



THE Eternal Legacy Plan

*Peace of mind
for those you love...*

When families need it most.



Life goes on and so do expenses.

*The **Eternal Legacy Plan** covers what Social Security benefits don't.*

- Upon the death of a spouse, your Social Security benefit could be reduced.
- Up to \$25,000 per person.
- Social Security benefits only pay \$255 if you qualify.
- Veterans' non-service-related death benefit is \$300 if not hospitalized by VA at the time of death.*

*August 2021, U.S. Department of Veterans Affairs
<https://www.benefit.va.gov/compensation/claims-special-burial.asp>





Protect your children and loved ones

... From the stress of final arrangements.

- Have you planned for your final expenses?
- Do you want a traditional funeral or a cremation?
- Have you looked at costs recently?





Cremation Plan

Rising prices reflect new industry regulations.

- Direct Plan \$2,000–\$3,000
(Without observances.)
- Ceremony Plan \$4,000–\$5,000



Funeral Plan

Traditional funeral expenses vary widely.

- \$7,000–\$10,000
(Best place to start.)
- Coverage up to \$25,000

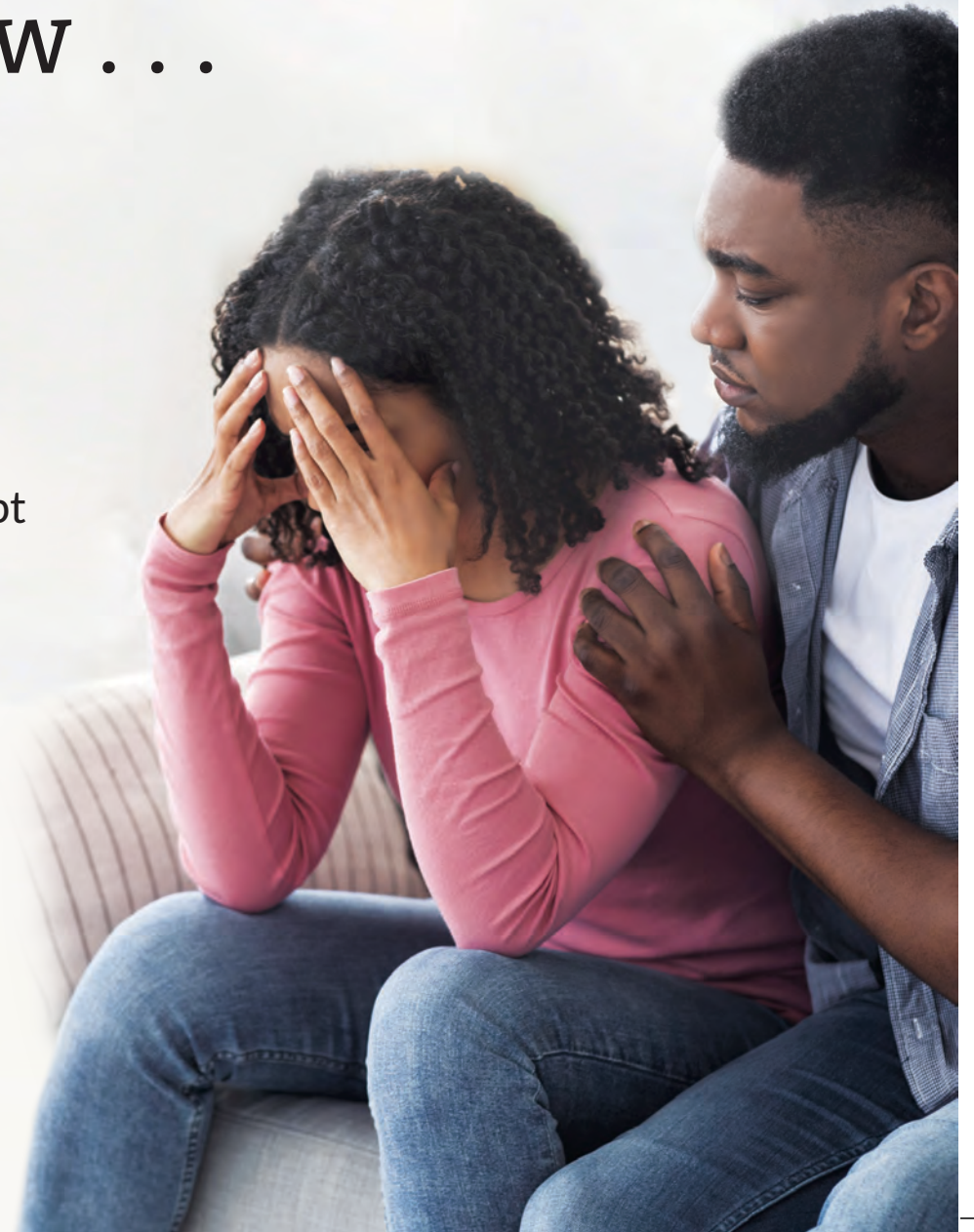




If you died tomorrow . . .

How would your loved ones afford these final expenses?

- Funeral service
- Cemetery plot
- Clergy
- Organist
- Florist
- Long distance calls
- Transportation
- Doctor
- Hospital
- Home care services
- Prescription drugs
- Medical supplies
- Cemetery plot or crypt
- Casket
- Vault or liner
- Clothing
- Flowers
- Music
- Time off work
- Place of service
- Transportation for out-of-town guests





It's immediate!*

Protection that offers:

- A cash benefit to your family.
- No medical exams required.**
- Builds cash value.

*Based on underwriting.

**Issue ages may vary by policy and state.





The Three Guarantees



- 1 Rates can never be increased.
- 2 Benefits can never be decreased.
- 3 Policy coverage can never be cancelled.

Peace of mind for those you love...

THE Eternal Legacy Plan

FINAL EXPENSE COVERAGE

	BRONZE	SILVER	GOLD
NATURAL DEATH BENEFIT		NATURAL DEATH BENEFIT	NATURAL DEATH BENEFIT
ACCIDENTAL DEATH BENEFIT		ACCIDENTAL DEATH BENEFIT	ACCIDENTAL DEATH BENEFIT
