

Life Products Guide

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PROSPERITY
LIFE GROUP®

Let life flourish.

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Prosperity Life GroupSM is a marketing name for Prosperity Group Holdings, LP and its subsidiaries. Life insurance, annuities, and supplemental health products are underwritten by SBLI USA Life Insurance Company, Inc. (SBLI USA), headquartered in New York, NY, and S.USA Life Insurance Company, Inc. (S.USA) and Shenandoah Life Insurance Company (Shenandoah Life), both headquartered in Roanoke, VA. Only SBLI USA is an authorized New York insurer. S.USA and Shenandoah Life are not authorized as insurers in, and do not do insurance business in, New York. Each underwriting company is responsible for its own financial and contractual obligations. SBLI USA Life Insurance Company, Inc. is not affiliated with The Savings Bank Mutual Life Insurance Company of Massachusetts or The Savings Bank Life Insurance Company of Connecticut.

The rules, policies and procedures of this Guide apply only to the sale, solicitation and negotiation of life insurance products issued by SBLI USA Life Insurance Company, Inc. and S.USA Life Insurance Company, Inc. ("Companies"). This Guide is not a contract and is not intended to create any contractual rights in favor of the Agent or the Companies. The Guide does not alter the current relationships between the Agent and any of the Companies. Furthermore, the Companies reserve the right to change, alter or amend any portion of this Guide at their discretion at any time.

Home Office Contact Info –

Pending Contracts or Agent Portal Login/Tech Support

support@insuranceadmin.com

855-321-2755 - Option 1 for Agent, then follow prompts for pending contracts or tech support

Contracted Agent Support (Life Products)

agentcare@prosperitylife.com

Phone: (866) 380-6413,

option 1 for Sales Support

option 3 for Licensing/Commissions

Agent Portal

<https://www.insuranceadmin.com/agent>

New Business

newbusinessprocessing@prosperitylife.com

Fax: (212) 624-0818

Customer Service – for Inforce policy needs or Claims

customercare@prosperitylife.com

Phone: (877) 725-4872

Fax: (212) 624-0820

Underwriting

underwriting2@prosperitylife.com

Fax: (212) 624-0814

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General Information – Getting Started with Prosperity Life Group

Welcome to Prosperity Life Group! This guide is intended to help you navigate the sales and service processes for life insurance products issued by our underwriting companies, S.USA Life Insurance Company, Inc. and SBLI USA Life Insurance Company, Inc. As procedures may change over time, please contact us directly if you have any questions, or need clarification.

Portal Access

To sign into the agent portal, visit insuranceadmin.com/agent. Then enter your email address and password selected when you completed the contract request. If you need to reset your password, you can click the "forgot password" link from the login page. Then you will need to provide the email address used to set up your account. A temporary password will be sent to you.

Additional Users

Support staff within your Agency may require access to information contained in the Agency's portal account. Account access can be given to other users from the main account holder from the Settings tab, then Sub-Accounts and set up as desired. You may restrict/grant permissions to certain areas of the portal as needed for each user. **You are responsible for the individuals you allow to access the portal. They must comply with our rules and regulations regarding confidentiality. You should review no less than annually the individuals who have access to the portal to define if the access is still necessary.**

Contracting Downlines

You can contract agents under you by providing them with invitation codes. These codes set the agent's commission levels and binds them to you as your direct downline. You may generate a code for any commission level beneath you and send each code to as many agents as you want.

To generate a code, log into the agent portal. From there find the "Invitation Codes" link under the "Contracting" menu. If you haven't already done so, you must generate a code before you can use it.

The codes come with links that you can use in emails, web pages, or other marketing materials.

If you want to rescind a code and stop anyone from using it, you can delete it. But anyone who has already used it will not be affected. **You are responsible for any downline agent (subagent) subsequently contracted and appointed with us as a result of an invitation link sent by you, per the terms and conditions of your agent contract.**

Steps for the **direct upline** to create invitation link:

1. Login into contracting portal.
2. Under "Contracting" menu, select "Invitation Codes"
3. Select desired commission schedule and advance options for the agent you wish to contract
4. Copy "Contracting Link" and send out to agent. Alternatively, codes can be emailed from our system by clicking blue email button next to the link
5. Agent can now follow the link to fill out their information and submit their new contract

Only the immediate upline may build and send contracting links; they cannot skip levels. Agents will be contracted directly to the upline who built the link.

Contracting Requirements/Status Definitions

Anti-Money Laundering

Every Agent must complete Prosperity's AML Training upon submitting their contract request, then every 2 years thereafter. The required training must be completed on the portal. Failure to do so will result in delay in processing, or withdrawal of contract request after 30 days. We do NOT accept evidence of completion from other AML providers.

Contract Suitability: Validating that the agent is in good standing and there are no duplicate contracts.

NIPR Demographic Check: Validating that the resident license has been confirmed and compared to the agent's domicile state and any regulatory actions have been reviewed and approved.

Confirm Government Issued ID: Validating that the agent's identity has been confirmed with supporting documentation.

E and O Declarations: Validating that the E&O policy has been confirmed with agent provided documentation.

Confirm Banking Information: Validating that the bank account information has been confirmed with agent provided documentation.

License Verification: Validating that the state insurance licenses are active.

Verify Up Line Contract: Validating that the upline is in good standing.

Business Practice Explanations: Validating that the background questions have been answered, reviewed, and accepted.

Background Check: Validating that the background check has been completed and the results have been reviewed and approved.

Appoint With State: Subject to Just-in-Time rules, the necessary state appointments have been secured for the contracted company.

Welcome Email is sent. Agent is now "Active" and can start submitting business.

Report to Carrier: Prosperity will be notified that requirements have been completed and agent is active.

State Appointments (subject to change at Prosperity's discretion)

Pre-Appointment States: AL, GA, FL, and PA are treated as Pre-Appointment states. No application can be submitted before an agent is contracted and appointed.

Pre-Contracting States: LA, MT, UT, and WY require that we contract an agent before an application can be submitted; state appointments will be processed upon receipt of the first application.

Just-In-Time (JIT) States: All other states follow Just-In-Time processing. We will hold the appointment and contracting request for that state until the first application is submitted. At that time, we will complete the contracting and appointment process in the applicable state(s).

States for which we require the uplines to be licensed to receive override compensation (subject to change at Prosperity's discretion): FL, GA, MA, MS, MT, NM, NY, NC, PA, SD, VA, WI

Agent Contract Maintenance

Upline/Manager Change

The immediate upline is the only one with authority to move one of their downlines to another manager. We have a required form and process in place for upline manager change requests, which must be completed through the agent portal using the following steps:

1. Log in, select "Downlines," and find the name of the agent you wish to move.
2. Click the magnifying glass in the "View" column beside their name, then select the tab that says "Change Upline (Manager)."
3. Enter the writing number of the new upline, then carefully review the form.
4. Make sure the new upline is correct.
5. After you approve and submit the form at the bottom, a copy of the form will be sent to the proposed new upline to sign and accept the new downline.
6. The hierarchy change will be processed after all signatures are collected.

