

Auto-Owners Insurance

SIMPLIFIED-ISSUE LIFE INSURANCE
CHILDREN'S ADVANTAGE PLAN
Plus[®]



FINANCIAL PROTECTION FOR THEIR TOMORROWS

Safe. Sound. Secure.[®]

Life insurance should be the foundation of everyone's financial planning. Regardless of age, everyone needs life insurance protection. For children this need is not measured by current financial obligations, but by what the future will hold.

Auto-Owners Children's Advantage Plan **Plus**® is recommended and designed for those who care. Starting a child with a permanent life insurance program, while his or her health is still good, is a sound financial decision.

Not only will a life insurance policy financially protect the parents of the child, but, it could be given as a gift to the child when he or she reaches adulthood for his or her use of the cash values, or as a policy to protect the financial well being of his or her own family.

Policy Features and Benefits

- **Issue ages are from 15 days through age 17** - allows protection to be obtained before health problems manifest themselves.
- **Coverage, premiums and cash values are guaranteed to age 110.**
- **Policy amounts available are from \$10,000 to \$50,000.**
- **Policy amount increases 50% automatically at both age 18 and 25 with no premium increase.**
- **5% Customized Joint Life Discount** - allows a savings when two or more policies, with insurable interest, are billed together.
- **Life Multi-Policy Discount** - provides up to a 5% discount on automobile, homeowners, mobile homeowners, and boat/yacht insurance premium.
- **Premiums paid in advance** - allows for any number of life insurance premiums paid in advance at a discount.

Life Insurance Binding Receipt

Auto-Owners Life Insurance Company
P.O. Box 30325
Lansing, MI 48909

Received from _____

Date _____ the sum of \$ _____ being the payment of _____ month(s) premium.

The insurance requested will start on the date of this application only if: (a) the first premium is paid (check or draft must be honored upon presentation or insurance is void); and (b) questions 1, 2, and 3 on the application are answered "No"; and (c) the health of the proposed insured is as described in the application for coverage. Should the application be declined, the amount paid will be refunded.

Agent's Signature _____

Agent's telephone number () _____

Make check payable to Auto-Owners Life Insurance Company. Do not make check payable to the agent or agency, and do not leave payee line blank.

APPLICATION FOR SIMPLIFIED-ISSUE CHILD LIFE INSURANCE - AGES 0 TO 17

PROPOSED INSURED (print full name)				BIRTH DATE	GENDER	AMOUNT APPLIED FOR* <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other \$ _____	
MAILING ADDRESS			CITY	STATE	ZIP		SOC. SEC. NO.
POLICY OWNER NAME & ADDRESS							
SECONDARY ADDRESSEE NAME & ADDRESS							
BENEFICIARY (full name & relationship)			CONTINGENT BENEFICIARY (full name & relationship)				

PREMIUM WITH APPLICATION \$ _____ (Required) A S/A Q Monthly EFT (complete back side)

*\$10,000 minimum, \$50,000 maximum aggregate simplified-issue life insurance coverage per insured

DOES THE PROPOSED INSURED OR POLICY OWNER HAVE OTHER AUTO-OWNERS INSURANCE?... Yes No

(If "Yes," please list.) _____

IF ANY OF THE FOLLOWING QUESTIONS ARE LEFT BLANK OR ANSWERED "YES," COVERAGE CANNOT BE ISSUED UNDER THIS APPLICATION. INSTEAD, PLEASE SUBMIT A REGULAR APPLICATION FOR UNDERWRITING.

1. During the past 10 years, has the child been diagnosed or treated by any medical professional for: Cancer (other than Basal Cell skin cancer), Liver Disease, Lupus Disease, Kidney Disease, Ulcerative Colitis, Diabetes, Sugar or Albumin in urine, Seizures, Paralysis, Depression or other Mental or Nervous System Disorder, Congenital Defect or Deformity, Impairment of Sight (if not corrected), Hearing (if not corrected) or Speech, Heart Murmur, Rheumatic Fever, any other Heart Disorder (other than controlled Hypertension), Asthma or other Lung Disorder?..... Yes No
2. Has the child been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection? Yes No
3. Has any medical professional, during the past 3 years, advised that the child have any surgery, or be hospital confined, that has not yet been done? Yes No

To the best of my knowledge and belief, I represent that the statements and answers recorded on this application are true and complete and agree that they will form a part of any insurance policy issued hereon. I also understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy Incontestability Provision.

I agree that the insurance requested above will start upon the date of this application only if: (a) the first premium is paid; and (b) questions 1, 2, and 3 are answered "No"; and (c) the health of the proposed insured is as described above. Otherwise the insurance will not take effect until a policy is issued by the corporate office and the first premium is paid. Should the application be declined, the amount paid will be refunded. All statements made are representations not warranties.

Any person who, knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

To the best of my knowledge the insurance applied for will will not replace any existing life insurance on the proposed insured. If it will, complete replacement form and provide company name and policy number(s).

Signed this _____ day of _____, _____ in the State of _____

X _____ **Automatic Premium Loan** Yes No
 Required Signature of Proposed Insured (age 15-17), Parent or Grandparent

X _____ Social Security Number
 Signature of Owner/Applicant (if other than proposed insured)

I certify that the information supplied has been truly and accurately recorded on the application, and I have received the first full modal premium shown above. To the best of my knowledge the insurance applied for will will not replace any existing life insurance.