ACCELERATED DEATH BENEFIT		ACCELERATED DEATH BENEFIT	ACCELERATED DEATH BENEFIT
AGE \$		AGE \$	AGE \$
AGE \$		AGE \$	AGE \$
AGE \$		AGE \$	AGE \$
TOTAL \$		TOTAL \$	TOTAL \$

PLAN CHOSEN



Your Policy Safeguards



Care Free

Automatically withdraws from your bank account.



Builds Cash Value

If you miss a payment, the cash value you've built makes a payment for you.



Protects Cash Value

Nursing homes, hospitals, and other outside entities don't have access.



Flexibility

Increase or decrease your coverage at any time.



Guide your loved ones through your final wishes.

Control how your funeral will be conducted.

Includes:

1. Peace of Mind Planning Guide
2. Final Arrangement Guide
3. Living Will
4. Final Expense Policy that provides a death benefit





Personalize your plan.



- Yes / No Have you had any problems with stroke or cancer?
- Yes / No Heart problems, congestive heart failure, heart surgery, heart attacks, or joint pain?
- Yes / No Liver or kidney disease?
- Yes / No Ever been on dialysis or been diagnosed with hepatitis, lung disease, emphysema, or asthma?
- Yes / No Have you ever used home oxygen or inhalers?
- Yes / No Any diabetes or high blood pressure?
- Yes / No Do you smoke cannabis or use tobacco?

HEALTH QUESTIONS (QUESTIONS 1-8 MUST

1. Is the proposed Insured currently hospitalized, confined to a nursing home, home, institutionalized, permanently confined to a wheelchair due to disease, or performing the following Activities of Daily Living (ADLs): eating, bathing, to
2. Has the proposed Insured **ever** been diagnosed with or received treatment for acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or member of the medical profession as having a terminal medical condition th
3. Has the proposed Insured **ever** been diagnosed with or received treatment (from a medical profession for Alzheimer's disease, dementia, memory loss, or Lou
4. **In the last 12 months**, has the proposed Insured had or been advised by a medical professional to undergo a diagnostic test (excluding testing related to the Human Immunodeficiency Virus (HIV) for purposes, for which results have not yet been received?

