



FINAL EXPENSE

AGENT GUIDE

For Agent Use Only

This piece is not intended to create public interest in an insurance product, an insurer, or an agent.



The rules, policies and procedures of this Guide apply only to the sale, solicitation and negotiation of life insurance and annuity 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.

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Agent Center

<https://www.sbliusa.com/AgentCenter/>

Agent Portal

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

(For contracting, commissions, and policy information)

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I. PRODUCT FEATURES AND REQUIREMENTS

Golden Promise® (offered in NY by SBLI USA) and New Vista® (offered elsewhere by S.USA) are a series of whole life products particularly suited to the senior market. This is a simplified issue product and features a three-tier classification. Customers can qualify for the Level, Graded, or Modified plans based on health history.

Product Availability

Golden Promise® (SBLI USA) – NY only
New Vista® (S.USA)- All other approved states

Death Benefit

Level

Full death benefit 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). Full death benefit 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 for accidental death, all years.

Accelerated Death Benefit (not available in California)

Should the insured be diagnosed with a terminal illness, the included Accelerated Death benefit feature allows access to a portion of the policy (between 25 and 50% of the Eligible Proceeds). Included in the policy form for all three death benefit options.

Optional Accidental Death Benefit Rider

- Issue ages – 50 - 74
- Can be added to all three death benefit options.
- The rider coverage amount will equal the initial coverage amount of the base plan.
- Expires at age 75.

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

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.

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 and all optional supplemental benefits and riders (There also is a \$40.00 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.

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Modal Premium = total Annual Premium x Modal Factor

Modal Factors:Semi-Annual	.5150
Quarterly	.2650
Monthly EFT or Credit Card	.09

Policy Fee

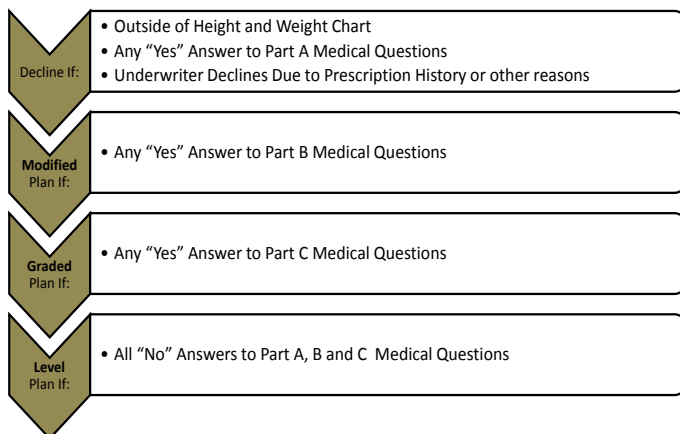
- Annual: \$40.00
- Semi-Annual: \$20.60
- Quarterly: \$10.60
- Monthly: \$3.60

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.

II. UNDERWRITING

The underwriting decision will be based on the answers to the application health questions, MIB, and a prescription history check. Applicants must also fall within a specific height and weight table to qualify. Some applicants will be randomly selected for personal history interviews. The policy may be applied for using Apptical for Point of Sale Approval.



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.

- If the applicant’s weight is below the required minimum for their height, the applicant will be declined.
- If the applicant’s weight is higher than the maximum allowed for their height, the applicant will be declined.

III. COMPLETING THE APPLICATION

Current application forms and state-specific Application Kits including all required forms are available for downloading on the agent portal. Utilize the application form required by the issue state.

Client Identification - Prior to starting the application process, ask the client to provide a photo I.D. and verify identity. If identity cannot be verified, the application cannot be completed.

Beneficiary Designation – Primary and Contingent beneficiaries must be listed on the application, including each beneficiary’s relationship to the proposed insured. In all cases, a beneficiary must have a continuing insurable interest in the life of the insured.

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Examples of acceptable beneficiaries 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. Any POA issued for medical reasons also requires medical records.

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.

Replacements - 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 listed in the Replacement Forms Guide Table included in this guide. These forms may be revised from time to time. The Application Kits posted in the agent portal include the most current version.

You should only recommend a replacement of an exist-

ing life insurance policy or an existing annuity contract if, after an appropriate review, it is determined that the recommended replacement will assist the client in meeting his or her insurance needs and financial objectives.

Please refer to our replacement guidelines posted on the agent portal. For sales of Golden Promise® in NY, consult the SBLI USA Regulation 60 Direct Replacement Procedures. For sales of New Vista® elsewhere, consult the S.USA Replacement Guide for Agents. 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.

Required Disclosure Forms - Present any required disclosures to the customer for the issue state. Please refer to the Disclosure Forms Guide included in this guide for required form numbers and instructions. These forms may be revised from time to time; current versions of all forms are posted on the agent portal.

