

### 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: \_\_\_\_\_



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800-876-0199  
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# The *GuideStar*® Program

Providing Comfort For You and Your Family



### 2 TYPES OF SIMPLIFIED WHOLE LIFE INSURANCE

- Level Benefit Plan**
- Graded Benefit Plan**



**The American Home Life Insurance Company**

# 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.

Peace of mind comes from knowing that death will not create a financial hardship for our loved ones. The *GuideStar* Plan provides funds to pay final expenses or cover medical bills from a last illness. Those funds can also create gifts for loved ones or a favorite charity. With a *GuideStar* Plan, you plan for the future. You make the decisions. You have peace of mind.



## PLAN AHEAD

Show your loved ones how much you care by choosing the *GuideStar* Plan.

- 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'T 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.
- NURSING HOME CONFINEMENT** - Enables the owner to claim a portion of the policy's death benefit when permanently confined to a qualified nursing home.

### 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 35-74.

### 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 BENEFIT PLAN**  
100% FULL FACE AMOUNT PAID IMMEDIATELY AT DEATH
- GRADED BENEFIT PLAN**  
REDUCED DEATH BENEFITS ARE PAID DURING GRADED PERIOD.

### OPTIONAL PLANS

- SINGLE PAY
- 5 PAY
- 10 PAY

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



### MY GUIDESTAR PLAN

Name: \_\_\_\_\_

#### Face Amount

- Level Benefit** \$ \_\_\_\_\_
- Graded Benefit**
  - First Year \$ \_\_\_\_\_
  - Second Year \$ \_\_\_\_\_
  - Thereafter \$ \_\_\_\_\_
- Limited Pay**
  - Single Pay \$ \_\_\_\_\_
  - Five Pay \$ \_\_\_\_\_
  - Ten Pay \$ \_\_\_\_\_
- ADB** \$ \_\_\_\_\_

**Total Premium:** \$ \_\_\_\_\_

- Annual
- Semi-Annual
- Quarterly
- Monthly

For consumer use only.  
 Policy Forms: 06FEPL and 06FSPL or state variations  
 Product specifications and availability may vary by state

Form GS-FEPS-3