

NWL[®]

freedom

term express



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Freedom Term Express Underwriting Guide

For Agent use only

NWL®

freedom

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Automated Underwriting Approach Underwriting Decision at the Time of Sale!

Freedom Term Express will be underwritten on a simplified issue basis, subject to MIB, RX, MVR, and consumer reports as well as height and weight requirements. No medical exam or testing, no medical records. Faster issue, better service to your clients, and faster commissions.

NWL® Freedom Term Express Product Highlights

NWL® Freedom Term Express is a Simplified Issue Term product (Standard Issue, through Table 4 (D). Instant Decision Underwriting – MIB, Prescription check, MVR, and a Consumer Report Check* are done at the time of submission. Please note: This product is accept/reject and not priced to be underwritten with additional medical records or investigation.

Premium Classes:

Male & Female
Non-Tobacco , Tobacco

Face Amount:

Minimum \$25,000
Maximum \$250,000 (\$200,000 ages 61+)

Grace Period:

31 days

Premium Guarantee Period:

Level premiums are guaranteed for the term period. The premiums after the term period are guaranteed ART rates to age 95.

Premium Modes:

For modes other than annual, multiply the annual premium by the appropriate factor.

Issue Ages:

15 Year Term 20 – 70 years old
20 Year Term 20 – 65 years old
30 Year Term 20 – 55 years old (50 years old – Tobacco)

| Mode | Factor |
|-------------|--------|
| Semi-Annual | 0.520 |
| Monthly | 0.087 |

Death benefits:

Level death benefit to age 95

Policy Fee:

\$72 for all terms (Commissionable)

Conversion:

15 Year Term: During the first 5 Policy Years
20 Year Term: During the first 7 Policy Years
30 Year Term: During the first 10 Policy Years

*Consumer Report Check is a score that predicts mortality based on FCRA real time data to include consumer’s public records such as court records, property records, bankruptcies, judgments, and consumer credit history (payment behavior, collections, available credit but, not credit scores). All information is disclosable, disputable, and correctable.

Here's how the Automated Underwriting Process generally works:



Getting Started

1. After the agent and client have determined life insurance coverage needs, the agent reviews the preliminary questions to determine if the applicant is prequalified (determined by all “No” responses).
2. Agent accesses the Vital Quote tool, inputs basic data on the proposed insured such as date of birth, desired face amount or premium, riders (if applicable), and tobacco status to generate a quote.
3. If quote results are satisfactory for the applicant, while in person with the client, the agent proceeds to the eApplication (eApp) directly from the quoting tool.

Application Process

- Within the eApp the client reconfirms responses to the preliminary application questions; if all questions are answered “No,” the client is considered prequalified for the product and is ready to continue the process.
- Client’s identification is verified by answering a few questions.
- Once identification is verified, then the remaining sections of the application, including proposed insured’s height and weight, reflexive questions, additional non-medical questions, beneficiary information, and payment details can be completed.
- Once application is completed, client signatures are captured electronically including HIPAA, MIB, Prescription Check, MVR, and consumer report authorizations. Please note, MIB Pre Notices and fraud statements will be available for client’s review prior to the signature process. The agent’s signature(s) is also captured electronically. The agent will then provide the client with copies of all notices and application.

Submission

The case is then submitted to our Automated Underwriting Engine, all input information is analyzed with MIB, Prescription Check, MVR, and a Consumer Report Check, and a decision is provided on screen within minutes (oftentimes, in less than one minute). If there are no contradictions with MIB, RX, MVR or consumer data, the case is approved.

Decision is either, Accepted, Declined, or Refer to an Underwriter.

