

# Great Western Insurance Company

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Using MyEnroller<sup>SM</sup>

**BETTER TOGETHER**

UNDERWRITTEN BY  **GREAT WESTERN**  
INSURANCE COMPANY

ADMINISTERED BY  **AmericanEnterprise**  
GROUP INC.

# Anytime. Anywhere. MyEnroller<sup>SM</sup>

*There is no better way to write an app with GWIC<sup>®</sup> than using MyEnroller<sup>SM</sup>*

- GWIC<sup>®</sup>'s electronic application and quoting engine!
- Download MyEnroller<sup>SM</sup> To Your Desktop, Laptop or iPad
- Internet or No Internet Connection...It Works!
- Bypass Data Entry; Goes Directly To Underwriting
- Easily Transmit Applications to GWIC<sup>®</sup>
- Electronic Signature, Voice Signature and Sign on iPad available

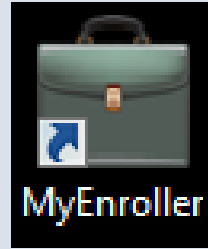


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# MyEnroller<sup>SM</sup> Login



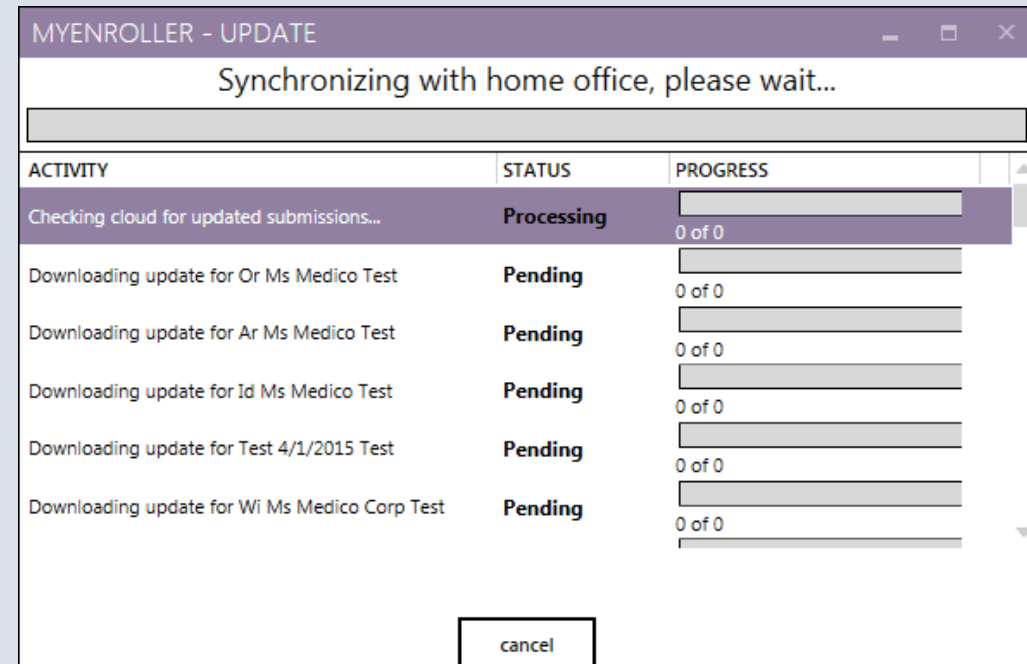
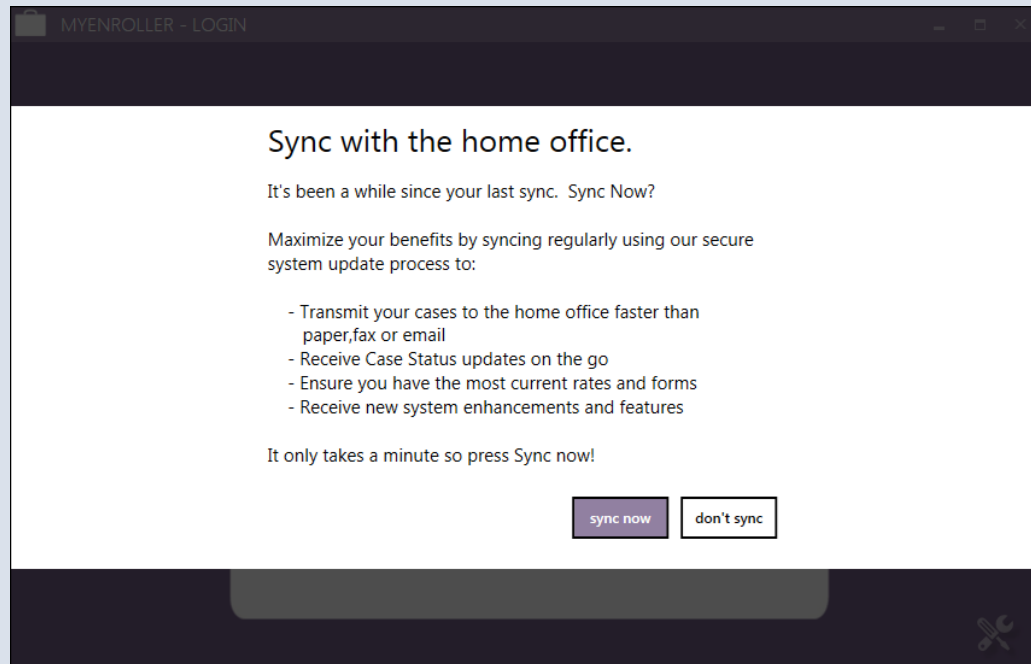
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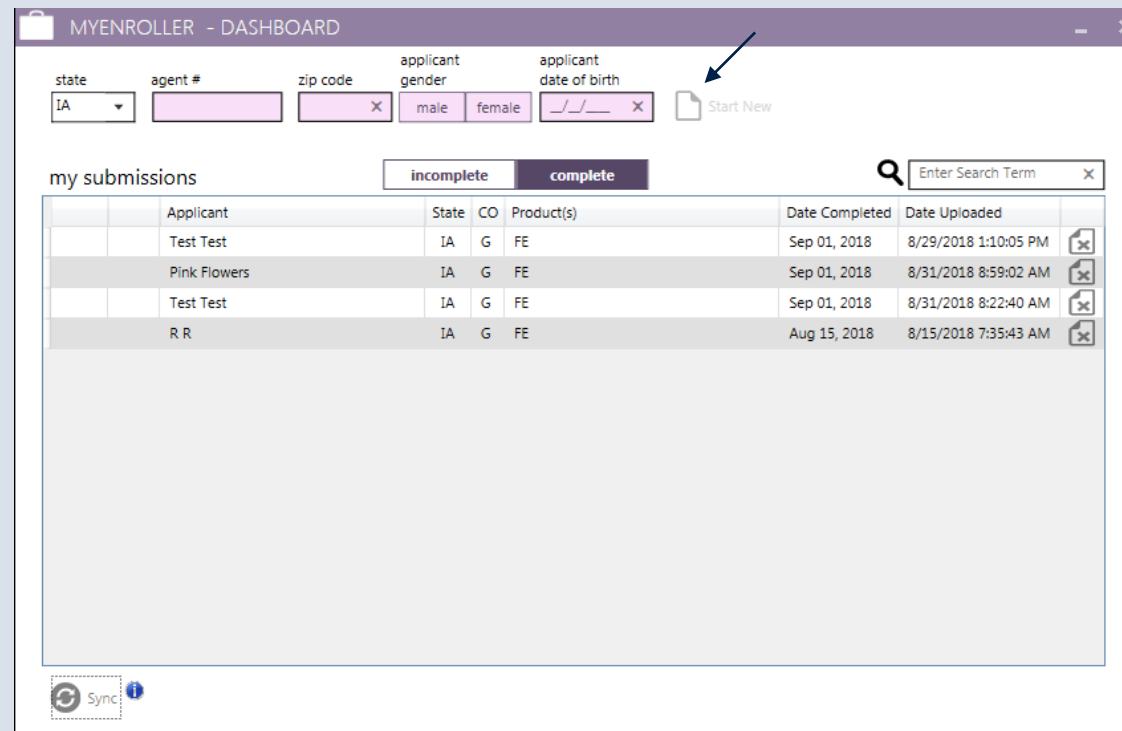
# MyEnroller<sup>SM</sup> Login

The username and password for MyEnroller<sup>SM</sup> will be the same as what is used to log into GWIC<sup>®</sup>. Upon logging in, you will be asked to sync with home office.



