



SUPPLY REQUEST

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APPLICATIONS

- _____ AHL-U-07-ALT Traditional Whole Life State of _____
- _____ AHL-U-09-ALT-IL Traditional Whole Life (Illinois only)
- _____ U-FPA-1/04 Annuity FPA & SPDA State of _____
- _____ 2007 FEPA Final Expense State of _____
- _____ 2007 FEPA-IL(REV) Final Expense (Illinois only)
- _____ 04-NGP New Generation Plan State of _____
- _____ AHL-U-07-ALT Association Group State of _____

SUPPLEMENT TO APPLICATION

- _____ U-80 state _____ Authorization for release of Medical Info
- _____ U-81 state _____ Authorization for release of Psychotherapy
- _____ I.P.R.-I-T _____ Summary of Indeterminate Premium Reduction, Policies 20YLT (TX & MT)
- _____ I.P.R.-2-T _____ Summary of Indeterminate Premium Reduction, Policies 10YLT (TX & MT)
- _____ 84-APP _____ Agreement for Prepayment of Premiums
- _____ APDF-2 _____ Premium Deposit Receipts
- _____ U-41-7/82 _____ Notice of Information Practices (AZ & MT)
- _____ U-14-10/96 _____ Illustration Certification Form
- _____ U-PAR-1 _____ Disclosure Statement (MEC Form)

PAYMENT SUPPLEMENTS

- _____ ACC-17 _____ Bankdraft Authorization
- _____ ACC-39 _____ Funds Transfer & 1035 Exchange
- _____ U-PAR-2 10/03 _____ Paid Up Life Benefit Authorization
- _____ U-PAR-3 10/03 _____ Request for Premium or Cash W/D
- _____ U-PAR-4 10/03 _____ Paid Up Life Benefit Authorization
- _____ PR-05 _____ Premium Receipt (required for cash)

UNDERWRITING INFORMATION FORMS

- _____ U-5 _____ Disclaimer State of _____
- _____ U-5-A-MN _____ Consumer Privacy Notice (Minnesota)
- _____ U-5-B-MN _____ Life Insurance Fact Sheet (Minnesota)
- _____ U-5-C-MN _____ Advance Disclosure Notice (Minnesota)
- _____ U-9 _____ Medical Examiners Report State of _____
- _____ U-18 _____ All Purpose Form State of _____
- _____ U-19 _____ Smoking Statement
- _____ U-45/01 _____ Non-Medical Limits & Approved Paramedical Facilities
- _____ U-1 REP _____ Replacement Forms State of _____
- _____ HIV- _____ Blood Profile Consent State of _____
- _____ UI-05 (Rev 06/10) _____ Underwriting Information Pamphlet

POLICYOWNER SERVICE FORMS

- _____ POS-3 _____ Claimant's Statement
- _____ POS-12 _____ Change of Beneficiary
- _____ POS-13 _____ Change of Ownership
- _____ POS-18 _____ Policy Loan Request
- _____ POS-19 _____ All Purpose Form (short)
- _____ POS-29 _____ Annuity Surrender Form
- _____ POS-38 _____ Cash Surrender/ Customer Assistance
- _____ POS-64 _____ Express Permission To Call
- _____ POS-65 _____ Assignment of Policy/Contract Death Benefits

GUIDESTAR/FINAL EXPENSE PROGRAM (Final Expense Application)

- _____ Planning Worksheet (Calculating Premiums, Etc.)
- _____ MKT-GS-19 _____ GuideStar Plan Description
- _____ Personal Planning Guide
- _____ GS-FEPS-3 _____ Brochure with Memorial Information
- _____ FE-95 _____ Referral Card
- _____ Guidestar Underwriting & Sample Rates

Whole Life & Term Products (AHL Application)

- _____ MKT-WL-3 _____ Your American Legacy Plan Brochure
- _____ MKT-WL-4 _____ Your American Legacy Plan Overview
- _____ MKT-WL-5 _____ American Whole Life Brochure
- _____ MKT-5 _____ Term brochure
- _____ 99 ABR _____ ABR Pamphlet
- _____ 95 ABR/SA _____ ABR Summary/Acknowledgment

ANNUITY PRODUCTS (U-FPA-1/06)

- _____ FPA-1 _____ Flexible Premium Brochure
- _____ FPA-3 _____ Flexible Premium Overview
- _____ SPDA-1 _____ Single Premium Overview
- _____ SPDA-2 _____ Single Premium Brochure
- _____ ACC-39 _____ Funds Transfer & 1035 Exchange
- _____ FPA-5 _____ Senior Annuity Questionnaire
- _____ U-SPDA-1 _____ Annuity Disclosure Form

ASSOCIATION GROUP PRODUCTS

Enduring Gift (AHL Application)

- _____ EG-1 _____ Employer Basic Information Sheet
- _____ EG-2 _____ Reply Card
- _____ EG-3 _____ Association Booklet
- _____ Certificate of Participation
- _____ 1/06 WL05EG _____ Enduring Gift Rate Manual

The Membership Benefit Plan (AHL Application)

- _____ MBP-1 _____ Association Brochure
- _____ MBP-2 _____ Customer Brochure
- _____ MBP-3 _____ Plan Overview
- _____ MBP-4 _____ Reply Card
- _____ MBP-5 _____ Association Information Sheet
- _____ MBP-8 _____ Membership Benefit Rate Manual

RATE PAMPHLETS

- _____ WL-10.09 _____ American Whole Life
- _____ JR WL-10.09 _____ Young American Whole Life
- _____ YAL-10.10 _____ Young American Legacy
- _____ AL-10.10 _____ American Legacy
- _____ AB - 3/07 _____ Additional Benefits
- _____ 10YLT-1/07 _____ 10 Year Level Term Policy & Rider
- _____ 20YLT-10.09 _____ 20 Year Level Term Policy & Rider
- _____ GS-8/08 _____ "GuideStar" Rates
- _____ NTI-11/07 _____ NovaTerm
- _____ LPDT 10.10 _____ Lifetime Term
- _____ VWL 11/09 _____ Value Whole Life
- _____ Rate Wallet _____ Contains all of the Rates Listed Above

AGENT SUPPORT

- _____ MKT-3 _____ Advertising Guidelines
- _____ AGY-31 _____ Prospect Cards
- _____ MKT-LMF 6/09 _____ Product Overview

ENVELOPES & MISCELLANEOUS

- _____ E-40 _____ #9 Self-Addressed to Company
- _____ E-27 _____ #10 Corner Return Envelopes
- _____ E-56 _____ #14 Corner Return Envelopes
- _____ E-47 _____ #14 Self-Addressed to Company
- _____ AHL Memo Pads
- _____ AHL Stationery
- _____ Business Card Order Form
- _____ Home Office Service Directory
- _____ U-FA _____ FAX Authorization
- _____ U-FT _____ FAX Transmittal
- _____ AGY-34 _____ Application Transmittal Sheet
- _____ AGY-16 _____ Supply Request Order Form

Date _____ Name _____ Agent # _____

Is this a New Address Address _____ Apt or Suite # _____

City _____ State _____ Zip _____

Please contact Marketing if you are planning a Direct Mailing.