Conditional Receipt - If initial premium is being submitted with the application, submit a personal check from the applicant made payable to S.USA Life Insurance Company, Inc. and provide the applicant a signed copy of the Conditional Receipt. The company will not accept an Agency or Agent's personal check. A Conditional Receipt should be provided only if the initial premium payment is taken with the application. Initial premium payment may not be taken with the application if the client answers “Yes” to any of the Part A medical questions or is declined for coverage after the PHI. Payment may also not be taken with an application in Kansas.

Important Dates

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

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Policy Effective Date – A policy will become effective as of the issue date unless a specific policy effective date has been requested in “Special Requests” section of the application. A future effective date of no more than 45 days from the application date may be requested. Policy effective date backdating is allowed to save age if all back premiums are paid and the request is no more than 6 months.

Bank Draft Date – A premium will be drafted on the same day of the month to coincide with the policy effective date. If a different draft day is desired, print the specific month and day in the “Special Requests” section of the application. This will also be the policy effective date. If drafting a checking or savings account, please indicate bank routing number, account number and bank name in the Premium and Billing Information Section of the application.

Submission of Application

Please submit all required and signed forms, as presented in agent portal, to include:

- Application plus any amendment
- Any required replacement forms (See Replacements Forms Guide)
- Authorization for Release of Health-Related Information (HIPAA)
- Any completed disclosure forms indicated as “submit with application” on the Disclosure Form Guide for the applicable product and state (See Disclosure Form Guides)

IV. APPTICAL FOR POINT OF SALE APPROVAL

We have partnered with Apptical, who will complete the health interview and review the MIB and prescription history check results and height and weight limits to give you a decision while sitting with your clients. The process should take approximately 10 minutes. The following information describes the process and answers any questions pertaining to the steps involved.

To utilize Apptical the owner must be the proposed insured. Ask the client to provide a photo ID before completing the application. The application and Au-

thorization for Release of Health-Related Information forms must be completed and signed prior to the call to Apptical. Please review with the proposed insured the disclosures and the Personal Health Interview process.

Interview Guidelines

- The agent must be present at the completion of the interview.
- The agent cannot assist during the interview.
- The agent should never relay questions to the proposed insured.

Call to Apptical

1-800-737-6972

Press 1 for Personal Health Interview

Normal business hours (Eastern Time)

Monday – Friday, 8:30 a.m. – 2:00 a.m.

Saturday – Sunday, 10:00 a.m. – 10:00 p.m.

At the start of the call you will be asked to provide:

- Your phone number in case the call is disconnected
- Your first and last name
- Agent Number
- Product being applied for Level, Graded or Modified
- State and application form number being used
- Client identification verification (in order to collect MIB and Rx) including:

1. Gender
2. Name
3. Social Security Number
4. Address
5. Phone Number
6. Date of Birth
7. Birth state and country

The Apptical representative will give you a personal health interview (PHI) number to record the Special Requests Section of the application.

The interviewer will request to speak to the proposed insured. They will inform the proposed insured that

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the call is being recorded and they will ask the proposed insured to:

- Verify the identification information
 - Provide a U.S. Residence status
 - Provide height and weight
 - Confirm that the application has been completed and signed and that all disclosures have been provided
 - Authorize the MIB and prescription history check
 - Answer all medical questions on the application
- During this time the MIB and prescription history check will be run.

Underwriting Results

The 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: Level, Graded or Modified**
 - Inform the proposed insured and submit all the required paperwork.
- 2. The policy has been approved but not as applied for**
 - When Apptical re-asks the medical questions and runs the MIB and prescription history check, the resulting product offer may be different than what was applied for. For example, the answer to a medical question may need to be revised based on the interview results. In these instances, the policy will be issued with an amendment to be signed on delivery.
 - Submit all the required paperwork.
- 3. The client is not eligible for coverage based on the answers to the health questions**
 - Inform the proposed insured and write “Not Eligible” in the Special Requests section of the application.
 - Submit all the required paperwork.
- 4. The application requires additional underwriter review**
 - Occasionally Apptical will not be able to render a final underwriting decision. The agent will be instructed to return the application to Home Office for additional review.
 - Submit all the required paperwork.

It is important that all applications are submitted within 7 days regardless of the underwriting decision. If the client decides not to accept the policy offered, please write “Withdrawn” in the special requests section.

V. TELEPHONE SALES - VOICE SIGNATURE

A voice signature currently may be obtained for a final expense application in the following states:

AK, AL, AR, AZ, CO, FL, GA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, NC, NE, NJ, NM, NV, OH, OK, OR, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY.

A voice signature application is processed through LiveApp, an on line portal provided by Apptical. The agent may take an application over the phone or face to face. The application is processed through the LiveApp portal and 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.

