

# Final Expense

INSURANCE POLICY

*for ages 45 through 80*

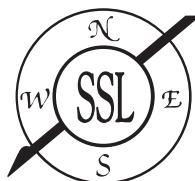


*FEATURING:*

**H.E.L.P.** is available  
when your loved ones need it most!

Southwest Service Life Insurance Company

HOME OFFICE  
Fort Worth, Texas



# PLAN NOW FOR THOSE YOU LOVE



Very affordable rates

Full and immediate benefit after issue.\*

Policy is good anywhere in the world.

Benefits do not reduce.

Proceeds are tax free.

\$15,000 up to age 80.

Accidental Death Benefit Included\*\*

There are many separate decisions to be made within just a few hours after a death in the family. This plan will free your loved ones from the financial worry over final expenses by providing your beneficiary with H.E.L.P. when they need it most!

In addition to the normal claim payment procedure in effect from the policy effective date, your policy will qualify for Southwest Service's emergency claim service after it has been in force two years.

A phone call from your beneficiary, or funeral director starts the claim process immediately.

Within 48 hours, 50% of the total benefit (not to exceed \$5,000) will be paid to your beneficiary or designated funeral home.

The remaining balance of the claim will be paid promptly after the death certificate is received.

*Your Agent will help you identify the plan that you qualify for.*

\*IMMEDIATE DEATH BENEFIT PLAN with ADB  
(Form No. L-556IBP) *applied for* ☐

- 100% of face amount paid immediately

RETURN OF PREMIUM PLAN with ADB  
(Form No. L-557RPP) *applied for* ☐

- Return of premium plus 20% interest for the first 3 years
- 100% paid after graded period
- 100% paid for accidental death, all years\*\*

*\*Benefits for death from suicide during the first two policy years are limited to the total amount of premiums paid.*

*\*\*Accidental Death Benefit is payable from date of issue and ends at age 75.*

Your Plan ... Death Benefit ... \$ \_\_\_\_\_

SOUTHWEST SERVICE LIFE INSURANCE COMPANY

P.O. Box 982005, Fort Worth, TX 76182

## CONDITIONAL RECEIPT:

THIS RECEIPT DOES NOT PROVIDE ANY INSURANCE UNTIL ITS CONDITIONS ARE MET:

Received from \_\_\_\_\_ on this date of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ the sum of \$ \_\_\_\_\_ the correct first premium contained in the application subject to the following conditions:

(1) If each Applicant would be acceptable to and approved by the Company as insurable under the Company's underwriting rules the insurance shall become effective as of the policy delivery date. (2) If any Applicant is not acceptable to and approved by Company, as above specified, then no insurance shall become effective on any Applicant and the Company shall incur no liability hereunder except to return the amount shown by this receipt. (3) The Company is not liable for any loss whatsoever sustained before a policy is actually issued and delivered, and is then liable only as provided and limited in the policy.

Signature of Soliciting Agent \_\_\_\_\_

All premium checks must be made payable to the Company. Do not make payable to the agent or leave payee blank.

CR L-556



Southwest Service Life  
Insurance Company  
HOME OFFICE  
Fort Worth, Texas

Mail Policy to ☐ Policyholder ☐ Agent

# LIFE INSURANCE APPLICATION POLICY FORM L-556/L-557

BILLING MODE	CWA	SPECIAL REQUEST	POLICY NUMBER
			AGENT NUMBER

PROPOSED INSURED	AGE	SEX	DATE OF BIRTH MO. DAY YR.	HT.	WT.	AMT. OF BENEFITS	SOCIAL SECURITY #
1.							

## PROPOSED INSURED

Telephone Number ( )  
Daytime Telephone Number ( )  
Address  
City, State, Zip

## OWNER

Name  
Address  
City, State, Zip  
SS#  
Relationship to Proposed Insured

## FAMILY PHYSICIAN

Name  
Address  
City, State, Zip

Will the life insurance being applied for replace or change  
any existing life insurance or annuity? ☐ YES ☐ NO

Telephone interview completed ☐ YES ☐ NO  
Phone #  
Best Time to Call ☐ AM ☐ PM

Occupation

Mode of Premium Payment (check):

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly  
☐ Monthly Bank Draft

Premium: \$

BENEFICIARY (FULL NAME) RELATIONSHIP

Primary

Contingent

PLAN APPLIED FOR:

☐ Immediate Death Benefit Form No. L-556IBP ☐ Return of Premium Death Benefit Form No. L-557RPP

## HEALTH INFORMATION

- Are you currently hospitalized, confined to a bed or nursing facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care? ☐ Yes ☐ No
- Have you had or been medically advised to have an organ transplant, or have you been medically diagnosed as having a life expectancy of 12 months or less, Alzheimer's, dementia, or mental incapacity, or have you been diagnosed, treated (including dialysis) or taken medication for kidney or liver failure? ☐ Yes ☐ No
- Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

