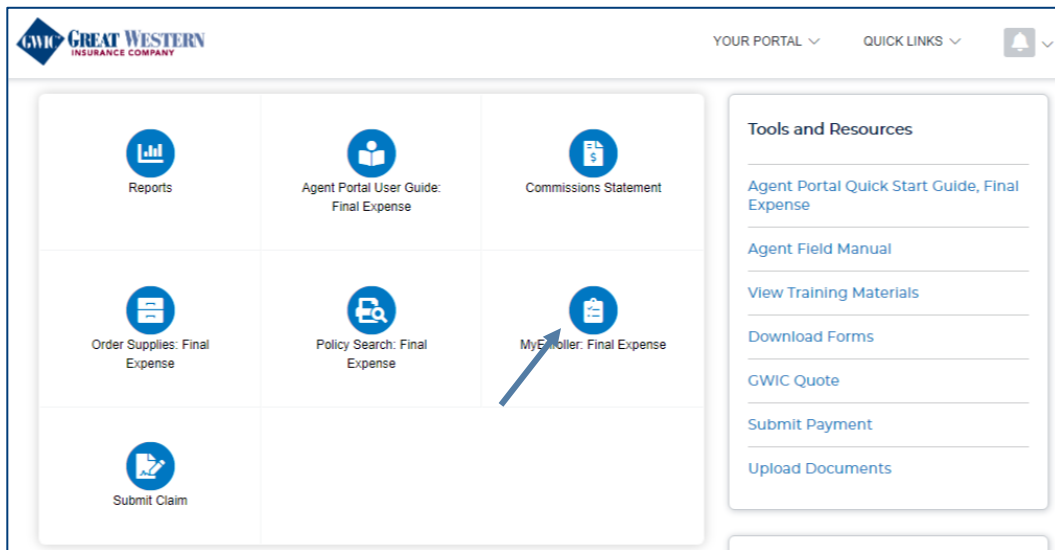
The screenshot shows the 'GWIC Login' page. It features a header with the GWIC logo and the title 'GWIC Login'. Below the header, there are two input fields: 'Username' and 'Password'. A link for 'Forgot Password' is located below the password field. At the bottom of the login section, there are two buttons: 'Login' and 'Register'. The 'Register' button is highlighted with a red rectangular box. Below the login section, there is a section titled 'New to GWIC?' with instructions: 'If so, please click the Register button.' and 'If you are not new but you are unable to log in, please click on the Forgot Password link and follow the steps.'

On the registration page, you will create a username and password that will be used for accessing the agent portal and MyEnroller. You will also create security questions to use if you need to reset your password. Additional demographic information will also need to be provided.

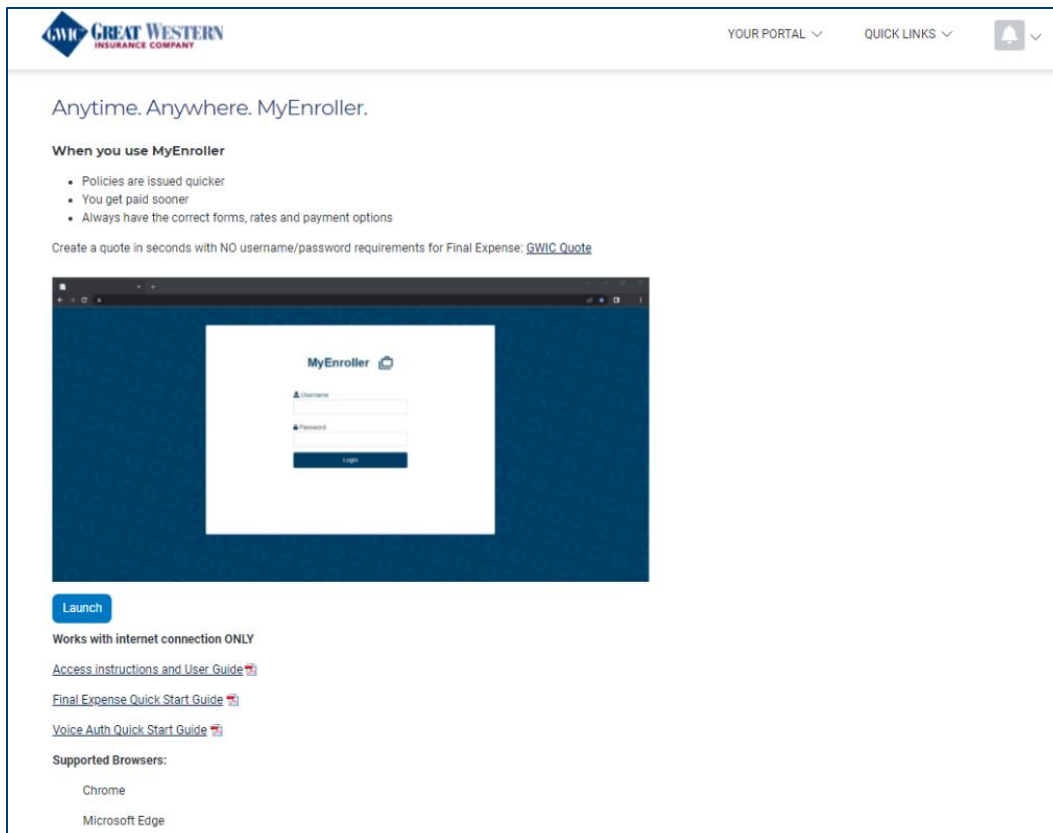


The screenshot shows the 'GWIC Register' page. It features a header with the GWIC logo and the title 'Register'. Below the header, there is a paragraph of text: 'If the information you enter here has changed from what we have on file, you must notify Agent Support.' followed by two bullet points: '- By calling Final Expense Agent Support toll-free number (866) 252-5594 .' and '- By calling Pre-need Agent Support toll-free number (866) 689-1404.' Below this, there is a line of text: 'This profile will not update your agent/agency file.' The main registration form consists of several input fields: 'Website Login Username', 'First Name', 'Last Name', 'SSN/EIN', 'Email', 'Password', and 'Re Enter Password'. A 'Password Strength' indicator is shown below the password field, with a bar that is currently 'Not rated'. At the bottom of the form, there is a checkbox labeled 'I agree to the [Terms and Conditions](#)'. Below the checkbox, there are two buttons: 'Submit' and 'Back to Login'.

After logging into the website, you will land on the homepage, where you will click on the “MyEnroller: Final Expense” button.






A new window will appear, and you will see a “Launch” button under the snapshot of the login screen, followed by document links and a list of supported browsers.



MyEnroller software

Incomplete submissions:

- To view any incomplete applications that have not been submitted to the home office, select **My Submissions Incomplete**. This tab will default to incomplete. Incomplete submissions can be accessed for 60 days unless manually adjusted. The following fields will appear:
 - Applicant Name, State, Product(s), Date Started, Last Date Updated, and Current Step
 - Edit Submission  (Clicking on this button will take you to the last screen completed for this quote/enrollment.)
 - Delete Incomplete Submission  (Clicking this icon on the right will delete the incomplete submission.)
- If you open an incomplete submission, all the previous data was saved; however, depending on how far you reached in the earlier session, you may need to re-enter Social Security numbers and bank account numbers or credit card details you collected previously for payment. You will also need to collect new signatures if you reached that point in the earlier session.