- If the case is accepted, the electronic application will be sent to the home office for processing. If all information including payment is acceptable, the Policy is issued and mailed to the client and the commission is released. Typical turnaround time is 48-72 business hours after accepted submission. If agent’s license or contract appointment is not ready at the time of submission, turnaround time could be affected.
- If the case is declined, electronic application will be sent to the home office and a letter will be mailed to the client with details on the decision.
- If the case is referred to an underwriter, application will be sent to the home office for processing, and an underwriter may need to call applicant back for more information to assess the risk and determine whether the policy may be issued. A decision is expected to be made within 48-72 working hours. Please make sure client is aware that a phone call is expected and provides the best number to call them.

Basic Underwriting Qualifications to check prior to submission:

1. Applicant must be a US citizen or legal permanent resident (green card), and applicant must permanently reside in the US.
 - All foreign travel with duration of 180 consecutive days should be considered foreign residence.
2. Applicant must not have been declined for life, (fully underwritten or simplified issue), health, or disability insurance by any insurance carrier (including NWL) within the past 3 years.
3. Please have applicant's physician's information (full name, address, telephone number) and list of any medications.
4. Please make sure applicant's personal and contact information is available and is entered correctly (name, address, date of birth, SSN, etc.).
5. Applicant's driver's license should also be available at the time of application (if the client has been issued a driver's license), and must be entered exactly as it appears.



Preliminary Questions:

All questions must be answered "No," and proposed insured must meet height and weight criteria to prequalify. Questions may vary by state.

1. Currently:

- Are you hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, or receiving hospice care?
- Are you using a walker, wheelchair, electric scooter, oxygen, dialysis machine, or do you have a defibrillator implanted?
- Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as bathing, continence, dressing, eating, toileting, transferring, or taking medications?

2. Have you ever:

- Been diagnosed by a member of the medical profession as having, or tested positive for, Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?
- Been diagnosed, tested positive, or been given medical advice by a member of the medical profession for diabetes prior to age 30, been treated by a member of the medical profession for insulin shock, diabetic coma, retinopathy, nephropathy (kidney), neuropathy (nerve, circulation) disorder, amputation, or diabetes not under control?

3. Have you ever been medically diagnosed, treated for, tested positive for, or taken medication for:

- Alzheimer's disease, dementia, organic brain disease, memory loss, mental incapacity, Down's Syndrome, schizophrenia, bipolar disorder, Lou Gehrig's disease (ALS), Huntington's disease, muscular dystrophy, Cystic Fibrosis, pulmonary fibrosis, Parkinson's, Multiple Sclerosis, or multiple myeloma?
- Congestive heart failure, cardiomyopathy, cirrhosis of the liver, liver failure, kidney (renal) failure, chronic kidney disease, or renal insufficiency?

4. Within the past 5 years have you:

- Had or been advised by a licensed member of the medical profession to have an organ or bone marrow transplant or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less?
- Been diagnosed by a licensed member of the medical profession with leukemia, lymphoma, melanoma, or any cancer, or, have you received chemotherapy, radiation, or any type of treatment, or had surgery for any cancer (other than basal, or squamous cell cancer of the skin), or been diagnosed for more than one occurrence of any cancer, or had an amputation caused by cancer or any other disease?
- Been diagnosed, treated, or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for: respiratory failure, chronic hepatitis, liver disease, pancreatitis, stroke, transient ischemic attack (TIA), cerebral palsy, grand mal epilepsy, systemic lupus (SLE) disease, or do you have paralysis of two or more extremities?
- Been diagnosed, treated or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for: heart disease, heart attack, angina (chest pain), heart or circulatory surgery, including coronary artery bypass, angioplasty, cardiac or vascular stent placement, pacemaker or pacemaker replacement, heart valve replacement, aneurysm, or any cardiac or vascular surgery, or procedure to improve the circulation to the heart, brain, or extremities?
- Been diagnosed, treated or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for Chronic Obstructive Pulmonary or Lung Disease (COPD/COLD), emphysema, chronic bronchitis or had asthma attack(s) requiring visit(s) to the emergency room or hospitalization(s)?
- Been diagnosed, treated, or advised to receive treatment by a licensed member of the medical profession, or been hospitalized, for major depression, attempts of suicide, or suicidal thoughts?
- Pleaded guilty or been convicted of a felony, or are you currently incarcerated, on parole or on probation, or have pending charges but not gone to trial?
- Been treated for, or been advised by a licensed member of the medical profession to have treatment for alcohol or drug abuse?
- Been convicted of operating a vehicle while impaired or under the influence of alcohol or drugs?
- Used cocaine, heroin, amphetamines, barbiturates, hallucinogens, or other habit forming drugs except as prescribed by a physician?