**IF ANY ANSWER TO QUESTIONS 1 THROUGH 3 IS ANSWERED "YES" THE PROPOSED INSURED IS NOT ELIGIBLE FOR ANY COVERAGE**

- Have you ever been treated for insulin shock, diabetic coma, amputation caused by disease, or ever taken insulin shots prior to age 50. ☐ Yes ☐ No
  - Have you been medically diagnosed with diabetes combined with a medical history of stroke, TIA, heart disease, circulatory disease? ☐ Yes ☐ No
- Have you ever been medically diagnosed, treated, or taken medication for congestive heart failure, cardiomyopathy, Lou Gehrig's disease, Crohn's disease, or Huntington's disease? ☐ Yes ☐ No
- Have you had more than one occurrence of cancer (excluding basal or squamous cell skin cancer) in your lifetime? ☐ Yes ☐ No

- Within the past 6 months have you been confined to a wheel chair? ☐ Yes ☐ No
- Within the past 12 months have you:
  - been medically diagnosed, treated or taken medication for angina, stroke or TIA, cirrhosis, chronic hepatitis or pancreatitis, cystic fibrosis, chronic obstructive pulmonary disease (COPD), emphysema or required oxygen equipment to assist in breathing? ☐ Yes ☐ No
  - had or been medically advised to have surgery for brain or heart disorders (including catheterization or a pacemaker insertion), or any procedure to improve circulation to the heart, brain or legs? ☐ Yes ☐ No
  - had a heart attack, aneurysm, heart valve surgery, coronary artery bypass surgery, angioplasty, or stent implant? ☐ Yes ☐ No
  - been medically diagnosed, treated, or taken medication for internal cancer, melanoma, Hodgkin's disease, leukemia, lymphoma, or systemic lupus (SLE)? ☐ Yes ☐ No
  - had or been recommended to have treatment or counseling for alcohol or drug abuse or any diagnostic testing recommended by a medical professional which has not been completed or for which the results have not been received? ☐ Yes ☐ No
- Within the past 24 months have you been medically diagnosed, treated or taken medication for schizophrenia or any neuro-muscular disease (including cerebral palsy, multiple sclerosis, grand mal seizures, or Parkinson's disease)? ☐ Yes ☐ No
- Within the past 24 months have you used heroin, cocaine, illegal IV drugs, LSD, or abused prescription medications? ☐ Yes ☐ No

**If any answer to questions 4 through 10 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.**

**If all questions 1 through 10 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.**

**ANY MISSTATEMENTS AS TO HEALTH OR PHYSICAL CONDITION, THAT SHALL MATERIALLY INCREASE THE RISK ASSUMED, SHALL CAUSE THIS POLICY TO BECOME NULL AND VOID WITHIN THE CONTESTABLE PERIOD.**

AGREEMENT: I hereby apply to Southwest Service Life of Fort Worth, Texas, for a policy solely and entirely in reliance upon the written answers to the foregoing questions and I expressly agree on behalf of myself and any person who shall claim any interest in any policy issued on this application as follows: (1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief. (2) The insurance hereby applied for shall not be considered in force until a policy is issued and manually received and accepted by me and the full first premium paid thereon while the proposed Insured's health and other conditions remain as described in this application. (3) On behalf of myself, each of us, and of every person who shall have or claim an interest in any policy issued as a result of my application, I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records or knowledge of me or my health, to give Southwest Service Life Insurance Company, or its reinsurers, any such information. I also agree that all provisions of law prohibiting or exempting physicians or hospital officials from testifying or disclosing information are waived in favor of Southwest Service Life Insurance Company. A photocopy of this authorization is to be considered as valid as the original.

**I UNDERSTAND THIS POLICY HAS NO CASH OR LOAN VALUES.**

Dated at \_\_\_\_\_

CITY & STATE

On \_\_\_\_\_, \_\_\_\_\_

MONTH AND DAY

YEAR

Agent \_\_\_\_\_

Signed \_\_\_\_\_

PROPOSED INSURED

Signed \_\_\_\_\_

SIGNATURE OF OWNER IF OTHER THAN PROPOSED INSURED

No. \_\_\_\_\_





## Southwest Service Life Insurance Company

Premium Rates for Policy Form L-556IBP and L-557RPP

Premium Rates per \$1,000 face amount for Policy Form L-556IBP and L-557RPP

Male and Female - same rate.

Policy Fee: Annually \$30.00, Semi-annually \$15.00, Quarterly \$7.50, Monthly \$2.50

Minimum amount of coverage sold Per Applicant - \$5,000 for applicants under 65 years old, \$3,000 for applicants over 65 years old.

Maximum amount of coverage - \$15,000 per applicant.