MyEnroller 

New Application

State

IA

Zip Code

Applicant Gender

Male

Female

Applicant DOB

Start New

My Submissions

Incomplete

Complete

Reset

Search

Q

| Applicant | State | Products | Date Started | Last Updated | Current Step | Edit | Delete |
|-----------------------|-------|----------|---------------------|---------------------|--------------|-----------------|-------------------|
| Vincent Victor | NV | FE | 03/25/2022 11:07 AM | 03/25/2022 3:21 PM | Medical | <div>Edit</div> | <div>Delete</div> |
| Dax Dennis | FL | FE | 03/25/2022 2:32 PM | 03/25/2022 3:03 PM | Agreement | <div>Edit</div> | <div>Delete</div> |
| G G | IA | FE | 03/25/2022 2:27 PM | 03/25/2022 2:29 PM | Payment | <div>Edit</div> | <div>Delete</div> |
| Jenita Kiruba | IL | FE | 03/25/2022 9:09 AM | 03/25/2022 2:05 PM | Replacement | <div>Edit</div> | <div>Delete</div> |
| Warner Tanya EdGrossy | SD | FE | 03/25/2022 1:42 PM | 03/25/2022 2:02 PM | Applicant | <div>Edit</div> | <div>Delete</div> |
| Julia Terry | CA | FE | 03/25/2022 11:35 AM | 03/25/2022 11:38 AM | Grandchild | <div>Edit</div> | <div>Delete</div> |
| Rashad Ashley | ND | FE | 03/25/2022 11:04 AM | 03/25/2022 11:25 AM | Signature | <div>Edit</div> | <div>Delete</div> |
| Jebbey Steveson | FL | FE | 03/25/2022 10:11 AM | 03/25/2022 10:26 AM | Agreement | <div>Edit</div> | <div>Delete</div> |

Complete submissions

To view completed submissions, select **My Completed Submissions**. Completed submissions will appear for 30 days, unless manually adjusted. The following fields will appear:

- Applicant Name, State, Product(s) and Case Completed
- Delete Complete Submission Delete

The screenshot shows the MyEnroller dashboard. At the top, there's a 'New Application' section with fields for State (IA), Zip Code, Applicant Gender (Male/Female), and Applicant DOB, followed by a 'Start Now' button. Below this is the 'My Completed Submissions' section, which has tabs for 'Incomplete' and 'Complete' (the 'Complete' tab is selected). A search bar is located to the right of the tabs. The main content is a table with the following columns: POA, Applicant, State, Products, Case Completed, and Delete. The table contains five rows of data, each with a red 'Delete' button in the final column.

| POA | Applicant | State | Products | Case Completed | Delete |
|-----|-------------------|-------|----------|---------------------|--|
| | Hope Testforms2 | CA | FE | 04/11/2022 8:53 AM | Delete |
| | Hope Testforms1 | IA | FE | 04/11/2022 8:42 AM | Delete |
| | Hower Josh | NH | FE | 04/10/2022 11:59 PM | Delete |
| | Rhonda Olsen | ND | FE | 04/10/2022 11:36 PM | Delete |
| | Jennifer Mornarch | ND | FE | 04/10/2022 11:11 PM | Delete |

Searching the dashboard

The Dashboard screen has a search feature that will allow you to find a client's application, both in the **Incomplete Submissions** and **Complete Submissions** sections.

This screenshot is similar to the previous one but highlights the search functionality. A red rectangular box is drawn around the search area in the 'My Submissions' section, which includes a 'Reset' button, a text input field labeled 'Search', and a search icon (magnifying glass).

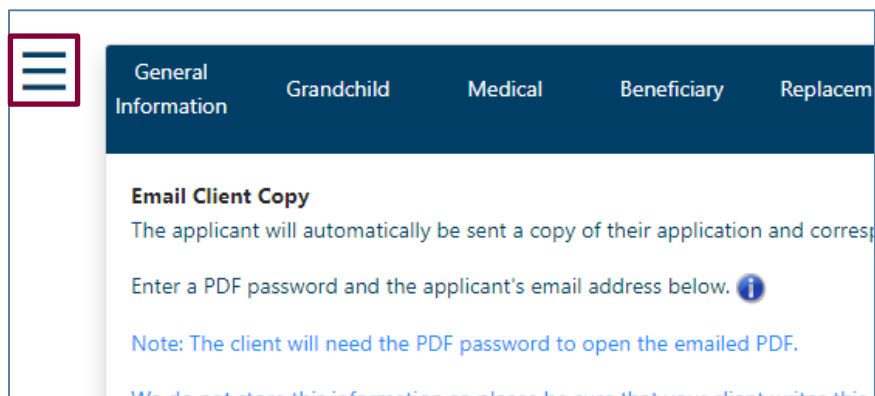
Click in the **Search** field and enter your search criteria. The search feature will look for all information that is available on this screen. If you know a specific detail (e.g., client last name), use that information to narrow the search. But if you only know partial information, you can do a broad search.

Navigating the MyEnroller screens

Several features appear on every screen.

Jump-to-navigation

The “Jump-to-navigation” allows you to toggle between screens you have visited. When you tap on the three horizontal marks in the top left corner, you’ll see a list of the screen names that you have visited. You are not allowed to jump forward. When you hit “Next” at the bottom of the screen, the page that you just exited will be added to the list.



General Information Grandchild Medical Beneficiary Replacement

Email Client Copy

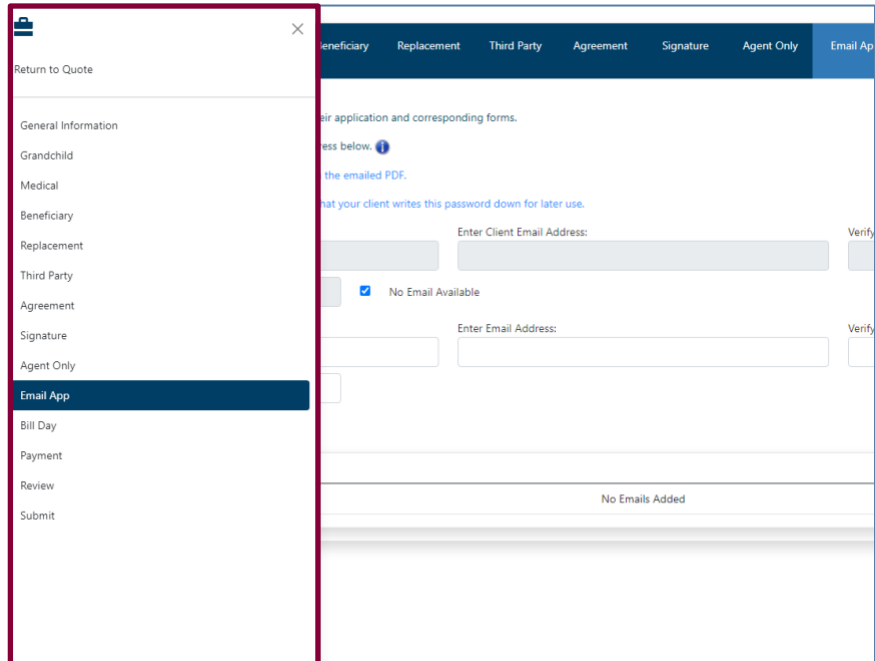
The applicant will automatically be sent a copy of their application and corresponding forms.

Enter a PDF password and the applicant's email address below. ⓘ

Note: The client will need the PDF password to open the emailed PDF.

We do not store this information so please be sure that your client writes this

Tap on the page/screen you would like to visit.



Return to Quote

General Information

Grandchild

Medical

Beneficiary

Replacement

Third Party

Agreement

Signature

Agent Only

Email App

Bill Day

Payment

Review

Submit

Beneficiary Replacement Third Party Agreement Signature Agent Only Email App

Enter Client Email Address: Verify

☒ No Email Available

Enter Email Address: Verify


No Emails Added

Save and return to Dashboard

The “Save and return” feature allows you to save the quote or application on the last page that you completed and will immediately take you back to the Dashboard step.

Return to quote

The “Return to quote” feature allows you to return directly to the quote page to change the options on the quote.