5. Additional Questions:

- Are you not a U.S. citizen or lawful permanent resident (green card) who has lived in the U.S. for more than two years?
- Do you intend to live or work outside of the United States in the next two years?
- Within the past 3 years have you applied for life, health, or disability insurance and been declined or postponed?
- Within the past two years have you had your driver's license suspended or revoked, or have you been found guilty or convicted of reckless or negligent driving?

Reflexive Questioning

In addition to the [Preliminary Questions](#), responses to additional application questions may have an impact on the underwriting decision. Any “yes” answer on a medical or non-medical question will generate [Reflexive Questions](#) for the underwriting engine to process, if answers are satisfactory and there are no discrepancies on MIB, Rx or MVR, case will be accepted, otherwise case may be declined or referred to an underwriter to call back applicant for more information.



***Reflexive Questions** are leading or drill down inquiries that generate a follow-up question based upon the answer initially provided.*



Sample Reflexive Questions

1. Are you presently taking any medications for any medical condition(s) that you have not already disclosed? (Excluding Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC).
2. Within the past 2 years did you, or in the next 2 years do you intend to:
 - a) Participate in any aviation activity other than as a passenger on a scheduled commercial airline?
 - b) Participate in any form of motorcycle, car, or boat racing, mountain, rock, or ice climbing, cave exploration, hang gliding, scuba or sky diving?
3. Are you an active duty Military, Military Reserve, or National Guard currently serving, have orders for, or anticipate orders in the next 2 years?
4. In the last 12 months, have you used any tobacco or nicotine products such as smoking cigarettes, cigars, pipes, cannabis, using electronic cigarettes, vapor, snuff, chewing tobacco, or used any nicotine delivery device such as a patch, gum, or lozenge?



Impairment Guidelines

The following guidelines are designed to provide the underwriting action that is normally taken for the most frequent impairments encountered; the final underwriting decision can vary due to the specifics of a particular impairment or combination of impairments. The Company reserves the right to obtain additional underwriting information such as a telephone interview with proposed insured. The final decision may differ from the guidelines based on the overall underwriting evaluation of each individual and their unique medical and non-medical history.

| Impairment | Criteria | Eligible |
|---|---|----------|
| Acquired Immunodeficiency Syndrome (AIDS) | | No |
| ALS (Lou Gehrig's Disease) | | No |
| Alcohol/Drug | Excessive Use or Drug use within 5 years | No |
| | Treated, or advised to be treated, DUI/DWI within 5 years | No |
| Alzheimer's/Dementia | | No |
| Amputation | Due to injury, recovered | Yes |
| | Due to disease within 5 years | No |
| Aneurysm | Within 5 years | No |
| Anxiety | | Yes |
| Arthritis | Moderate and no disability | Yes |
| Asthma | Controlled, mild to moderate | Yes |
| | Not under control, ER visits, or hospitalizations | No |
| Atrial Fibrillation | No complications | Yes |
| Benign Prostate Hypertrophy | | Yes |
| Bipolar Disorder | | No |
| Bronchitis | Acute, (Mild/Moderate), complete recovery | Yes |
| | Chronic | No |
| Cancer | Basal Cell Carcinoma – skin (not advanced) Squamous Cell | Yes |
| | Currently on treatment or observation or within the last 5 years | No |
| | Recurrence of any cancer | No |
| Cardiomyopathy | | No |
| Cerebral Hemorrhage, CVA, Stroke | Within 5 years | No |
| Cerebral Palsy | Within 5 years | No |