# MyEnroller<sup>SM</sup> Dashboard

The Dashboard will be the same for both the Guaranteed Assurance and the Assurance Plus products. Complete the fields as shown and click on Start New.



The screenshot shows the MyEnroller Dashboard interface. At the top, there is a header bar with the text "MYENROLLER - DASHBOARD". Below the header, there is a form with several input fields: "state" (dropdown menu with "IA" selected), "agent #" (text input), "zip code" (text input with a clear button), "applicant gender" (radio buttons for "male" and "female"), and "applicant date of birth" (text input with a clear button). To the right of these fields is a "Start New" button with a document icon. An arrow points to this button. Below the form is a section titled "my submissions" with two tabs: "incomplete" and "complete". A search bar with the placeholder "Enter Search Term" is located to the right of the tabs. Below the tabs is a table with the following columns: Applicant, State, CO, Product(s), Date Completed, and Date Uploaded. The table contains five rows of data:

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded
Test Test	IA	G	FE	Sep 01, 2018	8/29/2018 1:10:05 PM
Pink Flowers	IA	G	FE	Sep 01, 2018	8/31/2018 8:59:02 AM
Test Test	IA	G	FE	Sep 01, 2018	8/31/2018 8:22:40 AM
R R	IA	G	FE	Aug 15, 2018	8/15/2018 7:35:43 AM

At the bottom left of the dashboard, there is a "Sync" button with a circular arrow icon and an information icon.

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# MyEnroller<sup>SM</sup> Product Quote Screen

The Product Quote Screen will be the same for both FE products. Simply enter the face amount, select the desired plan and any optional riders and save age if wanted. You will also choose the payment mode and method here. **Click next.**

The screenshot displays the MyEnroller interface for a product quote. At the top, it shows 'MYENROLLER' and 'Online' status. Below this is the 'APPLICANT QUOTE DETAILS' section with 'Email Quote' and 'Print Quote' options. The main section is titled 'GWIC final expense' and includes a dropdown for 'Monthly' and 'BankDraft' with a total amount of '\$75.58'. Underneath, there are three input fields: 'applicant face amount' set to '\$10,000', 'Optional riders' with 'Dependent Child/Grandchild Rider' selected, and 'Save Age' set to '9/5/2018'. The 'Select a plan:' section offers 'Assurance Plus' (selected) and 'Guaranteed Assurance'. A note states '\* If qualified, the death benefit will be \$12,500.00'. At the bottom, 'Premium Totals By Mode' are listed: Monthly: \$75.58, Quarterly: \$0.00, Semi-Annual: \$0.00, Annual: \$0.00. A navigation bar at the very bottom contains 'Navigation', 'Save and Close', 'Return to Quote', and a 'Next' button with a right arrow.

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# MyEnroller<sup>SM</sup> General Information Screen

The General Information screen for both products will be the same. Required fields are shaded in pink. If the owner is different, you will need to check the middle of the page. The statement at the bottom of the page will need to be read to the client and the client and that they

MYENROLLER Online

general information

First Name: Middle Initial: Last Name: Suffix: (ex. Jr)

Home Address: City: State: Zip Code

Phone: Applicant SSN: Email Address

Is Owner different than the Primary Insured?

\*If the person is attempting to sign via Power of Attorney (POA), Guardianship or Representative Payee designation, please complete a paper application and submit supporting documentation.

I have read the following statement to the applicant and received agreement:

The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.

Previous Navigation Save and Close Return to Quote Next

box in the to the left. the bottom of to be read to box checked it to your agree. Click next.