*Please note that you will receive an error message if a commission schedule conflict is present. The upline's commissions must be the same or greater than the downlines in all years.

Commission Level Changes

The immediate upline is the only one with authority to change the commission levels paid to an agent. Changes can be made from your portal account.

Click "Downlines" → find the contract you wish to change → click the View button (magnifying glass) to open the contract details. You'll see the current commission schedule and a button that says, "Change Rates." Just select the new rates you want to pay the downline, then "Save Changes." This will generate a notification of the changes to the downline agent as well.

Additional products/commission schedules are added to downline agents in this same fashion.

Advance Limit Changes

Sometimes agents do not qualify for the advance limits offered to them by their upline due to restrictions required by the Home Office. The agent will be notified if the advance limits are changed.

Other than the Home Office, which has the discretion to limit an agent's advance beyond the terms requested by the upline, the immediate upline is the only one with authority to request a change to advance limits for an agent.

Click "Downlines" -> find the contract you wish to change -> click the View button (magnifying glass) -> then "Change Rates" tab. Advance limit changes are at the bottom of the screen. The immediate Upline will need to review and sign the new advance addendum, then it will be sent by email to the downline for signature. Once fully executed, the home office will process the change request, if approved, within 2 business days.

If the upline wishes to decrease the advance limit, the changes are applied immediately.

****Advance term updates or commission schedule changes are not retroactive and will only be effective on new policies going forward.***

Adding a New Product

If the original invitation code did not include a product that you wish to offer to a downline, you can add it from your account in the portal.

Click "Downlines" -> find the contract you wish to change -> click the View button (magnifying glass)

Then, you'll see "Add Product" under the existing commission schedule(s). Please select a commission schedule from the dropdown menu or use custom level to build your own for the new product and click "Add Product" at the bottom of the screen to save the new schedule to the agent's contract.

Commissions

- Commission levels/rates are determined by the immediate upline when they create the contract invitation link.
- Commissions earned on applications submitted through Licensee/LOA agents are paid directly to the upline, in accordance with their agent contract/advance addendum.
- Can be paid Daily, Weekly, or Monthly via direct deposit/EFT, check options are Monthly or Annually.
- Statements are posted in accordance with pay cycle (daily, weekly) on the agent portal and can be downloaded in multiple formats
- Weekly cycle runs Friday evening for previous week's business, statements post Saturday morning, commissions are wired on Mondays (Daily runs each calendar day, paid next business day)
- Commission rates are applied to a case based on the application date, not effective date
- Paid as earned on Direct Bill, Debit cards, policies written on self or family, and others as determined by the Company
- Calculating your commission payments:
 - As-Earned: $\text{Commissionable Annual Premium} \times \text{Your commission (or override) rate} / 12$
 - Advanced Commissions: $\text{Commissionable Annual Premium} \times \text{Your commission (or override) rate} \times \text{Percent of annualization}$ (This total may be capped by your per policy limit, please refer to your advance addendum.)

Advances

- Advance limits are determined by immediate upline when they create the contract link
- Advances are paid in accordance with the advance addendum
- Limits and Mode ("at issue" or "at settle") may be modified/reduced by your Upline or Prosperity at its discretion; Prosperity can also remove an agent from advancing at its discretion
- Pay either at "issue" (policy approval) or at "settle" after 1st premium is applied and case is placed in force.
- Policies will "settle" (be placed in force) ~7 days from effective/draft date
- Advances only paid on recurring EFT/Direct Express draft cases (not on bank debit card, direct bill)

Chargebacks

- For advanced commissions, can occur on un-earned advances (not for months paid for by client except if in 1st 2 months)
- Can occur if policy is rescinded or processed as a not taken at any time; withdrawn, never placed in force, or terminated within the first year if commissions were advanced; or as otherwise stated in a product commission schedule
- Contested claims result in full chargeback since the policy is rescinded and premiums are refunded

Reports

There are many reports available as well as data feeds via API to your own platforms. See Settings tab -> Password -> bottom right corner contains your API credentials and documentation link.

The "Download Policies" report is the most comprehensive report available on the portal to track sales and policy information. Download Policy report date definitions:

- Date Entered = Date the application moves from Apptical to Prosperity admin system. This will generally be 24 hrs. after application is submitted by the agent.
- Settled Date = This is when the policy is placed in force – typically 7 days from the effective date to help ensure billing is successful.
- Issued Date = Date the policy is issued by new business and put into issued not paid status – typically 2 days from application date assuming no open requirements and paying with EFT. Policies mail on issue.
- Application Date = Date application was taken by the agent
- Effective Date = Date policy will go in effect (aka draft date)

Policy Status Definitions

<u>Status</u>	<u>Description</u>
Settled	Policy is, or was at one time, in force (including not taken/free looked policies, and policies that later lapse or result in a death claim payout)
Issued Not Paid	Policy has been issued but has not yet been paid for. System will settle 7 days after effective date assuming successful draft. If draft is unsuccessful, policy will be withdrawn.
Pending	Policy has not yet been issued – pending for underwriting or other requirements
Not Taken	Count as "Settled"; went in-force, then canceled by the customer within the free-look period or policy was rescinded after settlement.
Withdrawn	Policy was in Issued Not Paid or Pending status and then was withdrawn prior to policy settlement or did not fully complete the Underwriting requirements.
Declined	Declined by UW either at the point of sale, or after being Referred to UW

Changing Payment Information on a Policy

New Business

- Changing the draft date (initial draft must be within 35 days of the application date, and draft dates must be between the 1st and 28th of the month) can be done via email to newbusinessprocessing@prosperitylife.com.
- Fixing minor typos to the bank or Debit Express MasterCard information (ex. account number if off by 1 digit or a couple of digits are transposed) can be done via email to newbusinessprocessing@prosperitylife.com.
- Can backdate up to 30 days prior to signature date to save age as applicable.
- Changing the bank or credit card that is used for recurring payment or changing the payment mode requires a new signed payment form.

Inforce Business

- Changing the draft date can be done via email to premium.accounting@prosperitylife.com.
 - Draft dates can be flexible up to 14 days of the effective “day” of the month (excluding the 29th, 30th, and 31st). Example: Policy Effective Date is 3/15/2021. The associated draft date can be flexed into the future up to the 28th of March.
- Changing the draft date (initial draft must be within 35 days of the application date, and draft dates must be between the 1st and 28th of the month) can be done via email to premium.accounting@prosperitylife.com.
- Fixing minor typos to the bank or Debit Express MasterCard information (ex. account number if off by 1 digit or a couple of digits are transposed) can be done via email to premium.accounting@prosperitylife.com.
- Changing the bank or credit card that is used for recurring payment or changing the payment mode requires a new signed payment form.