| Impairment | Criteria | Eligible |
|---|--|----------|
| Chronic Obstructive Lung Disease – COLD | Within 5 years | No |
| Chronic Obstructive Pulmonary Disease COPD | Within 5 years | No |
| Cirrhosis of the Liver | | No |
| Colitis | | Yes |
| Congestive Heart Failure - CHF | | No |
| Crohn's Disease | | Yes |
| Cystic Fibrosis | | No |
| Major Depression | Stable environment, no hospitalizations, controlled | Yes |
| | Resistant to treatment, suicide attempts, hospitalizations | No |
| Diabetes | Diagnosed prior to age 30 | No |
| Diabetes – Type 1 and 2 Diagnosed after age 30 | With Coronary Artery Disease, TIA, Stroke | No |
| | With insulin shock, diabetic coma, or retinopathy | No |
| | With nephropathy, neuropathy, amputation or diabetes not under control | No |
| Diabetes – Type 1 and 2 Diagnosed after age 30 | Under control | Yes |
| Driving History | License suspended, disqualified, revoked or withdrawn, reckless or negligent driving, within 2 years | No |
| | DWI/DUI within 5 years | No |
| Down's Syndrome | | No |
| Drug Use | Treated, no relapse, no current use, and no hospitalizations, after 5 years | Yes |
| Emphysema | Within the past 5 years | No |
| Epilepsy | Petite Mal | Yes |
| | Grand Mal, within the past 5 years | No |
| Gall Bladder Disorders | Most cases | Yes |
| Gangrene | Result from disease or injury | No |
| Gastric Bypass/Lap Band | No complications | Yes |
| Gastritis | If acute or short duration (less than 2 weeks) | Yes |
| Gout | | Yes |
| Heart Attack / Myocardial Infarction | Within the past 5 years | No |
| Heart Surgery | Within the past 5 years | No |
| Hepatitis | A, complete recovery, no liver damage | Yes |
| | B or C Diagnosis in the past 5 years | No |
| Hepatomegaly | | No |
| HIV | | No |

| Impairment | Criteria | Eligible |
|---------------------------------|---|----------|
| Huntington's disease | | No |
| Hypertension | Controlled, treated with medication | Yes |
| | Uncontrolled, or severe | No |
| Hysterectomy | Complete recovery with no cancer or malignancy | Yes |
| Kidney Disease | Kidney stones, recovered | Yes |
| | Kidney failure/Renal insufficiency/ Chronic Kidney Disease | No |
| | Polycystic Disease | No |
| Leukemia | Within the past 5 years | No |
| Liver Failure | | No |
| Liver – Cirrhosis | | No |
| Lou Gehrig's Disease (ALS) | | No |
| Lupus Erythematosus | Within the past 5 years | No |
| Marfan's Syndrome | | No |
| Mental Incapacity | | No |
| Memory Loss | | No |
| Multiple Sclerosis | | No |
| Multiple Myeloma | | No |
| Muscular Dystrophy | | No |
| Pacemaker | Including replacement within the past 5 years | No |
| Pancreatitis | Within the past 5 years | No |
| Paralysis | 2 or more extremities | No |
| Parkinson's | | No |
| Peripheral Vascular Disease | | No |
| Prostatitis | | Yes |
| Pulmonary Fibrosis | | No |
| Respiratory Failure | Within the past 5 years | No |
| Schizophrenia | | No |
| Sickle Cell Anemia | | No |
| Stroke | Within the last 5 years | No |
| Suicide Attempt | Within the last 5 years | No |
| TIA – Transient Ischemic Attack | Within the last 5 years | No |



Prescription History

Taking any of the prescriptions for the conditions below, in the time frame indicated on the application will generally result in a decline.