MyEnroller 

Final Expense

Plan: Guaranteed Assurance
Rider: Child/Grandchild
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$5,000.00

Premium Total: \$66.00

Return to Quote

Save and return

Other navigational features

Progress bar

This tracks your progress through the application and is located at the top of the screen. You can click on any screen that has already been visited to return and make changes.

| | | | | | | | | | | | | | |
|---------------------|------------|---------|-------------|-------------|-------------|-----------|-----------|------------|-----------|----------|---------|--------|--------|
| General Information | Grandchild | Medical | Beneficiary | Replacement | Third Party | Agreement | Signature | Agent Only | Email App | Bill Day | Payment | Review | Submit |
|---------------------|------------|---------|-------------|-------------|-------------|-----------|-----------|------------|-----------|----------|---------|--------|--------|

Previous button

The “Previous” button allows you to go back one screen at a time.

PreviousNext

Next button

The “Next” button allows you to move forward to the next page.

IMPORTANT NOTE: Every time you tap “Next,” the information is **AUTOMATICALLY** saved.

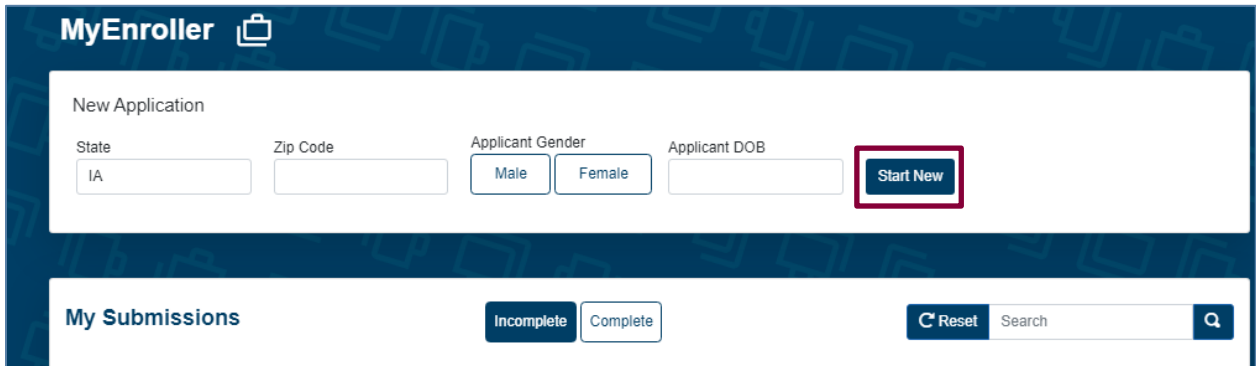
PreviousNext

Missing information/Required fields

Required fields are noted with red asterisks *. You will not be allowed to move to the next screen until all errors or missing fields are completed.

Quote and/or application process (screens will vary by state)

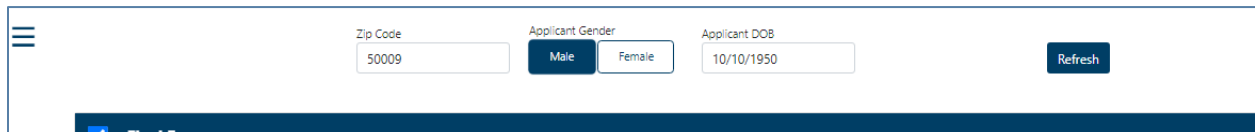
- To start a new quote and/or application, complete the following:
 - Select the state where you, as the agent, are appointed and will be completing the enrollment.
 - Enter insured's ZIP code.
 - Select insured's gender.
 - Enter insured's date of birth.
 - Click on **"Start New."**



The screenshot shows the 'MyEnroller' interface. At the top, there's a header with the 'MyEnroller' logo and a clipboard icon. Below this is a 'New Application' section with four input fields: 'State' (containing 'IA'), 'Zip Code' (empty), 'Applicant Gender' (with 'Male' and 'Female' radio buttons), and 'Applicant DOB' (empty). A 'Start New' button is highlighted with a red box. Below the 'New Application' section is a 'My Submissions' section with 'Incomplete' and 'Complete' buttons, a 'Reset' button, and a search bar with a magnifying glass icon.

Applicant quote details

The "Applicant Quote Details" will show at the top of the Quote step. It allows you to change the details of a quote by updating the ZIP code, gender, and date of birth. This feature allows you to make a correction or create multiple quotes all on one screen. The Refresh button must be clicked to update the applicable changes.



The screenshot shows the 'Applicant Quote Details' form. It has a sidebar menu on the left with a hamburger icon. The main form area contains three input fields: 'Zip Code' (containing '50009'), 'Applicant Gender' (with 'Male' and 'Female' radio buttons), and 'Applicant DOB' (containing '10/10/1950'). A 'Refresh' button is located to the right of the 'Applicant DOB' field. At the bottom, there's a dark blue bar with a checkmark icon and the text 'Final Expense'.

Product quote screen

After you have completed the applicant quote details on the Dashboard and clicked on “Start New,” you will be presented with the product quote screen. Check the box to the left of “Final Expense” to begin.

The screenshot shows the 'Product quote screen' with a top navigation bar containing fields for Zip Code (50009), Applicant Gender (Male/Female), and Applicant DOB (10/10/1950), along with a Refresh button. The main content area features a 'Final Expense' section with a blue header and a checkmark. Below the header, there's a form with fields for Preferred Effective Date (03/07/2022), Payment Method (Bank Draft), and Payment Frequency (Monthly). A 'Calculate plan by:' dropdown is set to 'Face Amount' with a value of 0. Below this, there's a 'Select a plan' section with three options: 'Great Assurance Final Expense', 'Guaranteed Death Benefit', and 'Guaranteed Assurance', all showing a price of \$0.00 and a note 'Not available for this face amount'. An 'Optional Riders' section shows 'Dependent Child/Grandchild Rider'. An 'Add To Cart' button is at the bottom left. On the right side, there's a 'MyEnroller' logo and a message: 'You have no plans selected. Select a plan to get started.'

Select the appropriate agent number in the product ribbon. If you have only one agent, it will default to this number automatically.

This close-up shows the 'Final Expense' product ribbon with a blue header, a checkmark, and an 'Agent Number' dropdown menu.

Confirm the preferred effective date, the payment method, and payment mode. Each will default to the most popular selections but can be changed by clicking on the calendar or dropdown arrows. The preferred effective date will default to today's date, with the method and mode defaulting to bank draft on a monthly basis.

This close-up shows the 'Preferred Effective Date' field with a calendar icon, the 'Payment Method' dropdown set to 'Bank Draft', and the 'Payment Frequency' dropdown set to 'Monthly'.

Use the “Calculate plan by” field to determine the face amount or premium and include a value in the corresponding field. This field will default to calculating a premium based on the face amount provided but can be changed to calculate the face amount based on a given premium.

This close-up shows the 'Calculate plan by:' dropdown set to 'Face Amount' and the 'Value:' field set to 0, with an information icon to the right.

Select a plan and optional riders and answer the tobacco question based on the plan selection and face amount.

If the plan is calculated using a face amount, the plan premiums will display in the plan boxes. If the plan is calculated using a specific premium, the applicable face amounts will show in the plan boxes. Riders and/or the tobacco rates will be included in these values.

Select a plan

Great Assurance Final Expense\$44.49

Graded Death Benefit\$57.86

Guaranteed Assurance\$70.65

Yes

No

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?

Optional Riders

Dependent Child/Grandchild Rider

Accidental Death Benefit Rider

A disclaimer labeled “Adjustments to coverage and premiums” will appear, and its language will reflect what you have selected.

Adjustments to Coverage and Premiums.

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

Adjust the face amount to match the premium.