### Policy Form L-556IBP with ADB Included

AGES	ANNUAL	SEMI-ANNUAL	QTRLY	MONTHLY	MONTHLY DRAFT
45	30.11	15.66	7.98	3.01	2.71
46	31.80	16.54	8.43	3.18	2.86
47	33.55	17.45	8.89	3.36	3.02
48	35.43	18.42	9.39	3.54	3.19
49	37.39	19.44	9.91	3.74	3.37
50	39.44	20.51	10.45	3.94	3.55
51	41.62	21.64	11.03	4.16	3.75
52	43.91	22.83	11.64	4.39	3.95
53	46.34	24.01	12.28	4.63	4.17
54	48.89	25.42	12.96	4.89	4.40
55	51.61	26.84	13.68	5.16	4.64
56	54.47	28.32	14.43	5.45	4.90
57	57.49	29.89	15.23	5.75	5.17
58	60.71	31.57	16.09	6.07	5.46
59	64.12	33.34	16.99	6.41	5.77
60	67.73	35.22	17.95	6.77	6.01
61	71.55	37.21	18.96	7.16	6.44
62	75.60	39.31	20.03	7.56	6.80
63	79.89	41.54	21.17	7.99	7.19
64	84.43	43.90	22.37	8.44	7.60
65	89.24	46.40	23.65	8.92	8.03
66	94.37	49.07	25.01	9.44	8.49
67	99.83	51.91	26.45	9.98	8.98
68	105.65	54.94	28.00	10.57	9.51
69	111.83	58.15	29.63	11.18	10.06
70	118.37	61.55	31.37	11.84	10.65
71	125.32	65.17	33.21	12.53	11.28
72	132.72	69.01	35.17	13.27	11.94
73	140.58	73.10	37.25	14.06	12.65
74	148.88	77.42	39.45	14.89	13.40
75	155.63	80.93	41.24	15.56	14.01
76	165.00	85.80	43.73	16.50	14.85
77	174.99	90.99	46.37	17.50	15.75
78	185.23	96.32	49.09	18.52	16.67
79	196.88	102.38	52.17	19.69	17.72
80	209.28	108.83	55.46	20.93	18.84

### Policy Form L-557RPP with ADB Included

AGES	ANNUAL	SEMI-ANNUAL	QTRLY	MONTHLY	MONTHLY DRAFT
45	37.14	19.31	9.84	3.71	3.34
46	39.25	20.41	10.40	3.93	3.53
47	41.44	21.55	10.98	4.14	3.73
48	43.79	22.77	11.60	4.38	3.94
49	46.24	24.04	12.25	4.62	4.16
50	48.80	25.38	12.93	4.88	4.39
51	51.53	26.79	13.65	5.15	4.64
52	54.39	28.28	14.41	5.44	4.89
53	57.43	29.86	15.22	5.74	5.17
54	60.61	31.52	16.06	6.06	5.46
55	64.01	33.29	16.96	6.40	5.76
56	67.59	35.15	17.91	6.76	6.08
57	71.36	37.11	18.91	7.14	6.42
58	75.39	39.20	19.98	7.54	6.78
59	79.65	41.42	21.11	7.97	7.17
60	84.16	43.76	22.30	8.42	7.57
61	88.94	46.25	23.57	8.89	8.00
62	94.00	48.88	24.91	9.40	8.46
63	99.36	51.67	26.33	9.94	8.94
64	105.04	54.62	27.83	10.50	9.45
65	111.05	57.75	29.43	11.11	9.99
66	117.46	61.08	31.13	11.75	10.57
67	124.29	64.63	32.94	12.43	11.19
68	131.56	68.41	34.86	13.16	11.84
69	139.29	72.43	36.91	13.93	12.54
70	147.46	76.68	39.08	14.75	13.27
71	156.15	81.20	41.38	15.62	14.05
72	165.40	86.01	43.83	16.54	14.89
73	175.23	91.12	46.43	17.52	15.77
74	185.60	96.51	49.18	18.56	16.70
75	194.54	101.16	51.55	19.45	17.51
76	206.25	107.25	54.66	20.63	18.56
77	218.74	113.74	57.97	21.87	19.69
78	231.54	120.40	61.36	23.15	20.84
79	246.10	127.97	65.22	24.61	22.15
80	261.60	136.03	69.32	26.16	23.54

Policy reserves are based on 1956 Chamberlain Mortality Table at 3 1/2%

## AUTHORIZATION TO HONOR CHECKS DRAWN BY THE SOUTHWEST SERVICE LIFE INSURANCE COMPANY, FORT WORTH, TEXAS 76182

To: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Number: \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of the Southwest Service Life Insurance Company, Fort Worth, Texas. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date  
Form No. APP L-556IBP/L-557RPP (8/2006)

Account No.

Signature EXACTLY as it appears on Bank Records