| Medication | Indication prescribed for: |
|-----------------------|----------------------------------|
| Abilify | Bipolar disorder / Antipsychotic |
| Alglucosidase | Pompe Disease |
| Amantadine | Parkinson's |
| Amiodarone HCL | Arrhythmia |
| Anastrozole | Cancer |
| Anoro | COPD |
| Antabuse | Alcohol Abuse Treatment |
| Aprepitant | Cancer Induced Nausea |
| Apresoline | Severe Hypertension |
| Aralast | Respiratory Disorder |
| Aricept | Dementia/Cognitive Disorder |
| Arimidex | Cancer |
| Atrovent | COPD |
| Azathioprine | Transplant |
| Basiliximab | Transplant |
| Belimumab | Systemic Lupus Erythematosus |
| Benlysta | Systemic Lupus |
| Bentztropine/Cogentin | Anti-Parkinson's |
| Bepidil | Angina |
| Bidil | Congestive Heart Failure |
| Breo Ellipta | COPD |
| Calcitriol | Kidney Disease/Failure |
| Calcium Acetate | Kidney Disease |
| Carbidopa | Anti-Parkinson's |
| Carvidopa – Levodopa | Anti-Parkinson's |
| Casodex | Cancer |

| Medication | Indication prescribed for: |
|------------------------------|---|
| Clopidogrel | Heart Disease, Stroke/TIA, PVD/PAD |
| Clozapine | Schizophrenia |
| Clozaril | Antipsychotic |
| Codein-Acetaminophen/Tylenol | Pain |
| Combivent | COPD |
| Compazine – Frequent Fills | Antipsychotic |
| Corlanor | Congestive Heart Failure or Angina |
| Corticosteroid Multiple Use | Unmanaged Asthma/COPD |
| Creon | Pancreatitis |
| Cyclosporine | Transplant |
| Daliresp | COPD |
| Dasatinib | Cancer |
| Decadron | Chemo Induced Nausea |
| Depo-Provera – Significant | Cancer |
| Dextromethorphan-quinidine | Neurological |
| Digoxin | Heart Failure/Arrhythmias |
| Donepezil HCL | Dementia/Cognitive Disorder |
| Dronavinol | Anti Nausea RX Caused by Cancer treatment |
| Effient | Heart Disease, Stroke/TIA, PVD/PAD |
| Entecavir/Baraclude | Hepatitis B |
| Entresto | Heart Failure |
| Erivedge | Advanced Basal Cell Carcinoma |
| Eterplisern | Muscular Dystrophy/Progressive Neuromuscular Disorder |
| Exelon | Dementia/Cognitive Disorder |
| Femara | Cancer |
| Fentanyl/Duragesic | Pain |
| Geodon | Psychotic Disorder |
| Herceptin | Cancer |
| Hydralazine | Severe Hypertension |
| Hydrea | Cancer |
| Inspira | Post MI, CHF or Severe Hypertension |
| Interferon | Multiple Sclerosis |
| Isosorbide | Angina |

| Medication | Indication prescribed for: |
|--|---|
| Isioniazid | Tuberculosis |
| Lactulose | Cirrhosis |
| Lanoxin | Heart Failure |
| Lasix | Heart/Liver/Kidney Disorder |
| Leucovorin | Cancer |
| Leuprolid | Cancer |
| Lithium | Bi-polar Disorder |
| Lucentis | Diabetic Retinopathy |
| Lupron | Cancer |
| Lyrica/Gabapetin | Diabetic Neuropathy |
| Megestrol Acetate | Cancer |
| Methadone | Narcotic Addition/ Severe Pain/Abuse |
| Methyldopa | Severe Hypertension |
| Mirtazapine | Severe Depression |
| Morphine or Morphine Equivalent | Pain |
| Morphine sulfate/Contin | Pain |
| Mycophenolate | Transplant |
| Multiple narcotic drugs or narcotics given by multiple doctors | Abuse/Pain/Multiple Conditions |
| Naloxegol | Opioid Induced Constipation |
| Namenda | Anti-Dementia |
| Narcotics and Benzodiazepine concurrent use | Abuse/Pain |
| Neupogen | Cancer |
| Nimotop | Stroke |
| Nitrates/Nitroglycerin | Angina/Chest pain |
| Ofev | Pulmonary Fibrosis |
| Opiod/Narcotic, Oxycodone/Oxycotin | Pain/Frequent Fills |
| Osmitrol | Severe Intracranial Pressure/Cerebral Edema |
| Paricalcitol | Serious Endocrine |
| Pasireotide | Cushing's Disease |
| Pegasys | Hepatitis |
| Peginterferon Alfa -2a/Pegasys | Hepatitis B or C |
| Phenelzine/Nardil | Severe Depression |
| Phenytoin/Dilantin | Very Serious Anticonvulsant/Seizures |

