



CHILD/GRANDCHILD PROTECTION PLAN

Rider Application for Life Insurance

Great Western Insurance Company • Mail policies to: P.O. Box 9160 Ogden, Utah 84409-9160

Email: fepolicies@gwic.com • Fax policies to: 801-689-1929 • Phone: 866-252-5594

State _____ Print Agent Name _____ Agent Number _____

Insured's Information			
First Name	Middle Initial	Last Name	
Street Address	City	ST	Zip Code
Phone #	Date of Birth (mm/dd/yyyy)	Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address		

Child/Grandchild Protection Rider Information	
Existing Policy #	Rider Premium \$1.00 per month
Does the applicant have any existing policy or annuity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the proposed insurance replace any existing policy or annuity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "Yes," please complete a replacement form.</i>	

Conditions of Child/Grandchild Protection Plan
I apply for the Child/Grandchild Protection Plan and understand that only the Covered Child/Grandchildren listed below, who meet the following conditions, will be covered. <ul style="list-style-type: none"> • The Covered Child/Grandchild has never been married and is living with a parent, grandparent, or guardian at the time of death. • The Covered Child/Grandchild is at least one year of age and has not attained the age of 18 years. • The Covered Child/Grandchild died while the Insured on the base Policy was alive. • The coverage under the base Policy to which this Policy is attached is active and current in its premium payments.

Child/Grandchild's Full Name	Date of Birth	Child/Grandchild's Full Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

Agreement
Agreement: By signing below, I agree that: (1) to the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Policy is delivered, the Applicant and listed child/grandchildren must be alive. Also, the full premium must be paid by the time the Policy is delivered. (3) By accepting the Policy, I approve any change(s), correction(s), or additions(s) that Great Western made when issuing it. If my approval requires written consent, a form will be included.
FRAUD WARNING: 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.

X _____ Signed on: _____ Signed at: _____
 Insured's Signature (mm/dd/yyyy) (City, State)
 (Parent or Guardian, if Juvenile Insured)

X _____ X _____ State License #: _____
 Owner's Signature Agent Signature
 (If other than the Proposed Insured) Replacement of insurance is involved. YES NO

To the Applicant: You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of the Great Western Insurance Company at the address listed above.