Adjust the premium to match the face amount.

If you want to begin enrollment at this point, click the “Add plan” button at the bottom of the product section on the Quote screen and then the “Continue application” button in the summary on the right side of the screen.

Calculate plan by

Value

Face Amount

5000

Select a plan

Great Assurance Final Expense\$45.49

Graded Death Benefit\$58.86

Guaranteed Assurance\$66.00

Optional Riders

Dependent Child/Grandchild Rider

Add Plan

Applicant Details

Zip Code

50009

Applicant Gender

Male

Female

Applicant DOB

10/10/1950

Rate Effective Date

03/25/2022

Refresh

Final Expense

1409999

Amount: \$96.00

Preferred Effective Date

03/25/2022

Payment Method

Bank Draft

Payment Frequency

Monthly

Calculate plan by

Face Amount

Value

5000

Select a plan

Great Assurance Final Expense

\$45.49

Graded Death Benefit

\$58.66

Guaranteed Assurance

\$66.00

Optional Riders

Dependent Child/Grandchild Rider

Remove Plan

MyEnroller

Final Expense

Plan: Guaranteed Assurance

Rider: Child/Grandchild

Frequency: Monthly

Method: Automatic Bank Withdrawal

Face Amount: \$5,000.00

Premium Total: \$66.00

Email Quote

Print Quote

Continue Application

Email and print quote option

You have the option to email or print the information for the applicant. The buttons are listed above the "Continue Application" button.

Email Quote

Print Quote

Email quote option

If you choose to email the quote, enter the applicant's first name, last name, and email address and click "Send Quote".

EMAIL QUOTE

Applicant First Name:

Applicant Last Name:

Applicant Email Address:

Email Message:

Please see your insurance quote provided by the agent.

Send Quote

Close

Close

Print quote option

If you choose to print the quote, enter the applicant's first and last names and click "Print Quote". A copy of the quote will appear in a PDF format that you can print.

PRINT QUOTE

Applicant First Name:

Applicant Last Name:

Print Quote

Close

Close

Sample of email and copy of quote


Sample of email

Dear Test Applicant,

Thank you for your interest. Attached is a quote based on the information you provided. Please contact me if you have any questions or would like to sign up for coverage.


Sincerely,

TEST TEST USERFIVE
testmedicoagent@gomedico.com
(515) 555-3333



NOTICE: This e-mail message and any attachments are confidential and intended for the sole use of the intended recipient(s). If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying, or other unauthorized use of this message and/or its attachments is strictly prohibited. If you received this transmission in error, please notify the sender immediately and delete or destroy all copies of this message and its attachments in all media. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under law.

Sample of printed copy



Message: Please see your insurance quote as provided by agent, Test Test Userseven.

Applicant: Test Applicant
Resident State: IA
Zipcode: 50009
Effective Date: 03/25/2022
Application Date: 03/25/2022

Agent: Test Test Userseven
Email: testmedicoagent@gomedico.com
Telephone: (402) 496-6063

Proposal Final Expense

Applicant: Test Applicant
Gender/Age: Male/71
Plan: Great Assurance Final Expense
Face Amount: \$5,000.00
Dependent Child/Grandchild Rider: Yes

Total Monthly Bank Draft Premium: \$45.49

| | | | | | | | |
|--------------------|---------------------|----------------------|-----------------------|------------------------|-------------------------|-------------------|--------------------|
| Monthly Bank Draft | Monthly Credit Card | Quarterly Bank Draft | Quarterly Credit Card | Semi Annual Bank Draft | Semi Annual Credit Card | Annual Bank Draft | Annual Credit Card |
| \$45.49 | \$45.49 | \$134.00 | \$134.00 | \$263.06 | \$263.06 | \$506.35 | \$506.35 |

Rate quotes are for illustrative purposes only and are not guaranteed. This quote is not an offer or contract. We reserve the right to adjust quoted rates based on information provided by the application, the underwriting process, applicant interviews, or to correct any errors on the quotation. Any coverage is effective only after approved by the Company, and only after premium has been received by the Company. The quote must be used in conjunction with the appropriate brochure for this plan, and must be attached to the application submitted. All plan provisions apply. If an applicant's age increases after the quote is submitted and the coverage is not yet approved by the Company, the premium will be adjusted to reflect the new age in the rates. Please refer to the validation of coverage and/or schedule of benefits for exact policy/certificate information.

Taking an application with MyEnroller

Throughout the application process, the questions that are required will have a red asterisk * next to their fields.

Completing the general information screens

Fill in the applicant's first name, last name, address, city, phone number, Social Security number, and email address. If there is a separate owner, mark the corresponding box.

General Information

* First Name Middle Initial * Last Name Suffix (ex: Jr.)

* Home Address Apt/Bldg/Unit * City * State * Zip Code

Phone Mobile Applicant SSN Email Address

☐ Is Owner different than the Primary Insured?

☐ Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

I have read the following statement to the applicant and received agreement:

☐ * The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.

Return to Quote Next

MyEnroller

Final Expense

Plan: Great Assurance Final Expense
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000
Premium Total: \$45.49

Save and return

NOTE: If there is a power of attorney (POA), guardianship, or representative payee designation, tick the appropriate box to indicate a separate line of authority. The text will expand to indicate that appropriate documentation must be submitted separately. This text will also appear at the end of the enrollment process as a reminder.

☒ Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

You have indicated that someone will be signing this enrollment using a separate line of authority.

You must submit appropriate documentation along with the Submission Form via mail/fax/email before this application can be underwritten. You will be able to print the Submission Form later in the enrollment process or on the Dashboard screen after completing the enrollment.

Great Western Insurance Company
Email – FENew@gwic.com
Fax -- 515-247-2500
Mailing address: PO Box 14410 Des Moines, IA 50306-3410

Owner information

If you selected the box on the “General Information” screen to indicate the owner of the policy will be different than the insured, the screen will expand to show the applicable fields. The owner’s demographic information and the “Relationship to Insured” fields must be completed.

Some screens will indicate that the owner must complete certain areas of the application if they are different than the insured.

| General Information | Medical | Beneficiary | Replacement | Third Party | Agreement | Signature | Agent Only | Email App | Bill Day | Payment | Review | Submit |
|---------------------|---------|-------------|-------------|-------------|-----------|-----------|------------|-----------|----------|---------|--------|--------|
|---------------------|---------|-------------|-------------|-------------|-----------|-----------|------------|-----------|----------|---------|--------|--------|

General Information

First Name Middle Initial Last Name Suffix (ex: Jr.)

Home Address Apt/Bldg/Unit City State Zip Code

Phone Mobile Applicant SSN Email Address

☒ Is Owner different than the Primary Insured?

Owner Information

First Name Middle Initial Last Name Suffix (ex: Jr.)

Home Address Apt/Bldg/Unit City State Zip Code

Phone Date of Birth (MM/DD/YYYY) Relationship to Insured

Social Security Number Email Address

☐ Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

I have read the following statement to the applicant and received agreement:

☐ The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.

Final Expense

Plan: Great Assurance Final Expense
 Child Grandchild: None
 Accidental Death Benefit Rider: False
 Frequency: Monthly
 Method: Automatic Bank Withdrawal
 Face Amount: 4000

Premium Total: \$36.31

Save and return

Child/Grandchild rider information

This screen will appear if the Child/Grandchild rider was selected on the quote screen. You must add at least one child or grandchild by completing the first name, last name, and date of birth fields. Click the “Add Child/Grandchild” button after entering each name. There is no limit on the number of children or grandchildren that can be added.

| General Information | Grandchild | Medical | Beneficiary | Replacement | Third Party | Agreement | Signature | Agent Only | Email App | Bill Day | Payment | Review | Submit |
|---------------------|------------|---------|-------------|-------------|-------------|-----------|-----------|------------|-----------|----------|---------|--------|--------|
|---------------------|------------|---------|-------------|-------------|-------------|-----------|-----------|------------|-----------|----------|---------|--------|--------|

Child/Grandchild Information

I am applying for the Child/Grandchild Protection Plan and understand that only the Covered Children / Grandchildren who are listed below and who meet the following conditions will be covered.

