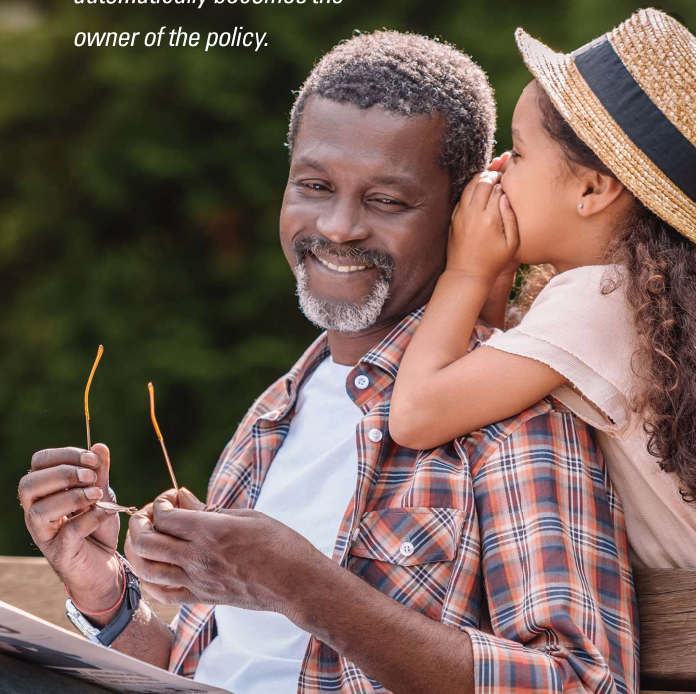
It grows in value as they grow in years

Before you know it, your children or grandchildren will be making important decisions for their future such as deciding which college to go to, which career field to choose. But, you can help them now by purchasing ***ASEA Young Adult Whole Life Insurance.***

This is one gift you can give your son, daughter or grandchild that will grow in value over the years … a plan that will provide a great start on his or her insurance protection.

As a member of ASEA, you can apply for coverage for your children and grandchildren who are six months old through age 20. You are the owner of the policy until they reach age 21.

After just five years, the Young Adult Whole Life Plan begins accumulating cash value that can be borrowed or withdrawn in an emergency. When the insured child reaches age 21, he or she automatically becomes the owner of the policy.



Any questions?

Call toll free **877-777-4301**
and ask for your ASEA insurance agent.

Countryman & Smitherman, Inc.
Prattville, AL 36066

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

Underwritten and Administered by:

Fidelity Security Life Insurance Company®
Kansas City, MO 64111

Policy Form No. M-1021
Policy No. JW4

188-32224 #8673 1021

ASEA
Exclusively for ASEA Members

ASEA Young Adult Whole Life Insurance Plan

For your Children and Grandchildren

Guaranteed Purchase Option

As owner of the policy, your child or grandchild can purchase additional coverage at ages 25, 28, 31, 34, 37 and 40, equal to the original coverage amount – with no evidence of insurability!

The covered child may waive one purchase option during the lifetime of the policy without forfeiting all further rights. The premium rate for each option will be Fidelity Security Life Insurance Company's rate in effect at that time, based upon the plan, amount of coverage and age of the child.

Waiver of Premium Benefit

Premiums will be waived if you, as owner/payer, become totally disabled prior to age 60. Total disability must be for at least 180 consecutive days while coverage is in force and not be the result of sickness that manifested itself before your coverage began. This benefit will end when you reach age 65 or the insured child reaches age 21. When the insured child reaches age 21 and becomes the owner/payer, his or her coverage will include the Waiver of Premium benefit on his or her health.

If you, as owner/payer, die while coverage is in force, premium payments for the insured child will be waived until his or her 21st birthday.

When Protection Begins

Coverage will be effective on the first of the month following application approval and payment of the first premium during the child's lifetime.

Select The Beneficiary

You, as the owner of the policy, may designate anyone as the insured child's beneficiary. Your choice may be changed at any time by making the necessary written request.

Termination of Coverage

You may continue this coverage during the child's lifetime, as long as the premiums are paid. If, for any reason the group master policy should terminate, the individual certificate will become the contract between you, as the owner, and the insurance company.

It's Easy to Apply

No long forms to fill out! Complete the enclosed simplified application and mail it to:

Countryman & Smitherman, 943 E. Main St., Prattville, AL 36066

It's Convenient

You have the convenience of easy payroll deduction – no checks to write every month!