Frequently asked questions (FAQs)

1. When do the policies get mailed to the client? *At issue - which may be upon first payment if it's paid by debit card.*
2. What is the option for reinstatement after lapse? *Subject to the provisions of the applicable policy, must pay back missed payments (usually to include the next month ahead) and complete the appropriate reinstatement forms and present evidence of insurability (meet eligibility requirements as of reinstatement date). A reinstatement will re-start the contestability period.*
3. Are there any reports available for past due clients, including bad bank, NSF, etc.? *The daily status emails from newbusinessprocessing@prosperitylife.com will notify the agent of rejected drafts, pending lapses, etc. nightly as they occur. Additional data regarding current payment mode is available via API or on the Download Policies report.*
4. What is the cancellation process? Can we request on behalf of the client via email or does the client need to be on the line? *The Policy Owner can call or email Customer Service or be on the line with their agent to request the cancellation. They may also send a written request by fax or mail. If the policy is outside the free-look period, we suspend the policy for cancellation and order*

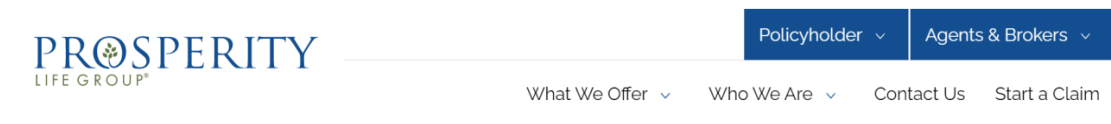
a “cancellation letter” advising the customer that the policy will be cancelled and to allow 10 business days for processing. The client must be on the line to process via phone call. We will continue to provide notification of cancellation requests to agents via the daily notification emails.

5. What is the process for the client making up missed payments? *Generally, the client has a 30-day grace period after the premium due date. Some states, such as CA, provide a longer grace period. While a policy is considered “legally lapsed” if payment is not received during the grace period (thus a claim would not be payable should the insured die), certain business rules may in effect allow for additional days in which the policy will continue in force without reinstatement if payment is received. Does the carrier automatically make any reattempts to the client’s account? We do not attempt to redraft the account. Can we schedule future double drafts? This is a manual process. We can schedule to draft two payments as long as both payments are due on the date of the transaction. With the current payment system, there are certain limitations in accommodating requests. If you have questions, please contact our Customer Service team.*
6. What is the process for changing personal information (i.e., banking, address, phone number, etc.)? *We can take an address change or telephone number update over the telephone; for address changes, written confirmation will be sent to the prior address of record and the new address. If it is a beneficiary change, bank information change or ownership change, etc., the owner must send in the appropriate form that is signed and dated. If we do not have a wet signature on file, a notarized signature may be required. The forms can be requested by contacting Policyowner Services or at the customer care email shown below. See also Customer Center self-service portal information below.*
7. What are the hours of operation for customer service/new business? *Monday – Friday, 8:30 a.m. to 5:00 p.m. EST.*
8. Other general customer service emails?
 - *To inquire or make changes on an application in a **Pending or Issued Not Paid** status, please contact newbusinessprocessing@prosperitylife.com*
 - *To inquire or request changes regarding **payments or draft dates** on **In Force** business, please contact premium.accounting@prosperitylife.com*
 - *To inquire or request **policy changes** on **In Force** business, please contact customercare@prosperitylife.com*

Customer Portal

Online Customer Service– www.prosperitylife.com

It can be difficult to reach customer service and claims representatives during peak call times. We encourage all clients to register in the Client Portal in order to access self-service for common changes and forms, or to make a payment.



Access is obtained by any policyholder through an easy self-registration process. Once they have their account, they can:

- View important details about their policy and policy related transactions.
- See when their premium payment is due and make a payment
- View, download and print notices, statements, letters, and forms
- Change their mailing address
- Change their premium payment method and payment schedule
- Obtain forms for other policy changes
- E-mail us directly
- Manage their profile
- Change their document delivery preferences (paper or e-delivery)

Go Green – E-Delivery Option

This is an option clients can select during the application process or later through the customer portal if they prefer to have documents and communications delivered electronically to their customer portal account. They will reduce their paper files and enjoy the convenience and safety of having documents delivered to their online account instead of through the mail. Lapse notices will still be sent by regular mail in addition to being posted to the portal.

If selected at application, the client will receive an email letting them know the policy has been issued and instructions as to how to set up a portal account to see it. If they don't set up an account in the number of days stated in the instructions, the Go Green request will be rescinded and the policy mailed.

Help us reduce paper by encouraging your client to enroll in **Go Green** today!

Claim Forms

Claim forms can be accessed at www.prosperitylife.com/start-a-claim.

Final Expense

Golden Promise® (offered in NY by SBLI USA), New Vista® and Vista PremierSM (offered elsewhere by S.USA) are a series of whole life products particularly suited to the senior market. These are simplified issue products, with three available plans (Level, Graded or Modified) based on height/weight and health history. Smoking class is based on cigarette use only. Included Accelerated Death Benefit features (except in CA) and optional Accidental Death Benefit rider – details vary by product (see below).

PRODUCT FEATURES AND REQUIREMENTS

Availability

Golden Promise® (SBLI USA) – Available in NY only (product specific and suitability/best interest training per NY Reg 187) must be completed *prior to* taking a Golden Promise application).

New Vista® (S.USA) – Available in all other approved states, please visit Agent Portal for current state availability lists.

Vista PremierSM (S.USA) - Limited availability to approved call centers.

Base Death Benefit

Level

Full death benefit (face amount) all years.

Graded

Limited death benefit for non-accidental death in the first two policy years. Limited benefit equals a percentage of the face amount (30% Year 1, 70% Year 2). After the second year of coverage, the death benefit is equal to the face amount of the policy. Full death benefit (face amount) for accidental death, all years.

Modified

During the first year of coverage, the death benefit is equal to 110% of the annual premium (excluding the policy fee). During the second year of coverage, the death benefit is equal to 231% of the annual premium (excluding the policy fee). After the second year of coverage, the death benefit is equal to the face amount of the policy. Full death benefit (face amount) for accidental death, all years.

New Vista/Golden Promise/Vista Premier Base Policy Requirements

Issue Ages (Age last birthday)

50-80 Level Death Benefit

50-80 Graded Death Benefit **(50-75 for Golden Promise)**

50-80 Modified Death Benefit **(50-75 for Golden Promise)**

Premium Paying Period

To age 121

Minimum Face Amount

\$1,500 (\$5,000 minimum for WA)

Maximum Face Amount

\$35,000 - The same customer can own multiple Final Expense policies, but the maximum combined coverage on any one life is \$35,000.

New Vista & Golden Promise Accelerated Death Benefit Feature (not available in California)

Should the insured be diagnosed with a terminal illness while the policy is in force, the owner may access a portion of the death benefit (between 25 and 50% of the Eligible Proceeds). Included for no extra premium for all three plans. Discount Factor/ administrative charge applied at time of acceleration.

Vista Premier Accelerated Death Benefit Feature (not available in CA)

The owner may access up to 50% of the death benefit in the event the insured is diagnosed with a terminal illness, permanently confined to a nursing home or admitted to a hospice facility while the policy is in force. Included for no extra premium for all three plans. Discount Factor/ administrative charge applied at time of acceleration.

New Vista & Golden Promise Optional Accidental Death Benefit Rider

- Additional premium required.
- Issue ages – 50 - 74
- Can be added to all three plans.
- The rider coverage amount will equal the face amount of the base plan.
- Expires on the Policy Anniversary nearest the insured's 75th birthday.