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

First Name Middle Initial Last Name Birthday (MM/DD/YYYY)

ⓘ

| First Name | Middle Initial | Last Name | Date of birth |
|------------|----------------|-----------|---------------|
| | | | |

Final Expense

Plan: Great Assurance Final Expense
 Child Grandchild Rider: True
 Accidental Death Benefit Rider: False
 Frequency: Monthly
 Method: Automatic Bank Withdrawal
 Face Amount: 5000

Premium Total: \$45.49

Save and return

Medical information (this screen will vary by state)

This screen will only appear if the Great Assurance® or Graded Benefit plan was selected on the Quote screen. If any of the questions 1–10 are answered “Yes,” the proposed insured will be moved to a Guaranteed Assurance plan. If any of the questions 11–13 are answered “Yes,” the proposed insured will be moved to a Graded Benefit plan. All medical questions 1–13 must be answered “No” and physician information must be provided to qualify for the Great Assurance plan.

General Information

Grandchild

Medical

Beneficiary

Replacement

Third Party

Agreement

Signature

Agent Only

Email App

Bill Day

Payment

Review

Submit

MyEnroller

Final Expense

Plan: Great Assurance Final Expense
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000
Premium Total: \$45.49

Save and return

Medical Information

If any of the questions 1 through 10 are answered “Yes,” the proposed insured should apply for the Guaranteed Assurance plan. If any of the questions 11 through 13 are answered “Yes,” the proposed insured should apply for the Graded Death Benefit plan. All medical questions 1 through 13 need to be answered “No” to qualify for the Great Assurance plan.

Please answer the following questions to the best of your knowledge.

Yes

No

1. Are you currently or have you been advised in the past **3 months** by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?

Yes

No

2. Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed?

Yes

No

3. Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness?

Yes

No

4. Do you require the use of oxygen or oxygen equipment to assist with breathing?

Yes

No

5. Do you currently have or are you being treated by a licensed member of the medical profession for any form of cancer (excluding basal cell skin cancer) or have you been treated for a recurrence of a previous cancer or metastatic cancer (cancer that has spread to other parts of the body)?

Previous

Next

If the plan changes based on responses to the medical questions, a popup will display the differences in the plans from what was initially applied for versus the plan the applicant is now eligible for. Similarly, the summary on the right side will also update with the new eligible plan details.

If the applicant accepts the new options, indicate this by clicking the “Continue with enrollment” button to complete the application. If the applicant has elected not to apply, click “Save and close”.

PLAN CHANGED

Based on how the medical questions were answered, the applicant's eligibility has changed. Please review the adjustments below with your client.

Initial options quoted and applied for:

Plan Eligibility: **Not Eligible based on underwriting criteria**

Plan Name: Great Assurance Final Expense

Face Amount: 5000

Rider Name: Child Grandchild

Total Premium: \$ 45.49

New plan option:

Plan Eligibility: **Eligible**

Plan Name: Graded Death Benefit

Face Amount: 5000

Rider Name: Child Grandchild

Total Premium: \$ 71.65

If the applicant accepts the new options, please click “Continue with enrollment” to complete the application. If the applicant has elected not to apply, click “Save and close”

Save and close

Continue with enrollment

17

Beneficiary information

At least one primary beneficiary must be added for the Final Expense product, but there is no limit on how many primary and/or contingent beneficiaries can be added. Each type of beneficiary must equal 100% allocation.

Complete the following fields: First Name, Last Name, % Allocation, Street Address, City, State, ZIP code, and Relationship to Insured. Then click the applicable button — “Add/Edit Primary Beneficiary” or “Add/Edit Contingent Beneficiary.”

General Information

Grandchild

Medical

Beneficiary

Replacement

Third Party

Agreement

Signature

Agent Only

Email App

Bill Day

Payment

Review

Submit

MyEnroller

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000

Premium Total: \$58.86

Save and return

Beneficiary Information

☐ Beneficiary will be an Estate

First Name

Middle Initial

Last Name

Suffix (ex. jr)

% Allocation

Address Line 1

City

State

Zip Code

Relationship to Insured

Phone

SSN

Date of Birth

Add Primary Beneficiary

Add Contingent Beneficiary

Primary Beneficiary

| Name | Address | Relationship | Allocation |
|------|---------|--------------|------------|
|------|---------|--------------|------------|

Contingent Beneficiary

| Name | Address | Relationship | Allocation |
|------|---------|--------------|------------|
|------|---------|--------------|------------|

* Allocations MUST total 100% for each beneficiary type

Previous

Next

Replacement information

On this screen, you will need to indicate if the applicant has existing insurance and if the plan they are applying for will replace or change the existing coverage. Based on the responses to the initial questions, additional text and questions will expand. You cannot proceed without answering the required questions or completing all sections. This screen will vary based on state-specific forms.

General Information

Grandchild

Medical

Beneficiary

Replacement

Third Party

Agreement

Signature

Agent Only

Email App

Bill Day

Payment

Review

Submit

MyEnroller

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000

Premium Total: \$58.86

Save and return

Replacement Information

Yes

No

Do you have any existing insurance policies or annuity contracts?

Yes

No

Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

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.

Yes

No

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy, or contract?

Yes

No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Previous

Next

Third-party notice

This screen will give the policyowner an option to designate a third-party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

General InformationGrandchildMedicalBeneficiaryReplacementThird PartyAgreementSignatureAgent OnlyEmail AppBill DayPaymentReviewSubmit

Third Party Notice

Under law a policy owner may designate a third party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

☐

I elect to designate a person.

☐

I elect NOT to designate a person.

Previous

Next

MyEnroller

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000

Premium Total: \$58.86

Save and return

Application agreement

Review the application agreement with the applicant before capturing signatures.

General InformationGrandchildMedicalBeneficiaryReplacementThird PartyAgreementSignatureAgent OnlyEmail AppBill DayPaymentReviewSubmit

Application Agreement

By signing below, I (both the owner and proposed insured) agree:

(1) I represent statements in this application are complete and true. (2) When the policy is delivered, the proposed insured must be alive and in the same health as described above or there will be no insurance. (3) No insurance exists unless and until coverage is approved by Great Western Insurance Company, the first premium is paid, and a policy is delivered.

Authorization:

I, the proposed insured, authorize any physician, hospital, pharmacy, pharmacy benefit manager, health insurance plan or any other entity that possesses any diagnosis, treatment, prescription or other medical information about me to furnish such health information to Great Western Insurance Company and the entities with which it contracts to administer insurance applications (collectively the "Company") and their agents and representatives for the purpose of evaluating my eligibility for insurance. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also includes information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. This authorization overrides any restrictions that I may have in place with any entity regarding the release of my medical information. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to the Company.

Non-health information is all other information, it may be about employment, other insurance owned, or motor vehicle, consumer, or credit reports. It may also be information used to confirm questions and answers on the application for insurance.

I authorize disclosure of this information to the Company by any of the following sources: doctors, medical practitioners, hospitals, clinics, or other medical or medically related facilities or professionals; the Company's legal representatives or agents; insurers or reinsurers; health plans; consumer reporting agencies; public records; employers; Pharmacy Benefit Manager (PBM); or the Medical Information Bureau (MIB).

I authorize the Company or its reinsurers to make a brief report of my personal health information to the MIB.

I affirm that no illustration was used in the sale of this product.