| Medication | Indication prescribed for: |
|------------------------------------|--|
| Plavix | Heart disease, Stroke/TIA, PVD/PAD |
| Pletal | Heart disease, Stroke/TIA, PVD/PAD |
| Primasol | Kidney Disease |
| Pulmozyme | Cystic Fibrosis Pulmonary |
| Ranexa | Angina |
| Rifaximin | Cirrhosis |
| Reglan | Diabetic Gastroparesis |
| Ribavirin | Hepatitis |
| Riluzole | Amyotrophic Lateral Sclerosis |
| Risperdone | Psychotic Disorder |
| Salmeterol/Serevent | COPD |
| Sensipar | Kidney Disease/Failure |
| Seroquel > 75 mg | Psychotic Disorder |
| Serzone | Psychotic Disorder |
| Sildenafil | Pulmonary Hypertension |
| Sirolimus | Transplant or Cancer |
| Sofosbuvir/Sovaldi | Hepatitis C |
| Spiriva | Severe Asthma or COPD |
| Spirolactone | Severe Hypertension/Congestive Heart Failure |
| Suboxone | Drug Abuse/Pain |
| Sulfadiazine/Primasol | Serious Kidney Therapy |
| Symbiax | Antipsychotic/Bipolar |
| Tamoxifen | Cancer |
| Telostristat | Cancer |
| Tetrabenazine | Neurological |
| Thorazine | Antipsychotic |
| Tizanidine HCL – significant fills | Musculoskeletal Therapy |
| Trastuzumab | Cancer |
| Trazodone > 150 mg/Day | Severe Depression |
| Trientine HCl | Congenital Genetic Disorder/Wilson's Disease |
| Zemplar | Kidney Disease/Failure |
| Zyprexa | Psychotic Disorder |

Height and Weight Chart - Unisex

| Height | Minimum Weight | Maximum Weight |
|--------|----------------|----------------|
| 4' 8" | 74 | 189 |
| 4' 9" | 77 | 192 |
| 4' 10" | 79 | 199 |
| 4' 11" | 82 | 206 |
| 5' 0" | 85 | 213 |
| 5' 1" | 88 | 220 |
| 5' 2" | 91 | 228 |
| 5' 3" | 94 | 235 |
| 5' 4" | 97 | 243 |
| 5' 5" | 100 | 250 |
| 5' 6" | 103 | 258 |
| 5' 7" | 106 | 266 |
| 5' 8" | 110 | 274 |
| 5' 9" | 112 | 282 |
| 5' 10" | 115 | 291 |
| 5' 11" | 119 | 299 |
| 6' 0" | 122 | 308 |
| 6' 1" | 126 | 316 |
| 6' 2" | 129 | 325 |
| 6' 3" | 133 | 334 |
| 6' 4" | 136 | 343 |
| 6' 5" | 140 | 352 |
| 6' 6" | 143 | 361 |
| 6' 7" | 147 | 371 |