Vista Premier Optional Accidental Death Benefit Rider

- Additional premium required.
- Issue ages – 50 - 80
- Can be added to all three plans.
- The accidental death benefit will equal the initial coverage amount of the base plan up to the insured's Age 81, then reduce by half when the insured reaches Age 81.
- Grandchild Head Start Benefit - the applicant may name up to 10 grandchildren of the insured on whose behalf a benefit of \$5,000 will be paid to a designated beneficiary in the event of the insured's accidental death. To be eligible for this additional benefit, the grandchild must be at least 180 days old and under Age 18 at the time of the insured's Accidental Death and named, along with their designated beneficiary, on a Supplemental Application. Grandchildren can be added post-sale.
- Expires at Insured's Age 85

Premiums

Premium rates vary by issue age, gender and smoking class. Smoking class is based on cigarette use only. No substandard premiums apply.

How to Calculate Premiums

The total annual premium is equal to the sum of the premiums for the policy, the premiums for all optional supplemental benefits and riders, and the policy fee. For New Vista the annual policy fee is \$60; for Golden Promise and Vista premier it is \$40. Clients should be advised that if they pay their premium in semi-annual, quarterly or monthly payments, the total annual cost will be higher than the annual premium for the policy.

Modal Premium = total Annual Premium x Modal Factor

Mode	Modal Factor
Annual	1.0000
Semi-Annual	0.5150
Quarterly	0.2650
Monthly	0.0900

Policy Fee – New Vista

Annual: \$60.00 (partially commissionable to agent)

Semi-Annual: \$30.90

Quarterly: \$15.90

Monthly: \$5.40

Policy Fee – Golden Promise and Vista Premier

Annual: \$40.00 (commissionable to agent)

Semi-Annual: \$20.60

Quarterly: \$10.60

Monthly: \$3.60

Exclusions and Limitations

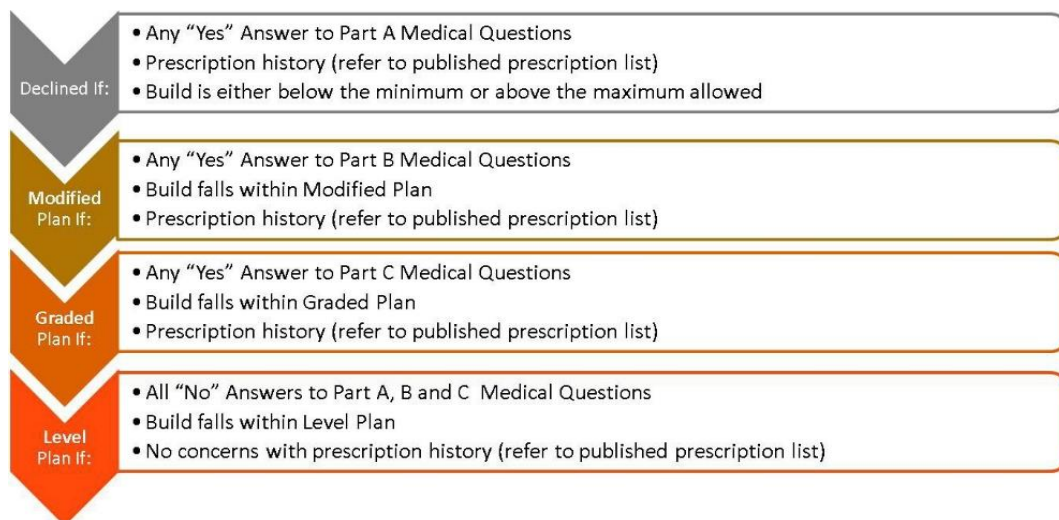
These policies have exclusions, limitation, terms, and conditions, including a two year suicide exclusion and contestability period. Refer to the policy and riders for full details. You must disclose all limitations and exclusions to the client. Policy forms may vary by state.

UNDERWRITING

Identity must be authenticated before an application will be processed.

Most applications are eligible to receive a point-of-sale underwriting decision via Apptical. The underwriting decision will be based on height/weight, the answers to the application health questions, MIB, and a prescription history check. Please review the Rx Guide before completing the application. Certain cases will not be eligible for an underwriting decision at point of sale and will be referred to the Home Office for additional underwriting. The home office will pull a sampling of applications for audit after the point of sale decision is provided.

****Please ask all health questions verbatim to the client and have the client review the questions and the responses before signing the application.****



The Final Expense application includes a Health Information section, consisting of parts A, B, and C.

Automatic decline if any "Yes" answer to Part A of the Health Information section of the application, or if the height and weight is outside of the chart.

- If the applicant answers "No" to all the questions in parts A, B and C, the applicant may be eligible for the Level Death Benefit Individual Whole Life Policy.
- If the applicant answers "No" to all questions in Part A and B, but answers "Yes" to one or more of the questions in part C, the applicant may be eligible for the Graded Death Benefit Individual Whole Life Policy.
- If the applicant answers "No" to all questions in Part A, but answers one or more questions in Part B "Yes", the applicant may be eligible for the Modified Death Benefit Individual Whole Life Policy (and Part C does not need to be completed).

Height and Weight

Review the height and weight chart included in this guide to determine for which plan the insured qualifies based on their height weight – for example, even if a person answers "No" to all the health questions, their height/weight may only qualify them for the graded plan. If the applicant's

height/weight is outside of the limits – i.e., their weight is either below the required minimum or higher than the required maximum for their height –the applicant will be declined.

Final Expense Build Chart

Height	Minimum Weight All Plans	Max Weight Level	Max Weight Graded	Max Weight Modified
4'6"	68	187	202	218
4'7"	71	194	209	225
4'8"	74	201	216	232
4'9"	77	208	223	239
4'10"	80	215	230	246
4'11"	83	222	237	253
5'00"	86	229	245	262
5'01"	89	237	253	271
5'02"	92	246	262	280
5'03"	95	253	269	288
5'04"	98	260	278	297
5'05"	101	268	286	306
5'06"	104	275	294	315
5'07"	107	284	304	325
5'08"	110	292	313	334
5'09"	113	299	321	343
5'10"	117	308	330	353
5'11"	121	316	339	362
6'00"	125	325	348	372
6'01"	129	333	356	381
6'02"	133	341	366	391
6'03"	137	349	373	399
6'04"	142	357	382	409
6'05"	147	365	392	419
6'06"	152	373	406	434
6'07"	159	381	413	442
6'08"	162	389	421	450
6'09"	167	397	430	460

FINAL EXPENSE APPLICATION SUBMISSION OPTIONS

We offer several methods for completing applications, not all options available in all states:

- Via E-application or paper for in-person sales where you and the applicant are in the same location (varies by product and state)
- Via Remote E-application or Voice Signature for sales where you and the applicant are in different locations

Please visit the agent portal www.insuranceadmin.com/agent for more information about using these tools.

PrimeTerm to 100

PrimeTerm to 100® is a simplified issue graded death benefit term policy, renewable to age 100. The death benefit is graded for the first three years, then is the full face amount in years 4 through 20. At the end of the initial 20 year term, the premium remains level and the death benefit decreases annually to age 100, at which time the policy expires. This policy has been designed for customers who are in less-than-perfect health but who have a life expectancy of several years.

