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Child/Grandchild Protection Plan - Rider Application for Life Insurance

State [] (Print) Agent Name: _____ Agent Number: [] Date: _____

Insured's Information

Full Name
Social Security # Sex Age Birthdate
Mailing Address
City State
Zip Phone Number

Child/Grandchild Protection Rider Information

Existing Policy # Rider Premium: \$1.00 per month
Does the applicant have any existing policy or annuity? [] Yes [] No
Will the proposed insurance replace any existing policy or annuity? [] Yes [] No If yes, please complete a replacement form

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 Rider is attached is active and current in its premium payments.

Children/Grandchildren (add additional pages as necessary)

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

Agreement

Agree 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 / grandchild(ren) 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 addition(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.
Signed at _____ on _____ Insured X _____
Location Date Parent or Guardian, If Juvenile Insured
Owner X _____ Agent X _____ # _____
If Other than 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.