Premiums per \$1,000

| 15 Year Term - Premiums per 1000 | | | | |
|----------------------------------|-----------------|-------------|-------------------|---------------|
| Issue Age | Male Non-Smoker | Male Smoker | Female Non-Smoker | Female Smoker |
| 25 | 2.02 | 3.12 | 1.57 | 2.60 |
| 35 | 2.67 | 4.48 | 2.20 | 4.15 |
| 45 | 5.28 | 10.60 | 3.95 | 8.56 |
| 55 | 12.24 | 26.64 | 8.08 | 17.96 |
| 65 | 30.56 | 63.76 | 18.56 | 43.49 |
| 70 | 49.72 | 97.00 | 31.49 | 63.84 |

| 20 Year Term - Premiums per 1000 | | | | |
|----------------------------------|-----------------|-------------|-------------------|---------------|
| Issue Age | Male Non-Smoker | Male Smoker | Female Non-Smoker | Female Smoker |
| 25 | 2.19 | 3.45 | 1.70 | 2.90 |
| 35 | 2.98 | 5.19 | 2.43 | 4.73 |
| 45 | 5.96 | 12.22 | 4.46 | 10.18 |
| 55 | 14.04 | 30.38 | 9.32 | 21.19 |
| 65 | 37.34 | 76.81 | 23.13 | 55.27 |

| 30 Year Term - Premiums per 1000 | | | | |
|----------------------------------|-----------------|-------------|-------------------|---------------|
| Issue Age | Male Non-Smoker | Male Smoker | Female Non-Smoker | Female Smoker |
| 25 | 2.32 | 4.05 | 1.86 | 3.52 |
| 35 | 3.42 | 7.03 | 3.12 | 6.64 |
| 45 | 7.33 | 15.99 | 6.79 | 14.51 |
| 55 | 17.75 | | 17.11 | |

Financial Underwriting Guidelines



Financial underwriting is a critical part of the underwriting process. Automated underwriting allows for Personal Insurance/Income Replacement only and is generally not intended for Business Coverage (Key Person, Buy/Sell, or Stock repurchase etc.), or charitable purposes.

Insurable Interest must exist prior to the approval of an application between the insured and Owner and/or Beneficiary. Insurable Interest exists if there is an economic loss that would be suffered by the Owner/Beneficiary if the insured was to die prematurely.

Automated underwriting will generally accept the following Personal relationships as having Insurable Interest:

- Spouse / Life Partner / Fiancé
- Parent
- Child

Maximum Face Amount Chart

| Age | Income Factor |
|---------|---------------|
| <= 30 | 30 |
| 31 - 40 | 25 |
| 41 - 50 | 20 |
| 51 - 60 | 12 |
| 61 - 65 | 10 |
| > 65 | 5 |

Please refer to chart for maximum face amount allowed. Also consider insurance inforce with other carriers.

Example: proposed insured's age is 51 and annual income is \$20,000. Maximum coverage allowed is \$240,000 (\$20,000 X 12).

Contact US

Contact the NWL Agent Only Sales Desk



800-760-3434



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About National Western Life Insurance Company®

National Western Life Insurance Company® is a Colorado corporation with executive offices in Austin, Texas. The Company offers a full line of life insurance and annuity products in 49 states and the District of Columbia. Since its start in 1956, National Western has emphasized financial strength for the protection of its Policyholders. As a legal reserve insurance company, National Western must set aside a portion of its assets equal to reserves required by law. Annually, a financial statement is filed with each state's insurance department. These departments have authority to verify that the appropriate reserves are maintained.

Excellent Ratings

Rating agencies continue to recognize the strengths of National Western. As of the date of this printing, Standard and Poor's® has rated National Western "A (Strong)", while A.M. Best Company's rating is "A (Excellent)." A Standard & Poor's® rating is an opinion of a company's financial security with respect to its ability to pay under its insurance policies and contracts in accordance with their terms. Ratings range from AAA (extremely strong) to CC (extremely weak) and R (regulatory supervision). A.M. Best's ratings evaluate company factors in order to provide an opinion of the company's financial strength, operating performance, and ability to meet its obligations to Policyholders. Ratings range from A++(superior) to F (in liquidation).



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