PRODUCT FEATURES AND REQUIREMENTS

Availability

Available through S.USA. Not available all states. Please visit Agent Portal for current state availability lists.

Base Death Benefit

Year 1*:	115% of the Year 1 annual premium.
Year 2*:	30% of face amount for issue age 40-74 40% of face amount for issue age 75-80
Year 3*:	60% of face amount for issue age 40-74 70% of face amount for issue age 75-80
Years 4-20:	Full face amount
Years 21+:	Uniformly decreasing annually until expiry, to 5% of face amount in the year preceding expiration

*For an accidental death occurring during the first 3 years, the death benefit is the full face amount.

PrimeTerm to 100—Base Policy Requirements

Issue Ages (age last birthday): 40-80

Premium Paying Period: to age 100; policy expires Age 100

Face Amounts: \$5,000 - \$30,000

The same customer can own multiple PrimeTerm to 100 policies, but the maximum combined coverage on any one life is \$30,000.

Included Accelerated Death Benefit Feature (not available in CA)

Should the insured be diagnosed with a terminal illness (up to 12 or 24 months life expectancy, depending on the state) while the policy is in force, the owner may access a portion of the death benefit (up to 50% of the Eligible Proceeds). Included for no extra premium for all three plans. Discount Factor/ administrative charge applied at time of acceleration.

Optional Accidental Death Benefit Rider

This optional rider pays an additional benefit in the event of an accidental death. The coverage amount is equal to the full face amount of the base policy. Available issue ages 40-74. Rider expires at age 75.

Premiums

Premiums are based on issue age and sex only, and are fixed throughout the lifetime of the contract, with cash value accumulation.

How to Calculate Premiums

The total annual premium is equal to the sum of the premiums for the policy and all optional supplemental benefits and riders. Clients should be advised that if they pay their premium in semi-annual, quarterly or monthly payments, the total annual cost will be higher than the annual premium for the policy.

Modal Premium = total Annual Premium x Modal Factor

Mode	Modal Factor
Annual	1.0000
Semi-Annual	0.5150
Quarterly	0.2650
Monthly	0.0900

No Policy Fee

Exclusions and Limitations

The policies have exclusions, limitation, terms, and conditions, including a two year suicide exclusion and contestability period. Refer to the policy and riders for full details. You must disclose all limitations and exclusions to the client. Policy forms may vary by state.

UNDERWRITING

Identity must be authenticated before an application will be processed.

Most applications are eligible to receive a point-of-sale underwriting decision via Apptical. The underwriting decision is Accept/Reject based on 3 knock-out questions, as well as MIB and prescription history call out. Please review the Rx Guide before completing the application. Certain cases will not be eligible for an underwriting decision at point of sale and will be referred to the Home Office for additional underwriting. Height and weight are not considered in the underwriting. The home office will pull a sampling of applications for audit after the point of sale decision is provided.

****Please ask all health questions verbatim to the client and have the client review the questions and the responses before signing the application. ****

PRIMETERM TO 100 APPLICATION SUBMISSION OPTIONS

We offer several methods for completing applications, not all options available in all states:

- Via E-application or paper for in-person sales where you and the applicant are in the same location
- Via Remote E-application or Voice Signature for sales where you and the applicant are in different locations

Family Freedom Term

The Family Freedom Term product is a simplified issue term product targeted to the lower middle to middle market. Included living benefit riders allow the policyholder to accelerate a portion of the death benefit in the event the insured is diagnosed with a critical illness, terminal illness or chronic illness while the rider is in force. The product offers 10, 15, 20, 25, and 30-year term plans with level face amounts. Accidental death, waiver of premium and children's term riders are available for an additional cost.

PRODUCT FEATURES AND REQUIREMENTS

Availability

Issued by S.USA. Not available in all states. Please see state availability lists located on the agent portal.

Family Freedom Term Base Policy Requirements

Issue Ages (age last birthday):

10-Year Term	18 – 75
15-Year Term	18 – 70
20-Year Term	18 – 65
25-Year Term	18 – 60
30-Year Term	18 – 55

Face Amounts:

Face Amounts	Issue Ages
50K – 500K	18-45
50K – 400K	46-55
50K – 250K	56-65
50K – 100K	66-75

Included Accelerated Death Benefit Riders

Riders that allow for acceleration of death benefits should the insured be diagnosed with a Terminal, Critical, or Chronic Illness are included for no extra premium. Discount Factor/ administrative charge applied at time of acceleration. The total amount of accelerated death benefits, including Terminal, Critical and Chronic Illness accelerated benefits, cannot exceed the Amount of Insurance at issue less the Residual Amount of Insurance.

Terminal Illness Acceleration of Death Benefit:

One-time acceleration up to 95% of base policy death benefit should the insured be diagnosed with a Terminal Illness (life expectancy of 12 months or less) while the rider is in force. **Exercise of this benefit will terminate this and all other living benefit riders.**

Critical Illness Acceleration of Death Benefit:

Acceleration of up to 25% of the then current death benefit if the insured is diagnosed with a covered Critical Illness while the rider is in force. Covered Critical Illnesses include heart attack, stroke, cancer, kidney failure, major organ transplant and ALS. This benefit can be elected more than once, with a maximum of one per calendar year, subject to maintaining the Residual Amount of Insurance. Must wait at least 180 days between elections.

Chronic Illness Acceleration of Death Benefit:

Acceleration of up to 25% of the then current death benefit if the insured is diagnosed with a Chronic Illness while the rider is in force. Chronic Illness is defined as: (1) inability to perform (without substantial assistance) at least 2 of the 6 Activities of Daily Living (ADLs), or (2) having a severe cognitive impairment. ADLs include bathing, continence, dressing, eating, toileting, transferring. Cannot exceed the per diem allowance permitted by section 101(g)(3) of the Internal Revenue Code. Proof of eligibility required and insured must satisfy an Elimination Period of 90 days after diagnosis before the initial receipt of this benefit. This benefit can be elected more than once, with a maximum of one per calendar year, subject to maintaining the Residual Amount of Insurance.

Optional Riders**Waiver of Premium Rider for Total Disability:**

This rider is available for an additional premium and provides for the waiving of premium payments on the base policy and any riders due to a Total Disability of the insured that begins while the rider is in force and has existed continuously for 180 days. Total Disability is: (a) for the first 24 months, inability to perform the substantial and material duties of the insured's job due to sickness or accidental bodily injury; (b) or, after the first 24 months, inability to perform any of the substantial and material duties of any job for which the insured can become reasonably qualified or trained. Can also include loss of use of eyes, hands, or feet (see policy for details). The rider expires on the earlier of: (a) the termination of the base policy or the rider, or (b) Age 65, if not then totally disabled; if then totally disabled, the earlier of when the insured is no longer totally disabled or Age 70. While the rider is in force, the premiums will be waived for as long as the insured is totally disabled. This rider is only available at issue. The issue age range for this rider is 18-55.

