As a member of ASEA, you now have access to a Senior Whole Life Insurance Plan ...

Quality protection at affordable rates designed especially for you.

Once you've reached age 45, your life insurance options may decrease, while the cost of insurance increases. This **Senior Whole Life Plan** offers up to $20,000 in valuable modified whole life insurance protection. Whether your current plan needs an increase ... or you're finding that final expenses may be too burdensome on your loved ones ... or you would like to leave a bequest for a special person or organization ... whatever your reason, the **Senior Whole Life Plan** offers you an excellent solution.

Designed exclusively for ASEA members age 45 through 75.

The Senior Whole Life Plan is permanent life insurance that pays cash benefits to the beneficiary of your choice. You have the option to change your beneficiary at any time with a written request. The benefits are determined by the amount of coverage you select. And ... your benefits will never decrease!

Questions?

Call your ASEA insurance agent
toll-free (877) 777-4301

Countryman & Smitherman, Inc.

Countryman & Smitherman, Inc.
943 East Main Street
Prattville, Alabama 36066
(877) 777-4301

Countryman and Smitherman, Inc. has a contract with PEBCO, Inc. to provide ASEA Members access to various insurance products.

Underwritten and Administered by:

FSL®

Fidelity Security Life Insurance Company®
Kansas City, Missouri 64111-2406

Policy No. SW-5
Policy Form No. M-1007

188-32597 #8674 1021

ASEA

Senior Whole Life Insurance Plan

An exclusive, no-hassle upgrade to your life insurance for ASEA members age 45-75

A valuable offer to increase your coverage

As an eligible ASEA member, you are guaranteed acceptance.

The **Senior Whole Life Plan** is for ASEA members age 45 through 75. You are automatically accepted ... you won't have to undergo physical exams or answer any health questions. You simply can't be turned down for any reason!

Your plan will earn cash value.

Beginning at the end of the second year of coverage, your plan will begin to accumulate cash value that continues to grow year after year!

If for some reason you are unable to pay your insurance premiums, you can use your cash value to buy paid-up insurance. The longer you've had your Senior Whole Life Plan, the higher the amount of your paid-up insurance.

Monthly Premiums (Per Face Amount)

Benefit amount	$20,000		$10,000		$5,000	
Issue age	Male	Female	Male	Female	Male	Female
45 - 49	$66.00	$53.00	$34.00	$27.50	$17.50	$14.25
50 - 54	78.00	61.00	40.00	31.50	20.50	16.25
55 - 59	95.00	69.00	48.50	35.50	24.75	18.25
60 - 64	119.00	84.00	60.50	43.00	30.75	22.00
65 - 69	153.00	108.00	77.50	55.00	39.25	28.00
70 - 74	206.00	146.00	104.00	74.00	52.50	37.50
75	260.00	200.00	131.00	101.00	66.00	51.00

Benefits and limitations.

If death results directly from accidental bodily injury and independently of sickness and all other causes, two times the face amount will be paid in all coverage years.

If death occurs due to natural causes, this plan pays 125 percent of the annual premium during the first coverage year, or 250 percent of the annual premium during the second coverage year. If death occurs from natural causes during the third coverage year or later, the full face amount issued will be paid.

In the event the insured's death results from suicide while sane or insane within two years from the date the certificate of insurance was issued, the beneficiary will be paid the sum of the premiums paid.

Protection you can count on for a lifetime!

You may keep your plan for your lifetime. Your coverage terminates only due to nonpayment of premium or termination of insurance under the non-forfeiture or loan provision. If the group master policy is terminated, your individual certificate will become the contract between you and the insurance company.

Thanks to your valuable membership in ASEA, you can take advantage of these low group rates. Your premiums will not increase. What's more … the face amount of the plan will not decrease as you get older.

It's easy to enroll.

You won't ever forget to mail your monthly premium payments … they can be automatically deducted from your paycheck. So, send no money now! Just fill out the enclosed enrollment form and mail it to:

Alabama State Employees Association
110 North Jackson Street
Montgomery, AL 36104

Alabama State Employees Association
Senior Whole Life Insurance Application

Underwritten by Fidelity Security Life Insurance Company®

Policy No. SW-5
188-6301

1 Applicant Information: (Please type or print in ink.)

Last Name: _____ First: _____ Middle: _____

Address: _____ E-mail Address: _____
(Street, Apt. No.)

City: _____ State: _____ ZIP: _____

Sex: ☐ M ☐ F Age: _____ Date of Birth: _____ Social Security No: _____

Daytime Phone: (_____) _____ Home Phone: (_____) _____

Primary Beneficiary: _____ Address: _____

Phone #: _____ Date of Birth: _____ Social Security #: _____ Relationship: _____

Contingent Beneficiary: _____ Address: _____

Phone #: _____ Date of Birth: _____ Social Security #: _____ Relationship: _____

2 Coverage Options:

Please choose your coverage options: ☐ $20,000 ☐ $10,000 ☐ $5,000

3 Signature and Payroll Deduction Authorization:

I understand that if death occurs from natural causes within two years from the effective date of insurance, the benefit is limited to 125% of the annual premium in the Certificate Year and 250% of the annual premium in the second Certificate Year. I understand that if death occurs from suicide within two years from the effective date of insurance, no death benefit is payable, and the Company's only obligation will be to refund all premiums paid for that person.

I understand and agree that the statements and answers in this application are complete and true as of the date I signed this application, and that this application becomes part of the contract of insurance. I understand that any false statement or material misrepresentation in this application may result in claim denial or rescission of coverage, and that if coverage is rescinded the Company's only obligation for that person will be to refund all premiums paid. I also understand and agree that the insurance, if issued, will take effect on the effective date stated in the Certificate Schedule provided this application has been accepted by the Company, the first premium has been received by the Company and paid in full, and that I am alive on the effective date.

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination therof.

I understand that, hereafter, regular monthly payments will be deducted from my paycheck.

Signature **X** _____ Date ____/____/_____

Date Employed ____/____/_____ Department/Agency _____ Division _____

Home Phone No. (_____) _____ Work Phone No. (_____) _____

A-00763

Policy Form No. M-1007

Any questions? Call your ASEA insurance agent, Countryman & Smitherman at (877) 777-4301

Presented by:
Countryman & Smitherman, Inc.
Prattville, AL 36066

Underwritten and administered by:
Fidelity Security Life Insurance Company®
Kansas City, MO 64111

188-32496 #8674 1021