X _____
 Signature of Agent Print Agent Name and FL License # Agency Code

Determining the Life Insurance premium

Table 1

Annual premium per \$1,000 of coverage

Issue Age	Male	Female
0	\$4.72	\$3.96
1	\$4.80	\$4.04
2	\$4.90	\$4.12
3	\$5.08	\$4.26
4	\$5.30	\$4.42
5	\$5.53	\$4.61
6	\$5.79	\$4.80
7	\$6.06	\$4.99
8	\$6.33	\$5.19
9	\$6.63	\$5.40
10	\$6.93	\$5.61
11	\$7.24	\$5.82
12	\$7.55	\$6.03
13	\$7.89	\$6.27
14	\$8.27	\$6.54
15	\$8.65	\$6.83
16	\$9.05	\$7.14
17	\$9.43	\$7.45

Sample Cash Values in 20 Years per \$1,000 of Policy Face Amount

Issue Age	Male	Female
0	\$87	\$71
1	\$91	\$74
2	\$95	\$78
3	\$100	\$83
4	\$104	\$87
5	\$109	\$91
6	\$113	\$96
7	\$118	\$100
8	\$122	\$105
9	\$127	\$109
10	\$132	\$114
11	\$137	\$119
12	\$142	\$124
13	\$148	\$130
14	\$155	\$136
15	\$162	\$142
16	\$168	\$147
17	\$176	\$153

Table 2

Advance Premium Discount Schedule

Number of annual life insurance premiums to be paid in advance	Discount factor
5	4.6299
10	8.4353
15	11.5631
20	14.1339

Discount factors, other than those noted here, are available and listed in the Policy Information section of the Auto-Owners Life Manual. Premiums in excess of one annual premium are discounted at an interest rate of 4% per annum. Interest is credited to premiums paid in advance. The company will notify the policyowner each year of the amount reportable as interest income for federal income tax purposes.

Annual Policy fee \$25.

Rating Example

5-year-old male, \$25,000 policy

$$\text{\$ } \underline{5.53} \quad \text{X} \quad \underline{25} \quad + \quad \text{\$ } \underline{25} \quad = \quad \text{\$ } \underline{163.25}$$

$$\begin{array}{l} \text{Annual premium per \$1,000} \\ \text{(Table 1)} \end{array} \quad \text{X} \quad \begin{array}{l} \text{Number of \$1,000s} \\ \text{Number of \$1,000s} \end{array} \quad + \quad \begin{array}{l} \text{Policy fee} \\ \text{Policy fee} \end{array} \quad = \quad \begin{array}{l} \text{Total annual premium} \\ \text{Total annual premium} \end{array}$$

Optional:

$$\underline{20} \quad = \quad \underline{14.1339} \quad \text{X} \quad \underline{\text{\$ } 163.25} \quad = \quad \underline{\text{\$ } 2,307.36}$$

$$\begin{array}{l} \text{Years paid in advance} \\ \text{Years paid in advance} \end{array} \quad = \quad \begin{array}{l} \text{Discount factor} \\ \text{(Table 2)} \end{array} \quad \text{X} \quad \begin{array}{l} \text{Total annual life} \\ \text{insurance premium} \end{array} \quad = \quad \begin{array}{l} \text{Total advance} \\ \text{premium} \end{array}$$

Worksheet

_____ -year-old male/female, \$ _____,000 policy

$$\text{\$ } \underline{\hspace{2cm}} \quad \text{X} \quad \underline{\hspace{2cm}} \quad + \quad \text{\$ } \underline{25} \quad = \quad \text{\$ } \underline{\hspace{2cm}}$$

$$\begin{array}{l} \text{Annual premium per \$1,000} \\ \text{(Table 1)} \end{array} \quad \text{X} \quad \begin{array}{l} \text{Number of \$1,000s} \\ \text{Number of \$1,000s} \end{array} \quad + \quad \begin{array}{l} \text{Policy fee} \\ \text{Policy fee} \end{array} \quad = \quad \begin{array}{l} \text{Total annual premium} \\ \text{Total annual premium} \end{array}$$

Optional:

$$\underline{\hspace{2cm}} \quad = \quad \underline{\hspace{2cm}} \quad \text{X} \quad \text{\$ } \underline{\hspace{2cm}} \quad = \quad \text{\$ } \underline{\hspace{2cm}}$$

$$\begin{array}{l} \text{Years paid in advance} \\ \text{Years paid in advance} \end{array} \quad = \quad \begin{array}{l} \text{Discount factor} \\ \text{(Table 2)} \end{array} \quad \text{X} \quad \begin{array}{l} \text{Total annual life} \\ \text{insurance premium} \end{array} \quad = \quad \begin{array}{l} \text{Total advance} \\ \text{premium} \end{array}$$

Premium payment factors:

Monthly EFT	.086
	<small>(Attach two months premium)</small>
Quarterly	.265
Semiannual	.52

Authorized Agreement for Auto-Owners Life Insurance Company EFT Direct Payment Plan

I authorize Auto-Owners Life Insurance Company to initiate withdrawals from my account to make monthly insurance payments. I authorize my financial institution to accept any withdrawals initiated by Auto-Owners Life Insurance Company. This arrangement may be terminated by me or by Auto-Owners Life Insurance Company by written notice from either party to the other. I understand that this authorization does not modify or change any policy provision. *If a payment is due on a weekend or holiday, Auto-Owners Life Insurance Company will initiate the withdrawal on the next business day.*

_____ Financial institution

_____ Name of person authorizing EFT direct deduction (Please print)

X _____
Signature of person authorizing EFT direct deduction

Please complete this box. Otherwise attach a blank check marked "void."

_____ Bank Routing/Transit Number

_____ Account Number