Accidental Death Benefit Rider:

This rider is available for an additional premium and provides for an additional death benefit equal to the initial face amount of the base policy (up to \$250K) if the insured dies as the direct result of an Accidental Bodily Injury as defined in the rider (certain exclusions apply). The rider expires at the insured's Age 75. The issue age range for this rider is 18-74.

Children's Term Rider:

This rider is available for an additional premium and pays a death benefit to the Owner (if living, otherwise the base policy beneficiary or, if none, the deceased Insured Child's estate) if an Insured Child dies before age 21 while the rider is in force. Available death benefit amounts of \$5000, \$10000 or \$15000 per Insured Child. An Insured Child means an eligible child or grandchild of the insured (at least 15 days old and age 18 or under at time coverage for that child is elected under the rider) who has been named for coverage under the rider. At any time, no more than 5 persons may be an Insured Child under the rider. Insured Children may be named on the initial application or by later supplemental application. The rider expires at the Insured's Age 65. The issue age range for this rider is 18-64.

Premiums:

Premiums are level for the life of policy. Premiums are based on issue age, sex and smoking class. Smoking includes tobacco or nicotine products (including but not limited to cigarettes, e-cigarettes, vaping, cigars, pipe tobacco, chewing tobacco, and snuff).

How to Calculate Premiums

The total annual premium is equal to the sum of the premiums for the policy and all optional riders. (There also is a \$80.00 annual policy fee). Clients should be advised that if they pay their premium in semi-annual, quarterly or monthly payments, the total annual cost will be higher than the annual premium for the policy.

Policy Fee:

There is an annual commissionable policy fee of \$80 (modal factors apply)

Modal Factors:

Mode	Modal Factor
Annual	1.0000
Semi-Annual	0.5150
Quarterly	0.2650
Monthly	0.0900

Conversions:

Convertible from the Date of Issue until the 10th Policy anniversary or the anniversary nearest the Insured’s 75th birthday if earlier.

Exclusions and Limitations

The policy has exclusions, limitation, terms, and conditions, including a two year suicide exclusion and contestability period. Refer to the policy and riders for full details. You must disclose all limitations and exclusions to the client. Policy forms may vary by state.

UNDERWRITING

For most cases, the underwriting decision will be based on height/weight, the answers to the application health questions, MIB, MVR, and a prescription history check. A TrueRisk® Life score will be obtained for face amounts \$250K and over. The home office will pull a sampling of applications for audit after the point of sale decision is provided.

Certain cases will not be eligible for an underwriting decision at point of sale and will be referred to the Home Office for additional underwriting. Medical records provided by the client will be required for reconsideration.

The application includes a Health Information section, which includes smoking history, height/weight and a number of health questions. Automatic decline if any “Yes” answer to Health Information section of the application, or if the height and weight is outside of the chart. ****Please ask all health questions verbatim to the client and have the client review the questions and the responses before signing the application.****

Height and Weight

Review the Family Freedom Term build chart below. If the applicant's weight is below the required minimum or higher than the maximum for their height, the applicant is not eligible.

FAMILY FREEDOM TERM BUILD CHART

Simplified Issue Unisex Build Chart		
Height	Minimum Weight (lbs.)	Maximum Weight (lbs.)
4'8"	72	174
4'9"	75	181
4'10"	78	187
4'11"	81	193
5'0"	84	201
5'1"	86	207
5'2"	90	215
5'3"	93	223
5'4"	96	229
5'5"	98	236
5'6"	101	243
5'7"	104	250
5'8"	107	257
5'9"	110	265
5'10"	113	271
5'11"	116	279
6'0"	120	287
6'1"	124	295
6'2"	127	302
6'3"	131	312
6'4"	134	317
6'5"	137	325
6'6"	141	334
6'7"	145	341
6'8"	148	349
6'9"	152	358

FAMILY FREEDOM TERM APPLICATION SUBMISSION

We offer several methods for completing applications, not all options available in all states:

- Via E-application for in-person sales where you and the applicant are in the same location
- Via Remote E-application for sales where you and the applicant are in different locations

Completing the Application

Client Identification - Prior to starting the application process, ask the client to provide a photo I.D. and verify identity. Third party services may be used to confirm this information through the LiveApp process. If the third-party services cannot verify identity, the policy cannot be issued until proper I.D. is provided.

Owner (if other than insured)/Beneficiary Designation – Primary and Contingent beneficiaries listed on the application must each include relationship to the proposed insured. In all cases, owner, if other than insured, and all beneficiaries must have a continuing insurable interest in the life of the insured. Examples of acceptable relationships include:

- Wife, husband, domestic partner, common law spouse, fiancée
- Son-in-law, daughter-in-law
- Children, stepchildren, grandchildren (Minors not recommended)
- Sibling
- Niece or nephew
- Aunt or uncle
- Parent or grandparent
- Family Living Trust
- Certain Charitable Trusts
- Irrevocable Life Insurance Trusts (ILITs)
- Qualified charitable or community organizations

If a beneficiary is not named, it may result in the death proceeds being paid to the estate of the owner/insured. Life insurance proceeds left to the owner/insured's estate may cause death taxes, court costs and other fees.

Proposed Insured Signature – Only the proposed insured may sign on the “Proposed Insured” signature line. A Power of Attorney (POA) signature is acceptable, however, details regarding the POA and a copy of the POA must be included with the application. Any POA issued for medical reasons also requires medical records. **These applications cannot go through Apptical and must be sent to the home office for processing.**

Policyowner Signature – Only the policyowner may sign on the owner line. The policyowner's signature is required in addition to the proposed insured's signature, if the policyowner is other than the proposed insured.

Required Disclosure Forms - Present any required disclosures and forms to the customer for the issue state. State specific application kits containing all required forms and disclosures are posted on the agent portal. These forms may be revised from time to time; always check to be sure you are using the most current application kit. Disclosures and other required forms are included in the forms set for voice signature, e-app and remote e-app. Please be sure to discuss them with your client.

Conditional Receipt - If initial premium payment is being submitted with the application, please sign the Conditional Receipt (and leave with your client if taking a paper application). Checks must be made out to the underwriting company – SBLI USA Life Insurance Company, Inc. or S.USA Life Insurance Company, Inc. We will not accept an Agency or Agent's personal check. Initial premium payment may not be taken with the application if the client answers “Yes” to any of the knockout medical questions, does not fit within height/weight parameters, or is otherwise declined at point-of-sale.

Application Date – Applications must be dated the day the application is completed and signed by the proposed insured.

Policy Effective Date – A policy will become effective as of the issue date unless a specific draft date has been requested on the application documents. A future effective date of no more than 35 days from the application date may be requested and must be the 1st through the 28th of the month.

Billing Options – We accept EFT (bank draft), Direct Express debit card, VISA or Mastercard debit cards tied to a bank account, or Direct Bill (excluding monthly). Draft dates can occur on a specific date (1-28), can coincide with the policy effective date, or can occur on the 2nd, 3rd, or 4th Wednesday of the month (based on Payor's date of birth). Use the Premium Payment Authorization Form to choose the option that works best for your customer.

