

Memorial Information

The following information is provided to relieve my loved ones of the emotional strain of decision-making at the time of my death. I have included instructions regarding my preferred memorial service, and I have applied for a *GuideStar* final expense plan to help pay the expenses of my memorial service. I understand this is not a will or a will substitute.

Name _____
 Residence _____
 Social Security No. _____ Date of Birth _____
 Birthplace _____
 Marital Status _____ Name of Spouse _____
 Father's Name _____ Place of Birth _____
 Mother's Maiden Name _____ Place of Birth _____
 Usual Occupation _____ Employer _____

Funeral Arrangements & Instructions

Mortuary _____ Address _____
 Place of Service: Church Mortuary Chapel Other _____
 Church or Denomination _____ Address _____
 Clergyman _____ Phone _____
 Pallbearers _____

Special Requests _____

I prefer Earth Burial Cremation Mausoleum

Name of Cemetery _____ City/State _____

I have have not reserved interment facilities.

Special Requests _____

AHL Representative: _____



P.O. Box 1497 • 400 S. Kansas Ave. • Topeka, KS 66601
 800-876-0199
 www.amhomelife.com

GuideStar®
Final Expense
A Whole Life Product



Providing Immediate Benefits for Survivors Faced with Unexpected Expenses

- Funeral and Burial Expenses**
- Medical Bills**
- Legal Fees**
- Miscellaneous**



The American Home Life Insurance Company

Trusted For Generations



The American Home Life Insurance Company

Topeka, Kansas

Our Company was founded in 1909 to provide the highest quality insurance products and services. Over the years, we have been recognized as a strong, responsible insurer and a good corporate citizen. We are a "mutual" life insurance company, which means that, as owner of an American Home Life policy, you are also an owner of the Company. You have our pledge of sound management and personal attention to your life insurance needs. We invite you to call us, toll-free, at 800-876-0199.

GUIDESTAR® BENEFITS

- PREMIUMS ARE GUARANTEED** - Your premiums will never increase regardless of your age or health.
- BENEFITS ARE GUARANTEED** - Your death benefits are guaranteed never to decrease and will be paid to the beneficiary of your choice tax free.
- YOU CAN NOT BE CANCELLED** - Your coverage is guaranteed not to be cancelled, except for non-payment of your premium.
- ACCELERATED BENEFIT RIDER (ABR)** - Enables the owner to claim a portion of the policy's death benefit prior to the actual death of the insured. (There is no cost for this rider)
- NURSING HOME CONFINEMENT** - (Not Available in Florida) Enables the owner to claim a portion of the policy's death benefit when permanently confined to a qualified nursing home. (There is no cost for this rider)
- NO MEDICAL EXAM** - Policy issue depends on your answer to the health questions in the application.
- 30 DAY FREE LOOK WITH THE RIGHT TO CANCEL** - 100% refund

OPTIONS

(Additional Premium Required)

- ACCIDENTAL DEATH BENEFIT RIDER (ADB)** - Pays an additional benefit in the event of your death as the direct result of an accident. Available ages 20-74.

EXPENSES TO CONSIDER

Use this to determine future obligations your loved ones must meet.

Funeral Expense:

- Funeral Service _____
- Casket & Vault _____
- Pastoral Services _____
- Grave Marker _____
- Music _____
- Cremation _____
- Cemetery Plot _____

- Transportation _____
- Medical Bills _____
- Legal/Probate _____
- Cash Gifts _____
- Other _____

Total \$ _____

2 TYPES OF COVERAGE

LEVEL
100% FULL DEATH BENEFIT PAID IMMEDIATELY AT DEATH

GRADED
POLICY YEAR 1
RETURN OF PREMIUM + 6%

POLICY YEAR 2
50% OF DEATH BENEFIT

100% FULL DEATH BENEFIT IF ACCIDENTAL DEATH IN YEARS 1 & 2

POLICY YEAR 3 AND AFTER
FULL POLICY DEATH BENEFIT

WOULD YOUR DEATH CREATE A BURDEN OR WOULD YOUR FAMILY CONTINUE TO MEET ALL THEIR FINANCIAL OBLIGATIONS?



MY GUIDESTAR PLAN

Name: _____

Face Amount

Level \$ _____

Graded

First Year \$ _____

ADB \$ _____

Second Year \$ _____

Thereafter \$ _____

Total Premium: \$ _____

Annual

Semi-Annual

Quarterly

Monthly Automatic

For consumer use only. Policy Forms: ICC22 FEPL, ICC22 FEPG, 22 FEPL-FL, 22 FEPL-ND, 22 FEPL-SD, 22 FEPG-FL, 22 FEPG-ND or 22 FEPG-SD. Product specifications and availability may vary by state.