Has the proposed Insured been diagnosed, treated (including medication), or b

5. **ever**, for mental retardation, Down syndrome, cystic fibrosis, Huntington's dis
6. **in the last 24 months**, for leukemia, lymphoma, melanoma, or any other form of cancer (excluding skin cancer)?
7. **in the last:**
 - a. **12 months**, for stroke, TIA (transient ischemic attack), heart attack, or un
 - b. **24 months**, for congestive heart failure or does the proposed Insured hav
8. **ever**, for an organ (excluding corneal and kidney) or bone marrow transplant, c

COMPLETE QUESTIONS 9-12 FOR THE FOLLOWING

9. **In the last 3 years**, has the proposed Insured been convicted of a felony requir
10. **In the last 24 months**, has the proposed Insured had a pacemaker implant, by any other procedure to improve circulation to the heart or brain?

Has the proposed Insured been diagnosed, treated (including medication), or b

11. **ever:**
 - a. for hepatitis B, hepatitis C, systemic lupus, cirrhosis, liver disease, schizoph disorder, emphysema, chronic obstructive pulmonary disease (COPD), chrc equipment to assist in breathing (excluding use for sleep apnea)?
 - b. for a kidney transplant, kidney disease, dialysis, or required insulin before th
12. **in the last 24 months:**
 - a. for stroke, TIA (transient ischemic attack), heart attack, or undergone surger
 - b. for heart disease, peripheral vascular disease, atrial or ventricular fibrillation,
 - c. for alcohol or drug overuse, abuse, or dependence?



Backed by Old American Insurance Company

*Serving policyholders
since 1939.*

- ❑ \$1 billion of insurance in force
- ❑ 200,000 policyholders
- ❑ 47 states and the District of Columbia





Contact us.

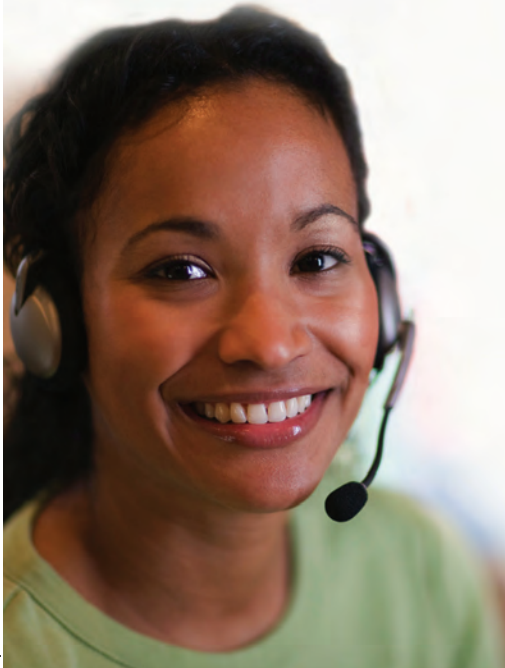
Our teams are dedicated to providing quality personalized service.

Policy Owner Toll-Free:
800-733-6242

Customer Service Fax:
816-303-9800

Speak with a representative
Monday-Friday
8am-4:15pm Central.

Or access your account
anytime using our
automated system.



Kathy Jolley
ASSISTANT VICE PRESIDENT
(49 years)



Janine Washam
MANAGER
(42 years)



Becky Warren
MANAGER
(23 years)

Customer Services Team Janine Washam – Manager



Victoria Amrine
(10 years)



Sheryl Beech
(30 years)



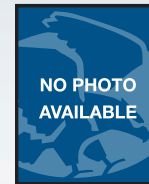
Nilda Carrillo
(1 year)



Maria Florido
(10 years)



Regina Jones
(3 years)



Dauida Norwood
(new associate)



Barbara Shaw
(37 years)



Leah Simms
(13 years)



Jana Slocum
(29 years)



Karla Williamson
(34 years)

Life Claims Team Becky Warren – Manager

Part Time



Patti Beckingham
(40 years)



Robin Hall
(23 years)



Karen Howk
(8 years)



Margaret Murphy
(41 years)



Amy Ireland
(1 year)



Shay Taylor
(1 year)



Meagan Wells
(8 years)