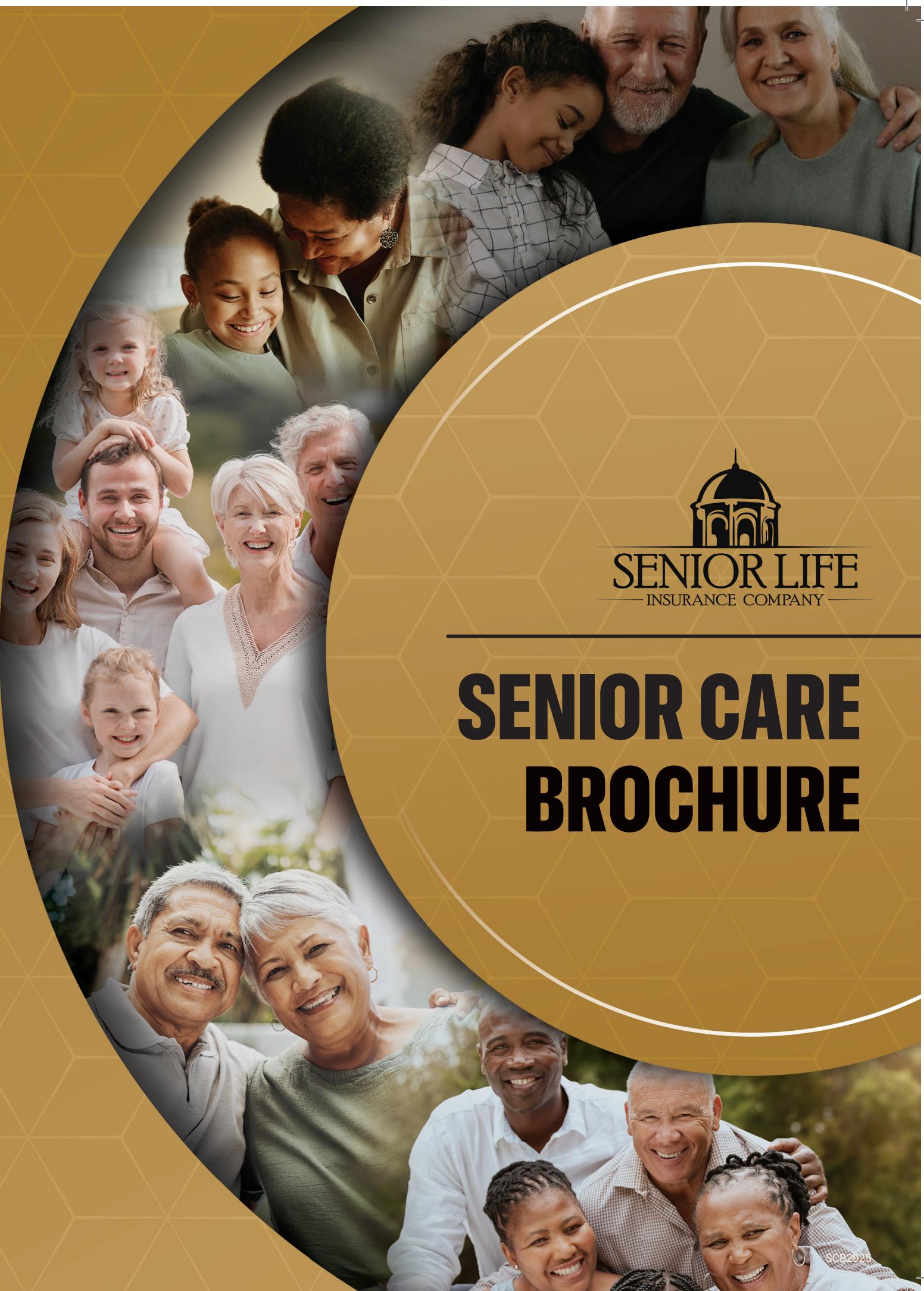




SENIOR CARE BROCHURE



The High Cost of Final Expense

The Plain Fact...

it costs money when a family member dies.

**Yet many people never give it a
moment's thought.**



Have You Prepared for your Final Expenses & Obligations?

Since death is one thing we cannot predict, prevent, evade, or avoid, you need to be prepared today. We recommend that you plan and fund in advance so your grieving loved ones are not burdened with it later!

Today's Decision is Tomorrow's Peace of Mind

This simple and affordable whole life insurance plan pays for your final expenses. Benefits are paid to your beneficiary (unless directed otherwise) and are not tied to any one funeral home or cemetery.

Cash benefits can be used to help cover funeral expenses, including:

- Casket & professional services
- Cemetery expenses
- Transportation services
- Monument or marker
- Clothing & floral expenses
- Vault fees
- Newspaper notices
- Final medical bills

Annual Funeral Cost

Below is the average cost of a regular adult funeral.¹ This cost does not take into account cemetery, burial vault, monument or marker costs, or miscellaneous cash-advance charges, such as flowers or obituaries.