Limitations

In the event that death results from suicide while sane or insane within two years from the date coverage began, benefits will be limited to the sum of the premiums paid. This limitation applies to all benefits under this policy.

Money-Back Guarantee

You have 30 days to review your coverage. If you are not satisfied with the terms of the Certificate of Insurance, simply return it within the 30-day period and without claim, and your payment will be refunded. *No questions asked!*

Choose The Coverage Amount

You may select coverage amounts of $5,000 or $10,000 per child.

Monthly Premiums

	$10,000		$5,000	
Issue Age	Male	Female	Male	Female
6-12 mo	$2.59	$2.08	$1.30	$1.04
1	$2.68	$2.15	$1.34	$1.08
2	$2.78	$2.23	$1.39	$1.11
3	$2.87	$2.30	$1.43	$1.15
4	$2.98	$2.38	$1.49	$1.19
5	$3.08	$2.47	$1.54	$1.23
6	$3.20	$2.56	$1.60	$1.28
7	$3.33	$2.65	$1.67	$1.33
8	$3.47	$2.76	$1.73	$1.38
9	$3.61	$2.86	$1.80	$1.43
10	$3.76	$2.99	$1.88	$1.50
11	$3.92	$3.14	$1.96	$1.57
12	$4.08	$3.29	$2.04	$1.65
13	$4.23	$3.44	$2.12	$1.72
14	$4.40	$3.59	$2.20	$1.80
15	$4.57	$3.75	$2.28	$1.88
16	$4.73	$3.91	$2.37	$1.95
17	$4.91	$4.05	$2.45	$2.03
18	$5.08	$4.18	$2.54	$2.09
19	$5.27	$4.32	$2.63	$2.16
20	$5.47	$4.46	$2.73	$2.23

Alabama State Employees Association
Young Adult Whole Life Insurance Application

Underwritten by Fidelity Security Life Insurance Company® | Kansas City, MO 64111

Policy No. JW-4
188-6400

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

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Daytime Phone: _____ E-mail Address: _____

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

Proposed Insured Information:

List child(ren) age 20 and under you wish to insure. Also, specify relationship, such as son, daughter, grandson or granddaughter. **Attach a separate sheet if necessary, then sign and date it.**

Name of Proposed Insured(s) (First, Middle, Last)	Social Security No.	Male or Female	Birth Date (Month/Day/Year)	Relationship to Applicant/Owner	Amount of Coverage

Beneficiary: _____ Relationship to child: _____
(Same for all children unless otherwise requested.)

Payment Options: ☐ Convenient Monthly Payroll Deduction or Bill me directly: ☐ Quarterly ☐ Semiannually ☐ Annually

Statement of Health: Please answer the following question for each child to be insured.

Has any proposed insured, ever been diagnosed, treated or advised by a physician/medical professional to seek treatment for any heart or circulatory disorder, nervous or mental disorder, nervous system or seizure disorder, kidney or liver disorder, respiratory or lung disorder, cancer or tumor, diabetes, hemophilia or leukemia, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other immune system disorder? . . . . . ☐ Yes ☐ No

Authorization: (Please read, then sign and date.)

I understand the insurance applied for will become effective on the date specified by Fidelity Security Life Insurance Company (hereinafter, "the Company") only if this application is accepted by the Company and the first premium is paid prior to the death of any proposed insured. I will be the owner of any insured child's certificate until that insured child becomes 21 years of age, when the insured child will automatically become the owner of their certificate. I represent that as of the date I signed this application, all statements and answers recorded on this application are true and complete and are made to obtain the insurance applied for. I understand that any false statement or material misrepresentations in this application may result in claim denial or rescission of coverage, and that if coverage is rescinded, the Company's only obligation will be to refund all premiums paid for that person.

☐ **Payroll Deduction Authorization to ASEA:**
I understand that hereafter the regular monthly premiums will be deducted from my paycheck.

Owner/Applicant's Signature **X** _____ Date ____/____/____

I verify the above information and agree to issuance of the requested insurance.

Parent or Guardian's Signature
(if other than Applicant/Owner): **X** _____ Date ____/____/____

Signature of Proposed Insured
(if over 18) **X** _____ Date ____/____/____

Complete this form and return to:

Countryman & Smitherman, Inc.
943 East Main Street, Prattville, AL 36066

Questions? Call (877) 777-4301