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Child/Grandchild Protection Plan

State _____ (Print) Agent Name _____ Agent Number _____ Date _____

Insured's Information			
First Name	Middle Initial	Last Name	
Street Address	City	ST	Zip
Phone #	Date of Birth (mm/dd/yyyy)	Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email 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
<p>I apply for the Child / Grandchild Protection Plan and understand that only the Covered Child / Grandchild(ren) who are listed below and who meet the following conditions will be covered.</p> <ul style="list-style-type: none"> • The Covered Child / Grandchild is living with a parent, grandparent, or guardian at the time of death and has never married. • The Covered Child / Grandchild is at least one year of age and has not attained the age of eighteen (18) years. • The Covered Child / Grandchild dies while the Insured on the base Policy is alive. • The coverage under the base Policy to which this Rider 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	
<p>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 keeping the Policy past the free look period, my written consent is hereby given to any change(s), correction(s), or addition(s) that GWIC may make to the Policy for which I am applying.</p>	
X _____ Insured's Signature	Signed on _____ (mm/dd/yyyy) Signed at _____ (City, State)
X _____ Owner's Signature (If other than the Proposed Insured)	X _____ Agent's Signature
For the Agent: Is replacement of insurance involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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.</p>	