National Average Cost Of An Adult Funeral²

\$ 7,848 (2021) \$ 7,360 (2016) \$7,045 (2012)

Statistics Show that within the Next 20 Years:³

• Age 20 now 2 Of 100 will die	• Age 40 now 5 Of 100 will die	• Age 50 now 8 Of 100 will die
• Age 60 now 14 Of 100 will die	• Age 75 now 35 Of 100 will die	• Age 80 now 63 Of 100 will die

This life insurance or annuity does not specifically cover funeral good or services, and may not cover the entire cost of your funeral at the time of your death.

The beneficiary of this life insurance or annuity may use the proceeds for any purpose, unless otherwise directed.

1 2021 NFDA General Price List Survey

2 Median Price - the amount at which half of the figures fall below and half are above.

3 Data calculated based on the Life Table for the total population: United States, 2020; National Vital Statistics Reports: Volume 71, No.1

Plans offered: POLUP, POLSP, POLPFD, POLPP, POL121, POLSTD, POL20PAYSTD, POLMOD, POLEI, POLGI, POLTM, POLTMROP, POLT90, and POLT100. Plan availability and features vary by state. State specific policies have the same base form name. Not all of our plans are offered in every state.



Why Choose Senior Life

Senior Life Insurance Company is a family owned and operated business that began in 1970, operating in six states. Today, we are licensed in over 39 jurisdictions, including the District of Columbia. Senior Life is governed by strict financial standards and regulated by each state. This is to ensure you, the policyholder, that we will be there for your beneficiaries during one of the most difficult times of their lives: the loss of a loved one.

The desire to help alleviate the financial hardship on the most difficult day of someone's life is what led us to the final expense industry. Dale Powell, CEO, began his career in 1988 as a final expense agent and had one goal in mind: securing peace of mind. Over the years, we have worked hard and have abided by one simple key principal: if you treat people like family and conduct your business honestly, you cannot go wrong. Honesty, integrity, and reliability are the cornerstones of Senior Life Insurance Company. They bond our history, our success today, and our vision for the future. We are dedicated to these core values and are committed to doing the right thing. We listen to our clients and deliver on our promises. We understand that an ounce of performance is worth more than pounds of promises!

Death is something that will happen to each of us one day. It is Senior Life's mission to offer you great products and services that will grant you the peace of mind that comes from being a policyholder with us.

Senior Life wants to thank you for choosing us to provide your protection and to take care of your loved ones at the time of death.

The Senior Care Plan

Look at these Features:

- Plans available for ages 0-85, with whole life insurance protection up to \$30,000.
- No medical exam required. Our simple application procedures allow almost anyone to qualify, based on answers to a few questions about your health history.
- Payment plans fit most budgets. No need to come up with a large down payment.
- Worry-free, prompt claims service. Most claims are paid within 24 hours of receipt of the necessary paperwork.
- Premiums never increase and benefits never decrease. Policies also build cash value.
- The best way to provide final expense coverage without complications or excessive paperwork.