Non-Resident Sales

Given concern state insurance regulators have expressed over certain activities involving insurance sales to non-residents (also known as “cross-border sales”), Prosperity Life Group requires its agents to follow the following guidelines in any non-resident sale. A non-resident sale occurs when a customer purchases an insurance contract in a state other than the one in which they have their primary residence.

As a general rule, insurance sales should be solicited in the state where the owner resides. For compliance reasons, we do not allow non-resident sales where the non-resident has travelled to the application state solely to purchase insurance. We will, however, allow a non-resident sale where the non-resident has a significant connection to the application state.

Acceptable Reasons for Non-Resident Sales Include:

- Policyowner has a second residence in the application state.
- Policyowner has regular business dealings in the application state.
- Policyowner's place of employment is located in the application state.
- Policyowner is a former resident of the application state and frequently returns to visit relatives.
- Policyowner is a trust or LLC that will be domiciled in the application state.
- Policyowner has a pre-existing relationship with the agent, and the solicitation and signing occurred in the state where the agent's office is located.
- The insured, if different than the policyowner, resides in the application state.

If you do sell insurance to a non-resident, Prosperity Life Group requires you and the policyowner to complete a Non-Resident Sales Form that details the policyowner's connection to the application state. By signing this form, both policyowner and agent are attesting, in addition to the facts supporting the connection: 1) all communications, sales materials, and negotiations of the application occurred in the application state; 2) the application was signed by the owner and the agent in the application state; 3) the owner will take delivery of any contract issued in the application state; and 4) the understanding that the laws of the application state will govern all legal rights and obligations under the contract applied for.

Prosperity Life Group reserves the right to decline any non-resident sale application based on the information provided on the Non-Resident Sales Form or any other information gathered during application process.

State Restrictions. Due to state licensing differences among its underwriting companies, Prosperity Life Group does not allow sales to New York residents outside of New York regardless of the applicant's connection to the application state. Sales to New York residents must take place in New York. In addition, residents of Alabama, Arkansas, Idaho, Massachusetts, Minnesota, Oregon, Utah, Washington, and Wisconsin are not allowed to purchase products in New York or New Hampshire.

Other Rules to Consider:

- 1) Agents must possess the appropriate license in the application state.
- 2) Agents must not solicit the sale of insurance in a state whose insurance regulator has not approved it for sale. This includes sending written or electronic correspondence discussing the insurance product to persons residing in such a state. Such correspondence includes invitations to attend a presentation at which insurance will be discussed that is not approved for sale in the invitee's resident state.

Consequences of Improper Non-Resident Sales

Agents are expected to abide by this guidance in soliciting the sale of Prosperity Life Group products. Failure to do so may result in termination of your contract and appointment with us.

Submitting the Application

E-APPLICATIONS for face-to-face, in person sales meetings (for Laptops & Tablets):

E-applications are available online through the Apptical LiveApp portal - <https://web.apptical.com/LiveApp/Login> and client identification may be captured using Apptical Mobile. Please use a full size tablet/iPad or Laptop computer to complete the E-app. Your LiveApp user credentials are the same for E-app, Remote E-app, and Voice Signature. **Please note that the general E-App may only be used for face-to-face sales where you and your client are in the same location. You are responsible for allowing the client and opportunity to review the completed application on-screen before agreeing to e-sign.** A copy of all e-signed documents will be provided to the client with policy delivery if a policy is issued. If a policy is not issued, your client can receive a copy of completed application forms by contacting the company.

You must use the Remote E-Application or Voice Signature options (see below) for situations when you and your client are not in the same location.

**Note – electronic signature options are currently not available in New York; all New York sales must be submitted via paper, wet signed application.

Failure to abide by the above requirements is grounds for termination of your contract and appointment with us, including termination for cause.

REMOTE E-APPLICATIONS for telephone and virtual meeting sales (for Laptops & Tablets):

Remote E-applications are available online through the Apptical LiveApp portal - <https://web.apptical.com/LiveApp/Login>. Please use a full size tablet/iPad or Laptop computer to complete the remote E-app before transmission to your client for review and signing. This uses the HelloSign e-signature process with a remote signer using LiveApp, where the agent is not in the same location as the client. The requirements for the client include an email address and a smartphone or internet access. Please contact agentcare@prosperitylife.com to obtain access.

VOICE SIGNATURE – Telephone sales:

Voice signature applications are available online through the Apptical LiveApp portal - <https://web.apptical.com/LiveApp/Login>. Please use a full size tablet/iPad or Laptop computer to complete the voice signature sale. The application is processed through the LiveApp portal, then a 3 way telephone call is made to Apptical for underwriting and to collect voice signature on the application. Apptical will submit the application directly to the Home Office for processing once completed. The customer is not required to have an email address or internet connection, but all parties to the application must be present for the interview.

Please refer to the product specific Agent Training for detailed instructions on all electronic application methods. All materials are posted to the Agent Portal in the Training and Regulations section.

PAPER APPLICATIONS:

If you are unable to use one of the electronic submission methods through the LiveApp portal, please forward the completed paper application kit to the New Business Team by secure email: newbusinessprocessing@prosperitylife.com or by fax: 866-331-3074. The home office will order the required telephone health interview for the proposed insured within 1-2 business days of receiving the completed application kit. The insured should expect a call directly from Apptical and must complete the interview within 10 days.

If you are selling the Golden Promise final expense product in NY, you may complete the telephone interview at the point of sale by calling Apptical with your client at 800-737-6972. Submitting the completed application and HIPAA form to the home office after completion of the telephone interview, even if the client decides not to go forward, is a requirement and non-compliance may result in disciplinary action, including termination. These forms must be sent to the home office within 48 hours of the interview.

We encourage your continued use of the available electronic application methods where available to ensure the most expedient processing.

Getting the Underwriting Decision

We have partnered with Apptical, who will provide the underwriting decision via electronic (Pure Evaluation) process or complete the health interview by phone, if required. The following information describes the process and answers any questions pertaining to the steps involved.

The e-application or interviewer will give the agent the results based on the underwriting rules. The following are the possible results:

1. The policy is approved as applied for.

- Inform the proposed insured and submit all the required forms electronically through LiveApp or if sending paper application, please send by secure email to newbusinessprocessing@prosperitylife.com or secure fax to 866-331-3074 within 2 days. Failure to submit required forms could result in agent suspension.

- The home office is required to audit a sampling of applications after the decision is rendered by Aaptical. We may need to follow up with the proposed insured for additional information.

2. The policy is approved other than applied for. (Rated up) (Final Expense only)

- If the client has been downgraded to a Graded or Modified Plan, explain to the client that benefits will be limited in the first 2 policy years for non-accidental death.

3. The client is not eligible for coverage. (Declined)

- Inform the proposed insured and write “Not Eligible” in the Special Requests section of the application.

4. The application requires additional underwriter review. (Referred to Underwriting)

- Occasionally Aaptical will not be able to render an underwriting decision. If decision is “Refer to Underwriting” please note that the Home Office Underwriting team will follow up and advise what is needed to proceed. You should prepare your client for additional requirements, such as complete medical records, or consider a different product type.