I understand:

- I can refuse to sign this Authorization. If I refuse, the Company will not be able to consider my application(s).
- I can revoke this Authorization at any time, except to the extent that the Company has acted in reliance upon it or other law that gives the Company the right to contest a claim under the policy or the policy itself.
- Revoking this Authorization means the Company will not be able to consider my application(s). Requests to revoke must be in writing and sent to: Great Western Insurance Company, P.O. Box 14410, Des Moines, Iowa 50306-3410.
- Subject to state and federal laws, information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected.
- I (or my authorized persons representative) am entitled to and will be sent a copy of this Authorization. This Authorization expires 24 months from the date I sign it. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery.
- I may request to be interviewed in connection with the preparation of a consumer report and, upon written request, receive a copy of the report.
- I agree that a copy of this Authorization is as valid as the original.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Previous

Next

MyEnroller

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000

Premium Total: \$58.86

Save and return

Signature options

Please select which option the applicant will use to sign the application: electronic signature or voice authorization. Each signature type is described in greater detail below.

NOTE: If the owner is different than the insured, a signature for the owner must be collected. Follow the text on the screen, which will indicate when to collect each signature.

The screenshot shows the 'Signature' tab in the MyEnroller application. The 'Primary Applicant Signature Options' section has two radio buttons: 'Electronic Signature' (selected) and 'Voice Authorization'. The 'Final Expense' summary on the right lists: Plan: Graded Death Benefit, Child Gracchild Rider: True, Accidental Death Benefit Rider: False, Frequency: Monthly, Method: Automatic Bank Withdrawal, Face Amount: 5000, and Premium Total: \$58.86. Navigation buttons include 'Previous', 'Next', and 'Save and return'.

Electronic signature

MyEnroller allows you to capture the client's signature electronically for two scenarios:

- Applicant is present
- Applicant is not present

This detailed view shows the 'Primary Applicant Signature Options' section. Under 'Please select the option the Primary Applicant will use to sign this enrollment:', 'Electronic Signature' is selected with a blue checkmark, and 'Voice Authorization' is unselected. Below, the 'Primary Applicant Signature Options - esign' section shows 'Primary Applicant's Signature' with two radio buttons: 'Primary Applicant is present' (selected) and 'Primary Applicant is not present' (unselected). Information icons are present next to these options.

Applicant is present

The “Electronic Signature with Applicant Present” is best used if you are completing the application in person with the applicant. **The applicant MUST be present for this option.** The applicant signs by agreeing to this signature type and then entering the same date of birth and phone number collected during the enrollment process.

This detailed view shows the 'Signature' tab with the 'Applicant is present' option selected. The 'Primary Applicant Signature Options' section shows 'Electronic Signature' selected. The 'Primary Applicant Signature Options - esign' section shows 'Primary Applicant is present' selected. Below this, there is a consent statement: 'By entering my date of birth and phone number, I am electronically signing my application. I, K K, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms.' with 'Yes' and 'No' buttons. At the bottom, there are input fields for 'Date of Birth' (MM/DD/YYYY) and 'Phone Number'. The 'Final Expense' summary on the right lists: Plan: Guaranteed Assurance, Frequency: Monthly, Method: Automatic Bank Withdrawal, Face Amount: \$4,000.00, and Premium Total: \$52.58. Navigation buttons include 'Return to Quote' and 'Save and close'.

Applicant is not present

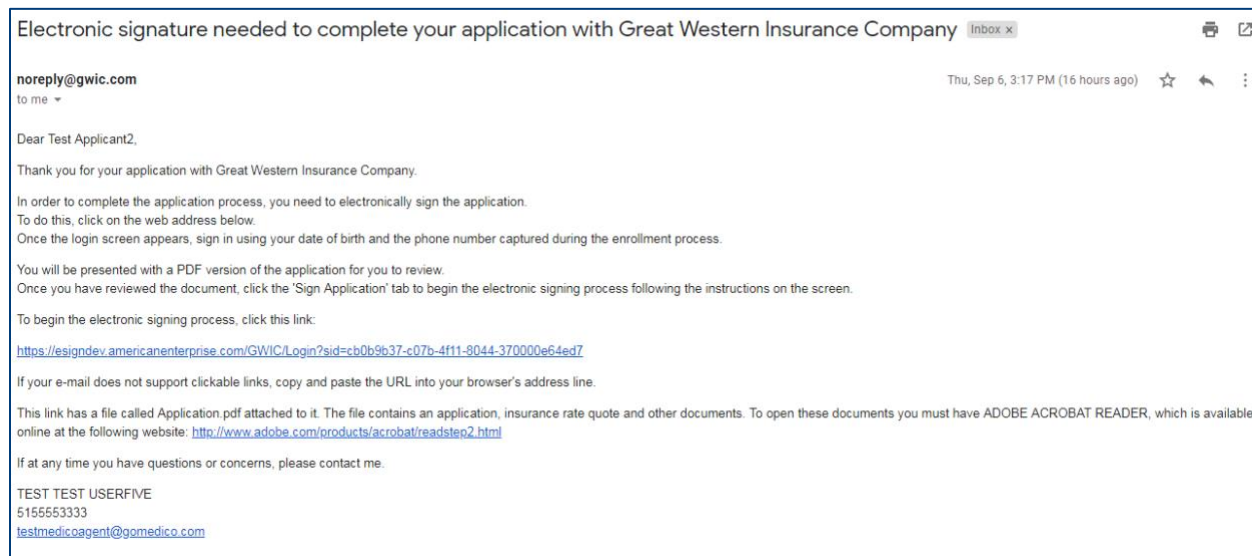
If you are not completing the application in person with the applicant, you may opt for “Electronic Signature without Applicant Present.” GWIC will send an email with a secure link to the applicant/owner. The email will instruct the applicant to click on the link, review the application and all attached forms, and provide an electronic signature. To ensure that this process works smoothly, you must provide the applicant’s/owner’s accurate email address, date of birth, and phone number.

After you complete the submission, you will not be able to correct this information until the case is reviewed by the home office. The application and all forms are submitted to the home office as soon as the applicant electronically signs. GWIC will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well — with the link omitted. The reminder emails will continue until the applicant has completed the electronic signature. After 30 days, the application will need to be redone if not signed.

| General Information | Grandchild | Medical | Beneficiary | Replacement | Third Party | Agreement | Signature | Agent Only | Em |
|---|------------|---------|-------------|-------------|-------------|-----------|-----------|------------|----|
| Primary Applicant Signature Options Please select the option the Primary Applicant will use to sign this enrollment: <input checked="" type="checkbox"/> Electronic Signature <input type="checkbox"/> Voice Authorization Primary Applicant Signature Options - esign Primary Applicant's Signature <input type="checkbox"/> Primary Applicant is present ⓘ <input checked="" type="checkbox"/> Primary Applicant is not present ⓘ Electronic Signature Email Address <input type="text"/> Verify Email Address <input type="text"/> <p>An email will be sent to the applicant to review and sign forms electronically. Email address must be provided.</p> <div>Previous Next</div> | | | | | | | | | |

Applicant's email

Below is a copy of the email that the applicant will receive. The applicant will click on the link to access the electronic signature process.



Applicant verifies identity

After the applicant clicks on the link within the email, the window below will appear in their internet browser. The applicant will need to verify their identity by entering the date of birth and phone number that was collected during the enrollment process and clicking on "Verify."

The screenshot shows a web application titled "MyEnroller" with a briefcase icon. The main heading is "Please verify your identity". Below this, there are two input fields:

Enter Date of Birth

Enter Phone Number



At the bottom of the form is a dark blue button labeled "Verify".




The applicant will have the opportunity to review the application before completing the signature portion.