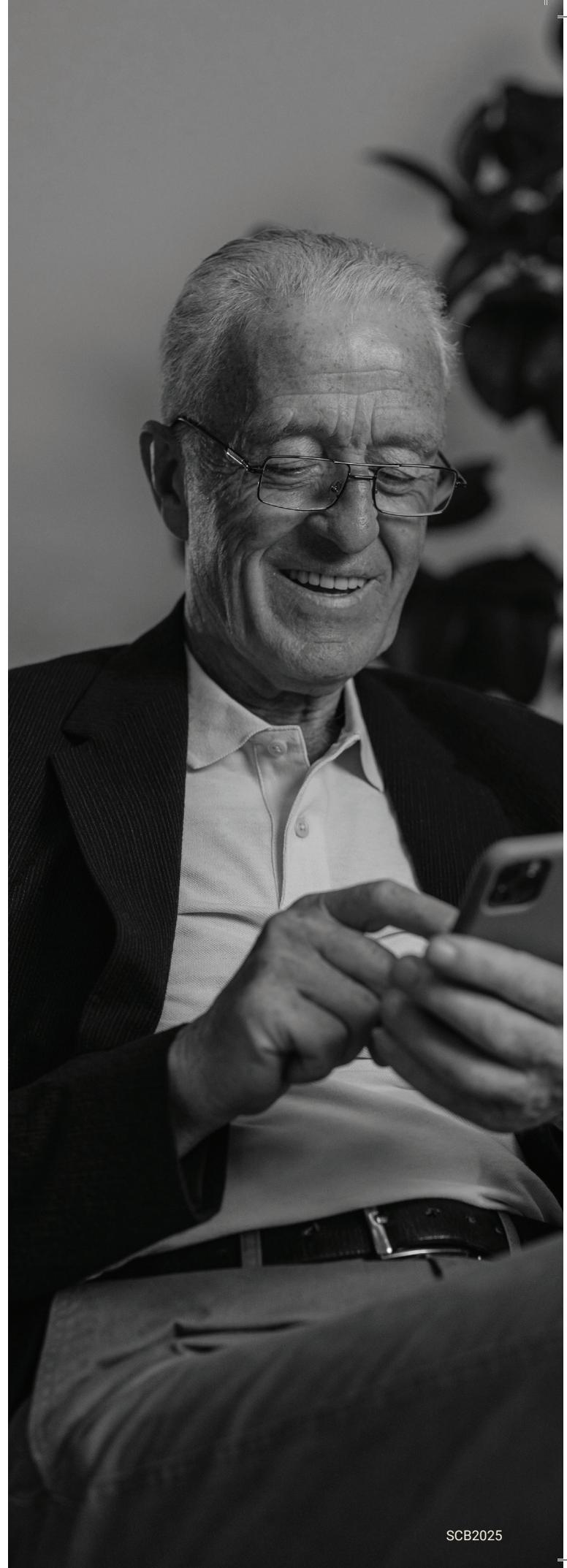
The Benefits of Whole Life Insurance

Your Protection Cannot Be Cancelled

As long as you make the payments when due, you cannot lose this valuable protection because of age or changes in health that occur after your policy is in effect.

Your Amount Does Not Decrease

This is permanent whole life protection. Your policy does not decrease as you get older.





Builds Cash Value

After your policy has been in force for a specified period of time, it builds cash value every year. This is your money that you can leave to grow or borrow to use as you see fit.

Most Plans Offer Full Coverage From The First Day

You are protected from the very first day your first premium is honored by the bank and your policy is issued. If you do not qualify for one of our full-benefit, first-day-coverage plans, you may qualify for a limited benefit plan, which pays a reduced benefit in the first two or three policy years.

Individual, Permanent Protection

The policy is owned by you, not some group or association.

Manageable Monthly Rates

You get this protection at rates most people can easily afford.

Payment Date

You choose your payment date, and your payment will come directly from your bank or credit union, with nothing to mail in. This is for your safety, protection, and helps ensure that your payment always arrives in time.

Accidental Death Benefit

If selected, the Accidental Death Benefit Rider will match the face value of the policy in the event of an accidental death as defined by the Rider.

Your Policy Summary

Prepared for _____ Age _____

Initial Coverage Amount \$ _____ Premium \$ _____

Initial Rider Amount \$ _____ Add Policy Fee \$ _____

Total Premium \$ _____

Prepared for _____ Age _____

Initial Coverage Amount \$ _____ Premium \$ _____

Initial Rider Amount \$ _____ Add Policy Fee \$ _____

Total Premium \$ _____

Prepared for _____ Age _____

Initial Coverage Amount \$ _____ Premium \$ _____

Initial Rider Amount \$ _____ Add Policy Fee \$ _____

Total Premium \$ _____

Most individuals will qualify for a policy with full, immediate death benefits. Some individuals with health conditions may be offered a limited death benefit policy. Your agent will provide details if this plan is appropriate for you.

Spare your loved ones the financial cost and emotional drain of final expenses at the time of death. Death is unavoidable, and so are final expenses. The choice is whether you do it today, or your loved ones are forced to do it later.

Licensed Representative _____

Address _____ Phone _____

Offered and Underwritten by

SENIOR LIFE
INSURANCE COMPANY

Final Wishes Planner

(Your Name)



This planner presented by

SENIOR LIFE AGENT _____

PHONE _____

EMAIL _____

Please print legibly



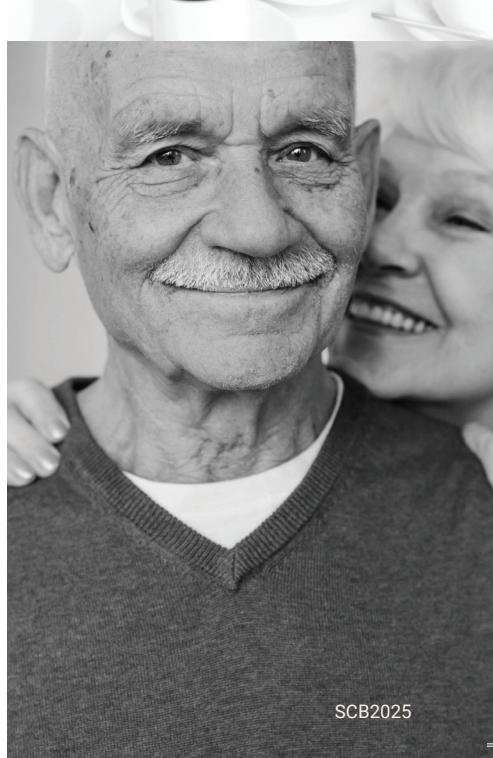
Dear _____

J
It is my sincere hope that you will encounter as little anxiety and financial burden as possible at the time of my death. So, in an effort to eliminate as much grief for you as I can, I have set up this Final Wishes Planner, which should help you considerably as you attend to my final arrangements.