Sales Practices & Compliance

Meeting Client Needs

Know your customer. Make sure that you understand your client’s circumstances and financial objectives before you recommend a product or service. Prior to meeting with a customer, you should educate yourself about your responsibilities and make compliance a priority. You should only offer products for which you are authorized to sell and trained to market. Make sure that you understand how the product works before meeting with customers.

Conduct Standards

We are committed to treating customers fairly and ethically, and we expect our agents to do so as well. Along with compliance with all statutory laws, rules, and regulations, an Agent should provide value, as well as fair and honest service to customers. While each sale may be different, there are some guidelines that can ensure that your sales practices are ethical and compliant. Prior to commencing an insurance sales presentation, you should inform the prospective applicant that you are acting as a producer and identify the Company that you represent. You may use terms such as “insurance agent” or “insurance professional” to describe yourself. You should not use professional or trade certifications to imply financial expertise unless you have provided the Company with complete information regarding the nature of the certification and the Company approves in writing its use.

Senior Clients

Selling insurance to senior citizens requires extra diligence. Many states have passed legislation that protects seniors and require producers to document that the sale is suitable. Some seniors may be vulnerable and easily frightened, intimidated, or confused. Do not cause alarm or fright. Avoid using statistics or facts that might mislead, confuse or give false impressions. It is illegal and unethical to sell an insurance product to a person who appears to suffer from mental impairments and cannot understand the features of the product. There are various indicators that may suggest that a senior’s judgement may be impaired or may have memory issues:

- Another family member seems to be making the decisions.
- The customer cannot remember facts or information.

- The customer forgets the appointment or fails to return phone calls.
- The customer has been diagnosed with dementia.

Most seniors have advisors or close family members. It may be beneficial to include them in your discussions. Stop the sale if the senior seems to be confused or does not understand.

Replacements

An agent should only recommend a replacement of an existing policy if, after appropriate review, it is determined that the recommended replacement will better assist the client in meeting his or her insurance needs and financial objectives. The Company does not encourage or condone the systematic replacement of existing policies, including twisting and churning; however, we do recognize that in some instances, a replacement may assist the client in meeting financial objectives.

You should be diligent in making appropriate and suitable replacement recommendations, including considering the downside of entering into a new contestable claim period or moving from full death benefit coverage to graded death benefit coverage. The Company may monitor replacement activity to identify failure to report replacements or excessive or inappropriate replacements, and to ensure compliance with state and federal replacement requirements. Activity deemed to be excessive, inappropriate, or non-compliant may result in disciplinary action, including termination.

State law regarding replacements varies. You are responsible for knowing and complying with all state replacement regulations and requirements in states in which you are licensed, including the provision of state required notices where applicable. State-specific replacement forms are included in the state specific application kits on the agent portal. If completing the application electronically, the appropriate forms will be completed during the application process based on the clients' responses to the replacement questions.

Please refer to the Prosperity Replacement Guidelines posted on the agent portal; you are expected to familiarize yourself and comply with them in order to maintain your agent contract with us. Please contact the New Business department if you have any questions regarding replacements not covered by the guidelines. An application submitted without the proper form(s), where replacement is involved, will be returned unprocessed. Not all application submission methods allow for replacements.

Advertising and Sales Material

As a reminder, every piece of advertising must be approved by the home office prior to use. This includes:

- Letters
- Marketing brochures used for solicitation
- Marketing brochures used for recruitment of agents to sell products issued by our member companies
- Print pieces
- Social media
- Radio ads
- Television ads
- Website marketing
- Any other form of media

This includes any item that mentions Prosperity Life Group, its issuing companies, or its products. Requests for advertising review should be directed to agentcare@prosperitylife.com. Failure to obtain approval for any such items may result in immediate termination of your contract.

TCPA and Do Not Call Rules

You are responsible for adhering fully to the Telephone Consumer Protection Act (TCPA), the Telemarketing Sales Rule (Do Not Call Registry), the Truth in Caller ID Act and similar laws. We encourage you to be educated on your state's laws and requirements. Calls to people on the DNC list or the use of robo-calls or robo-texts in the marketing of our products is strictly prohibited. This includes the use of third-party lead generators. You are responsible for ensuring that any lead generators you use are in full compliance with all applicable state and federal laws before you use them for the sale of our products.

There are strict penalties for non-compliance with the TCPA and similar laws. Failure to follow the above guidelines could result in serious consequences, including termination of your contract, disciplinary action or fines imposed by regulatory agencies, and potential litigation.

Anti-Fraud Policy

Prosperity has a zero-tolerance policy regarding fraud and corruption. We ask that Agents assist in detecting and reporting suspicious or fraudulent activity. All matters raised by any source will be taken seriously, properly investigated and appropriate actions will be taken.

Fraudulent activity may include, but is not limited to the following:

- Falsifying Company records or knowingly providing false information (including applications and claims forms.)
- Forgery or alteration of a check, bank draft, or any other financial document.
- Improperly handling or reporting money or financial transactions.
- Rebating; paying premiums for your clients.

Suspected fraud should be reported immediately to:

Heather Winfield

Fraud Coordinator

540.985.4355

Or use the Fraud Hotline at <https://secure.ethicspoint.com/domain/media/en/gui/15452/index.html>

No retaliation will be taken against you for reporting suspected fraudulent activity. If our investigation substantiates that fraudulent activities have occurred, the Company will notify and fully cooperate with the appropriate governing body or law enforcement agency.

Anti-Money Laundering

Money laundering is the illegal conversion of criminal proceeds into legitimate funds or the use of legitimate earnings for illegal activity. Prosperity must comply with federal regulations requiring financial institutions to establish Anti-Money Laundering (“AML”) programs designed to prevent criminals and terrorists from using U.S. financial systems for illicit activities. As such, the Company has established AML policies, procedures, and controls for its covered products that are reasonably designed to prevent its issuing companies from being used to facilitate money laundering or finance terrorist activity. You play a vital role in ensuring the effectiveness of this program.

You have the following responsibilities:

- You must complete Anti-Money Laundering training as required by the Company.
- Ensure that all questions in the application and supporting documents are answered and all requested information is provided.
- Verify the identity of the customer and be aware of customer indicated red flags.

Prohibited or Unfair Sales Practices

You must not commit any acts of unfair trade practice including, but not limited to, the following:

- Misrepresentation or falsely advertising insurance policies or any aspect of insurance policies.
- Providing false information or forging or altering applications or documents.
- Defamation or making any statements which are maliciously critical or derogatory to any insurer.
- Participation in coercion, intimidation or entering into any agreement to boycott which may result in unreasonable restraint of, or monopoly in, the business of insurance.
- Making any false statements or any false entry of a material fact.
- Unfairly discriminating against individuals.
- Permitting or offering to make or making any agreement or action that results in rebating or inducement.
- Twisting or misrepresenting a policy or making incomplete or inaccurate comparisons of policies to induce a policyowner to change or replace existing insurance.
- Illegally charging any premium fee or charge that is not specified in the insurance contract.
- Illegally requiring a person to buy another product or service in order to be eligible to buy insurance.
- Any theft of funds.