MyEnroller

Please review the application and click next to sign


MriWyoykeAM8NsDXUaXdNRqRTtoXMSAGUcNhSapywxyDS6...

1 / 9 - 100% +  

1

2



GREAT WESTERN INSURANCE COMPANY

P.O. Box 14410 Des Moines, IA 50306-3410
 Fax: 515-247-2500 • Phone: 800-733-5454
 Email: FENEW@GWIC.COM • Website: www.gwic.com

Application for Individual Life Insurance

Upon approval of this application, the policy will be delivered to: ☒ Insured ☐ Owner ☐ Agent

Part A: Proposed insured (Full legal name)

| | | |
|---|----------------------------|------------------------|
| Test | Altoona | Altoona |
| Full name of applicant: first, middle, last, suffix | Date of birth (MM/DD/YYYY) | Gender |
| 4290 Casebeer | 10/10/1950 | Male |
| Address (include Apt/Bldg/Unit Nbr if applicable) | City | State ZIP code |
| (333) 333-3333 | | IA 50009 |
| Phone number | Mobile phone number | Email address |
| | | Social Security number |


Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months? ☐ Yes ☐ No

Part B: Owner (Complete only if other than proposed insured)

| | | |
|---|----------------------------|-------------------------|
| Full name of owner: first, middle, last, suffix | Date of birth (MM/DD/YYYY) | Gender |
| Address (include Apt/Bldg/Unit Nbr if applicable) | City | State ZIP code |
| Phone number | Email address | Relationship to insured |
| | | Social Security number |

The applicant will click on the “Sign Application” button and will be presented with the notice, checklist, and signature sections to review. The applicant will select either “Sign Application” or “Reject Application”.

MyEnroller



Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Previous" button below to return to the application review page.

- Application
- Replacement form / Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Signature

I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Sign Application

Reject Application

Previous

If the applicant selects “Sign Application,” this section expands to collect the applicant’s date of birth and phone number. They will then click on the second “Sign Application” button.

Submit page

Once the signature is collected, the applicant will click “Submit.”

Signature

I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Sign Application

Reject Application

Date of Birth

MM/DD/YYYY

Phone

(000) 000-0000

Sign Application

MyEnroller

Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Previous" button below to return to the application review page.

- Application
- Replacement form / Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Signature

I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Previous

Submit

Application signed

After the signature is authorized, the application will be submitted directly into GWIC’s underwriting system.

MyEnroller

Application Submitted

Thank you, this application has been submitted. If you have any questions please contact your agent.

Voice authorization

Primary Applicant Signature Options

Please select the option the Primary Applicant will use to sign this enrollment:

- ☐ Electronic Signature
- ☒ Voice Authorization

Voice authorization by agent

Select "Request for Voice Authorization by Agent". An 800 phone number and guide will appear.

| Applicant | Beneficiary | Replacement | Third Party | Agreement | Signature | Agent | Email | Bill Day |
|---|-------------|-------------|-------------|-----------|-----------|-------|-------|----------|
| <p>Primary Applicant Signature Options</p> <p>* Please select the option the Primary Applicant will use to sign this enrollment:</p> <p>Electronic Signature</p> <p>Voice Authorization</p> <p>Primary Applicant Signature Options - voice auth</p> <p>* Primary Applicant's Signature</p> <p>Request for Voice Authorization by Agent</p> <p>866-582-8900</p> <p>Please call this number with your applicant to record the Voice Authorization, reading the text below verbatim. You will need to enter the following code at the beginning of the call.</p> <p>Do NOT enter the 5-digit code until prompted</p> <p>Code 17324#</p> <p>Press # to save and end your recording. The applicant must respond to all applicable questions for the recording to be valid.</p> | | | | | | | | |

IMPORTANT:

- This is a conference call.
- If there's a busy signal after dialing the 800 phone number, please try calling again.
- The **5-digit code must be entered correctly followed by #** for the recording to be automatically attached to the application file. If the 5-digit code is entered incorrectly, admin services will have to manually attach the recording, which may cause a delay in the underwriting process.
- The guide must be read verbatim.

The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation.

[START RECORDING]

1. This is **TEST USERSEVEN**, Agent Number **1499999**, on **3/8/2022 1:19:44 PM**, to perform a Voice Authorization for **Jane Doe** who is applying for **Final Expense Whole Life** insurance.


2. **Jane Doe** I will now ask whether you understand and agree to all the terms and conditions of the application and related notice forms. You may acknowledge you understand and agree to all terms and conditions, including your answers in the application, simply by saying "I agree" or "Yes" to the questions I will ask. If you do not understand or do not agree with any of the following questions, please say "No" or "I do not agree." Your recorded answer will be your electronic voice signature, and will have the same legal binding effect as signing a paper contract. **Jane Doe**, do you agree to use a voice signature for this process?

3. Do you agree you are applying for **Final Expense Whole Life** insurance underwritten by **Great Western Insurance Company**? Do you understand and agree that before you can have insurance coverage, your application must be approved and the first month's premium must be paid, and when the policy is delivered, the insured must be alive and in the same health?

4. Eligibility for **Final Expense Whole Life** insurance is based on information you provide to us in your application. Do you agree statements and answers you provided in your application are true, full and complete and that you have not withheld requested or required information?

Once the voice authorization is complete, **press # to save and end the recording.**

NOTE: If you do not press #, the recording will not be saved.

 REMINDER INFORMATION

REMINDER: Make sure you've hit # to save and stop the voice authorization recording.

Close

Agent use only screen

Here, you will certify that the information in the application was provided by the applicant, correctly recorded, and you have no information to add that could affect the acceptance or rejection of the risk. You will need to indicate that you have read and understand the “Training Guide to Anti-Money Laundering” by checking the box. A copy of the form is also available for you to review, if needed.

You also will be asked the replacement question from the application. Your responses must match the applicant’s.

For Agent Use Only


Producer's Certification

☐

I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application.

☐

I certify that I have read and understand this Producer's Training Guide to Anti-Money Laundering. I understand that under the Treasury Department and its Financial Crimes Enforcement Network (FinCEN) have issued regulations requiring insurance companies to establish AML programs meeting certain requirements as well as report suspicious transactions, and that as an insurance agent, I am expected and agree to comply with these requirements.

 Click to view/collapse AML form

YesNo

Does the applicant have any existing insurance policies or annuity contracts?

YesNo

Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

Confirm the preferred effective date and select to whom the policy should be mailed. **NOTE:** The delivery option is not available in all states.

☐ **Confirm Preferred Effective Date**

Final Expense - 3/8/2022

To change the Preferred Effective date, please return to the Quote screen.

Note: This premium may draft immediately unless a future preferred effective date is chosen.

Upon approval of this application, the policy should be mailed to:

Applicant

Owner (if different than the Applicant)

Agent

Split commissions

GWIC allows the option to split a commission with another agent on the Final Expense product, if desired.

Yes

No

Would you like to split your commissions?

If “Split Commission” is selected, you will need to enter the agent’s name, agent’s GWIC Final Expense writing number (agent number), and commission percentage split.

NOTE: The commission percentage split **MUST** equal 100%.

Yes

No

Would you like to split your commissions?

Primary Agent Information

Agent Name

TEST

Agent Number

1499999

Percent of Commission*

Secondary Agent(s) Information

Secondary Agent First Name

Secondary Agent Last Name

Agent Number

Percent of Commission*

***Commission percentages MUST total 100%**

This information will not be visible to the agent or applicant on the final application documents but will be sent to the policy issue team for processing.

Email copy of application

Unless the applicant/owner does not have an email address, a password and applicant's email address should be provided so a complete application and all corresponding forms can be sent to the applicant for review and to save in their files. The copy of the application will be a PDF and require a password that is 10 characters. After entering the password and email address, click the "Add Applicant" button.