This planner will help guide you in the decision-making process that will be necessary at the time of my passing. Within, you will find my wishes for final arrangements, as well as the location of important documents and the contact information for people who should be notified of this event.

This planner is a gift to you and your family that provides for several needs that will arise during this process. It is my deepest wish that these arrangements will act as my thoughtful final gift to you, alleviating expense and inconvenience so that you will have peace as you celebrate my life and the warm memories of the time we spent together.

Signature _____



Personal Information

Please fill out the following information for you and your family's personal records.

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Social Security Number _____

Date of Birth _____ Birthplace _____

Occupation _____

Single Married Widowed Divorced

Spouse's Name (if applicable) _____

Name of Father _____

Name of Mother (include Maiden Name) _____

Additional Notes

Funeral Requests

Other Funeral Home/Mortuary/Crematorium Preferred

Name _____

Address _____

Phone _____

I want my funeral to be: Public Private

Service Plans _____

Funeral Home/Mortuary _____

Church _____

Cemetery Memorial Service Other

Burial Cremation

If Burial: During service, Casket is Open Closed

Religious Preference _____

Celebrant/Clergyman _____

Participating Organizations _____

Flag Draped Folded Presented to _____

Wake/Rosary Service Yes No Location _____

Viewing Public Private None

Clothing Preference From Current Wardrobe New

Description/Color _____

Personal Accessories

Wedding Band Stays On or Returns to _____

Eyeglasses Stays On or Returns to _____

Other Stays On or Returns to _____

Floral Preferences _____

Memorial contribution made to _____

Music Preferences _____

Religious Passages _____

Eulogy

Eulogy by _____

Notations for Eulogy _____

Pallbearers

Name _____

Phone/Email _____

Additional Notes

Family Members

Children/Grandchildren/Other Relatives

Name _____

Relationship _____

Phone and/or Address _____

Email _____

.....

Name _____

Relationship _____

Phone and/or Address _____

Email _____

.....

Name _____

Relationship _____

Phone and/or Address _____

Email _____

.....

Name _____

Relationship _____

Phone and/or Address _____

Email _____

To Be Notified

By providing the names and addresses of people who are significant in my life, I would like to ensure that these people will be notified of my death.

Name Senior Life Insurance Company

Relationship Life Insurance Company

Phone and/or Address 229.228.6936 or 1.877.777.8808

1 Senior Life Lane, Thomasville, GA 31792

Email info@srlife.net

.....

Name

Relationship

Phone and/or Address

Email

.....

Name

Relationship

Phone and/or Address

Email

.....

Name

Relationship

Phone and/or Address

Email

Will & Important Documents

I have a Will Yes No Date of Will _____

Location of original Will _____

Executor/Executrix: Name _____

Address _____

Phone _____

Prepared by (attorney) _____

Address _____

Phone _____

Special Thoughts I would like to share with my family

Legal Documents

Location of Papers and Documents

Birth Certificate _____

Marriage Certificate _____

Life Insurance Documents _____

Stock Certificate(s) _____

Bond Certificate(s) _____

Military Records _____

Passport _____

Trust Fund Information _____

Automobile Insurance Documents _____

Home Owners Insurance Documents _____

Mortgage Papers _____

Deed to House _____

Car Title or Loans _____

Citizenship Papers (if applicable) _____

Income Tax Information _____

Passwords/Pin Numbers _____

Safe Deposit Box Location(s) and Person(s) with access to it _____

Additional Documents and their Location _____

Insurance & Financial Information

Life, Health and/or Accidental Insurance Policy

Name of Company _____

Type _____

Policy Number _____

Agent _____

Beneficiary _____

Checking Account

Name of Financial Institution _____

Account Number _____

Address _____

Saving Account

Name of Financial Institution _____

Account Number _____

Address _____

IRA, CDs, 401(k) and/or Additional Investments

Name of Company _____

Account Number _____

Address _____

Credit Card

Name of Company _____

Account Number _____

Additional Information

Recognition

People in my life I would like to recognize:

Name _____

Relationship _____

Phone and/or Address _____

Email _____

.....
Name _____

Relationship _____

Phone and/or Address _____

Email _____

.....
Name _____

Relationship _____

Phone and/or Address _____

Email _____

.....
Name _____

Relationship _____

Phone and/or Address _____

Email _____



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www.SeniorLifeInsuranceCompany.com