



# 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
<b>Does the applicant have any existing policy or annuity?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Will the proposed insurance replace any existing policy or annuity?</b>	<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.

- 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.

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

X \_\_\_\_\_ X \_\_\_\_\_  
 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.