NOTE: The password will be used by the client to open the email PDF. **GWIC does not store this information**, so please make sure the correct password is given to the client.

The emailed copies of the application will not be sent until all signatures are collected.

Email Applicant Copy
The applicant will automatically be sent a copy of their application and corresponding forms.

Enter a PDF password and the applicant's email address below. ⓘ

Note: The client will need the PDF password to open the emailed PDF.
We do not store this information so please be sure that your client writes this password down for later use.

Enter Applicant PDF Password: Enter Applicant Email Address: Verify Applicant Email Address:

☐ No Email Available

Enter PDF Password: Enter Email Address: Verify Email Address:

Emails

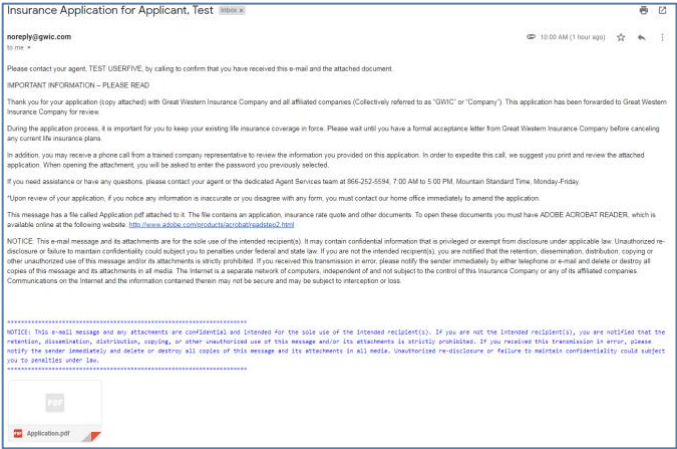
| Email | Edit | Delete |
|-----------------|------|--------|
| No Emails Added | | |

MyEnroller

Final Expense
Plan: Guaranteed Assurance
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$4,000.00
Premium Total: \$52.58

This screen also allows the agent to email a full copy of the application and corresponding forms to additional individuals. This is optional. Complete the password and email address fields followed by the "Add Other" button.

Copy of email



Bill day information

This screen explains how the requested bill day can potentially be impacted by the preferred effective date and the activation date of the policy.

General InformationGrandchildMedicalBeneficiaryReplacementThird PartyAgreementSignatureAgent OnlyEmail AppBill DayPaymentReviewSubmit

Bill Day Info

The premium may draft immediately unless a future preferred effective date is chosen. The preferred effective date, the activation date and the selected bill day are all taken into consideration for the initial payment. The 29th, 30th, or the 31st can not be used for the bill day.

Example 1:

Policy is written and activated 10/15. Draft date requested is the 4th, the policy will draft immediately and again 11/4 for then second premium payment.

Example 2:

Policy is written and activated 10/15. Draft date requested is the 28th, the policy will not draft the initial premium until 10/28. Subsequent payments would be drafted on the 28th of each month with the second payment being drafted 11/28

If you have questions, please contact Agent Care, Monday - Friday, from 7:30 a.m. to 5 p.m., Central time by calling 866-252-5594, option 2, or by emailing m1agentsupport@americanenterprise.com.

☐ I have reviewed the payment scenarios with the applicant and/or owner.

Previous

Next

MyEnroller

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000

Premium Total: \$58.86

Save and return

Bank draft information

Fill in the bank or financial institution’s name, routing number, account number, type of account, authorization for the account, bill day, and account name (payor).

General InformationGrandchildMedicalBeneficiaryReplacementThird PartyAgreementSignatureAgent OnlyEmail AppBill DayPaymentReviewSubmit

Bank Draft Information Authorization to bank or other financial institution

Bank or financial institution (including branch, if any):

Routing Number:

Account Number:

Verify Account Number:

Bank or financial institution's address:

Account Type:

Checking

Savings

Are you authorized to use this account?:

Yes

No

Bill Day:

1-29

Account Name (as it appears on account)
Same As Applicant ☒

First Name:

Jane

M.I.:

Last Name:

Doe

Previous

Next

MyEnroller

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: 5000

Premium Total: \$58.86

Save and return

Fill in the credit card type, credit card number, expiration date, security code, bill day, authorization, and payor details.

Application review

Review the application and check all ancillary forms have been filled in with the required information. Populated fields will be blue.

General Information Grandchild Medical Beneficiary Replacement Third Party Agreement Signature Agent Only Email App Bill Day Payment Review Submit

PDF Review

Please review the forms below for accuracy before proceeding to the next screen

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GWC GREAT WESTERN INSURANCE COMPANY

P.O. Box 14410 Des Moines, IA 50306-3410
Fax: 515-247-2500 • Phone: 800-733-5454
Email: FENEW@GWC.COM • Website: www.gwic.com

Application for Individual Life Insurance

Upon approval of this application, the policy will be delivered to:
☒ Insured ☐ Owner ☐ Agent

Part A: Proposed insured (Full legal name)

| | | |
|---|----------------------------|----------------|
| Jana Doe | 10/10/1950 | Male |
| Full name of applicant: first, middle, last, suffix | Date of birth (MM/DD/YYYY) | Gender |
| 4290 Casebeer Dr Altoona IA 50009 | | |
| Address (include Apt/Bldg/Unit Nbr if applicable) | City | State ZIP code |
| 4444444444 | | |
| Phone number Mobile phone number Email address Social Security number | | |
| Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months? | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Part B: Owner (Complete only if other than proposed insured)

| | | |
|---|----------------------------|----------------|
| Full name of owner: first, middle, last, suffix | Date of birth (MM/DD/YYYY) | Gender |
| Address (include Apt/Bldg/Unit Nbr if applicable) | City | State ZIP code |
| Phone number Email address Relationship to insured Social Security number | | |

Part C: Medical information

For purposes of these questions, "you" means the proposed insured.

- Are you currently or have you been advised in the past 3 months by a licensed member of the

Final Expense

Plan: Graded Death Benefit
Child Grandchild Rider: True
Accidental Death Benefit Rider: False
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$5000

Premium Total: \$58.86

Save and return

Complete case

The application is ready to be completed. Click the “Complete Case” button to finalize the application process. No additional changes can be made to the case. **If you do not click on “Complete Case,” your application will NOT be submitted to GWIC. It will remain as an incomplete submission.**

General Information

Grandchild

Medical

Beneficiary

Replacement

Third Party

Agreement

Signature

Agent Only

Email App

Bill Day

Payment

Review

Submit

Final Confirmation

At this time, the application is ready to be completed. Clicking the “Complete Case” button below finalizes the application process and no additional changes can be made to the case.

Previous

Complete Case

Congratulations! You’ve submitted an application on MyEnroller.

Try these other GWIC tools and services to grow your business



Quoting

Use the GWIC Quote tool, gwicquote.myenroller.com, to create customized quotes for all three plans in seconds. No username or password is required, and you can save it to your desktop or home screen for easy access.



Agent Sales Support

Call 866-252-5594, option 2, Monday–Friday, from 7:30 a.m. to 5 p.m. Central time or email m1agentsupport@americanenterprise.com to receive friendly and helpful support.



Agent portal

Access commission reports, order supplies, and more on GWIC's agent portal, my.gwic.com.



Sales training

View training videos and articles in the agent portal to help you accomplish your sales goals.



Marketing materials

Order free marketing materials in English and Spanish on the agent portal to connect with clients.



Client education

Share educational articles featured on gwic.com to help explain the importance of Final Expense insurance to your clients.



Customer service

Connect your clients with our Customer Success team to make them feel valued and appreciated during their times of need. They can email fecustomerservice@gwic.com or call 800-733-5454. Customers can access forms and their policy information online 24/7 via our customer portal by registering for an account at gwic.com.