

## 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 \_\_\_\_\_

\_\_\_\_\_

## 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.

The *GuideStar*® Program

Providing Comfort For You and Your Family

**SIMPLIFIED  
WHOLE LIFE  
INSURANCE**

\* Level Benefit Plan

\* Graded Death Benefit  
First 2 Policy Years



The American Home Life Insurance Company  
P.O. Box 1497 • 400 S. Kansas Ave.  
Topeka, KS 66601  
800-876-0199  
www.amhomelife.com

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.

**• YOUR PREMIUMS WILL NOT CHANGE**

Premiums are guaranteed for life. They will not increase as you grow older.

**• YOUR DEATH BENEFITS WILL NOT DECREASE**

It is guaranteed never to decrease and it will be paid to your beneficiary income tax free.

**• NON-CANCELLABLE**

Guaranteed never to be cancelled, except for non-payment of premiums.

**• LIVING BENEFIT**

*GuideStar* is whole life insurance that builds cash values.

**• YOU DECIDE WHO RECEIVES THE BENEFITS**

Benefits are paid to a beneficiary of your choice.



**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	\$ _____

**• LEVEL BENEFIT PLAN •**

Issue Ages: 35 - 85

Amounts:

35 - 75. . . . .	\$25,000
76 - 80. . . . .	\$15,000
81 - 85. . . . .	\$ 7,500

**Level Plan Benefit:**

100% FULL FACE AMOUNT PAID IMMEDIATELY AT DEATH

**• OPTIONAL PLANS •**

- SINGLE PAY
  - 5 PAY
  - 10 PAY
- CONTINUOUS PAY

**• GRADED BENEFIT PLAN •**

Issue Ages: 50 - 85

Amounts:

50 - 75. . . . .	\$10,000
76 - 85. . . . .	\$ 5,000

**Graded Plan Benefit:**

If death occurs in the first year, we will pay 30% of the face amount. If it occurs in the second year, we will pay 70%. From the beginning of the third year, we will pay 100% of the face amount. If death occurs as a result of an accident during the first two year's, we will pay 100% of the face amount.



**MY *GUIDESTAR* PLAN**

Plan: \_\_\_\_\_

Face Amount:

Level Benefit \$ \_\_\_\_\_

Graded Benefit

First Year \$ \_\_\_\_\_

Second Year \$ \_\_\_\_\_

Therafter \$ \_\_\_\_\_

Premium: \$ \_\_\_\_\_

Premium Mode: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

AHL Representative: \_\_\_\_\_

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

For consumer use. Policy Forms: FL98 and FL97 or state variations Product specifications and availability may vary by state