Please note, replacements are not available via LiveApp. Refer to the LiveApp User Guide for detailed instructions. To obtain user credentials for LiveApp, please e-mail agentcare@prosperitylife.com

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Height and Weight 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

S.USA New Vista® Disclosure Forms Guide

Description	Form No.	No. Copies	Instructions	State(s) of Use
Notice of Disclosure of Information	U-DISACCECW17 (2/2017)	1	Detach and leave with customer.	All
Accelerated Death Benefits Disclosure	U-DISACCECW17 (2/2017)	2	Leave 1 copy with customer and submit 1 signed copy with application.	All
Life Insurance Buyer's Guide (optional except in GA, IL, ME, and WI)	U-LBG16-Base (7/2016)	1	Leave with customer.	All except KY, ME, MO, NJ
	BG KY (5/2011)	1	Leave with customer.	KY
	U-LBG16-ME (8/2016)	1	Leave with customer.	ME
	U-LBG16-MO (8/2016)	1	Leave with customer.	MO
	U-LBG16-NJ (8/2016)	1	Leave with customer.	NJ
California Requirements for Applicants 65 and Older				
Financial Products Disclosure	U-DISFPDECA17 (2/2017)	2	Leave 1 copy with customer and submit 1 signed copy with application.	CA
Notice Regarding Standards for Medi-Cal Eligibility	U-NOTMEDECA17 (7/2017)	2	If you discuss Medi-Cal eligibility in connection with the sale, leave 1 copy with customer and submit 1 signed copy with application.	CA
Home Meeting Notice	U-NOTSENECA17 (2/2017)	2	If the sales visit will occur in a senior's home, provide the completed form 24 hours in advance of the visit (or, if you have an existing relationship and the applicant requests a same day visit, provide in advance of the visit). Submit a copy with the application.	CA
Other Disclosures				
Maine Preliminary Statement of Policy Cost	DS ME (3/2007) (Generated with Preliminary Information Statement)	2	Leave 1 copy with customer and submit 1 completed copy with application.	ME
Pennsylvania Disclosure Statement	DS-PA (8/2016) (Generated with Preliminary Information Statement)	2	Leave 1 copy with customer and submit 1 completed copy with application.	PA
Vermont Secondary Addressee Form	U-SANEVT17	1	Submit with application if customer wishes to designate a secondary addressee.	VT

SBLI USA Golden Promise® Disclosure Forms Guide


Description	Form No.	No. Copies	Instructions	State(s) of Use
MIB/FCRA Notice	S-NOTGENENY15	1	Leave copy customer.	NY
Definition of Replacement	S-R60A-11ENY15 (7/2015)	2	Leave 1 copy with customer and submit 1 completed copy with application. If "yes" answer to any question, see Replacement Forms Guide for additional forms.	NY
Life Insurance Buyer's Guide	S-LBG16-Base (7/2016)	1	Leave with customer.	NY
Producer Compensation Disclosure	PC-DSC NY 14 (6/2014)	1	Leave with customer.	NY
Preliminary Information Statement	Part of quoting tool.	1	Leave with customer.	NY

Replacement Forms Guide

*For these Model Replacement states, the Replacement Notice must be provided if the applicant answers “yes” to the question on the application whether there is existing insurance; in other states, the Replacement Notice must be provided if a replacement is involved.

REPLACEMENT		
STATE	EXTERNAL	INTERNAL
AK*	RN GEN	RN GEN
AL*	RN GEN	RN GEN
AR	RN GEN	RN GEN
AZ*	RN GEN	RN GEN
CA	RNA CA	RNA CA
CO*	RN GEN	RN GEN
FL	RNA-FL CIFPI-FL (if CIF box checked on RNA-FL)	RNA-FL RNI-FL CIFPI-FL (if CIF box checked on RNA-FL)
GA	RN-GA	RN-GA
ID	RN-ID	N/A
IL*	RN GEN	N/A
IN	RN IN	RN IN
KS	Replacements not accepted in KS	
KY	Replacements not accepted in KY	
LA*	RN GEN	RN GEN
MA	RN MA	RN MA
MD*	RN GEN	RN GEN
ME*	RN GEN	RN GEN
MI	RN-MI, RNIS MI	N/A
MN	RN-MN	N/A
MO*	RN GEN	N/A
MS*	RN GEN	RN GEN
NC*	RN GEN	RN GEN
NE*	RN GEN	RN GEN
NJ*	RN GEN	RN GEN
NM*	RN GEN	RN GEN
NV	RN NV	RN NV
NY	S-R6010CENY15 S-R60ATHENY16 S-RS6010AENY16	S-R6010CENY15 S-R60ATHENY16 S-RS6010AENY16
OH*	RN GEN	RN GEN
OK	RNLA-OK	RNLA-OK
OR	RN GEN	RN GEN
PA	RN PA	N/A
RI*	RN GEN	RN GEN
SC*	RN GEN	RN GEN
TN	RN-TN	N/A
TX*	RN GEN	RN GEN
UT	RN GEN	RN GEN
VA*	RN GEN	RN GEN
VT*	RN GEN	RN GEN
WA	RN-A WA	RN-A WA
WI*	RN GEN	RN GEN
WV*	RN GEN	RN GEN
WY	RN-WY	N/A

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