# MyEnroller<sup>SM</sup> Owner Page

If the owner is not the same as the insured, you will need to complete the Owner Information. As before, required fields are shaded in pink. Click next.

owner information

First Name:  Middle Initial:  Last Name:  Suffix: (ex. Jr)

Home Address  City  State  Zip Code

Phone  Date Of Birth:  Gender:  male  female Relationship to Insured

Social Security Number  Email Address

Navigation: Previous, Navigation, Save and Close, Return to Quote, Next



# MyEnroller<sup>SM</sup> Medical Information

The Medical Information screen for the Assurance Plus product is next. As each question is answered, the next question will become available to answer. If any answer to the questions is 'yes' or your client has no physician, a pop-up will open advising that the answer has changed the requested plan to Guaranteed Assurance. Click ok to close the pop-up and then click next.

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Final Expense - Medical Information

If all of the health questions are answered "NO", then the proposed Insured is eligible for a Level Death Benefit. If one or more of the health questions are answered "YES" or are not answered, then the Policy will be issued with a Graded Death Benefit. Please answer the following questions to the best of your knowledge.

Yes  No In the last two years, has the applicant been a patient in hospice, a hospital, or a nursing home for five or more days?

Yes  No Is the applicant unable to independently perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?

Yes  No In the last two years, has the applicant been diagnosed with, been prescribed medication for or treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), Tumor, Insulin-Dependent Diabetes, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-Related Complex (ARC), or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System, or Liver?  
*For Prescriptions: Please do not mark "Yes" if the prescription(s) is a maintenance medication and has remained the same (or the generic equivalent) at the same or at a decreased dosage for the past two years. For Treatment: Please do not mark "Yes" if your visit(s) with your healthcare provider in the last two years was a routine review of your maintenance medication and no additional treatment was given or diagnosis was made during your visit(s).*

Yes  No Do you have a Primary Care Physician?

Previous Navigation Save and Close Return to Quote Next

NOTICE

One of the questions answered has changed the plan. Please review the plan with your client.

Final Expense:  
New plan - Guaranteed Assurance (Graded Death Benefit)

ok

# MyEnroller<sup>SM</sup> Beneficiary Information

The Beneficiary Information is the same for both products. Complete the top two lines for each beneficiary and click on add/edit primary or contingent beneficiary, whichever applies. The information added will move down and populate the fields below. When next.

populate the done, click

beneficiary information

Beneficiary will be an Estate

First Name:  Middle Initial:  Last Name:  Suffix (ex. Jr)  % Allocation

Street Address  City  State  Zip Code  Relationship to Insured

ADD/EDIT PRIMARY BENEFICIARY ADD/EDIT CONTINGENT BENEFICIARY

Primary Beneficiary

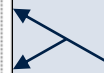
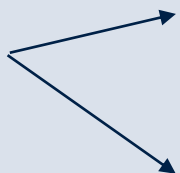
NAME	ADDRESS	RELATIONSHIP	ALLOCATION %
------	---------	--------------	--------------

Contingent Beneficiary

NAME	ADDRESS	RELATIONSHIP	ALLOCATION %
------	---------	--------------	--------------

\*% Allocations MUST total 100% for each beneficiary type

Previous Navigation Save and Close Return to Quote Next



# MyEnroller<sup>SM</sup> Replacement Information

The Replacement Information is the same for both products. Clicking 'yes' to the first question will bring up additional questions to answer. Once all questions are answered, click next.

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replacement information

Yes  No Do you have any existing insurance policies or annuity contracts?

Yes  No Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

Navigation icons: Previous, Navigation, Save and Close, Return to Quote, Next

MYENROLLER Online

replacement information

Yes  No Do you have any existing insurance policies or annuity contracts?

Yes  No Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

Yes  No Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes  No Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

If you answered 'yes' to either of the questions above, please provide the following:

The existing policy or contract is being replaced because:

Insurer Name: \_\_\_\_\_ Insured or Annuitant Name: \_\_\_\_\_ Contract or Policy # \_\_\_\_\_ Type \_\_\_\_\_

Navigation icons: Previous, Navigation, Save and Close, Return to Quote, Next

# MyEnroller<sup>SM</sup> Payment Summary

The next screen is just an overview of the payment summary. If any corrections need to be made, you will need to back to the Product Quote Screen to make any adjustments. If correct, click next.

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payment summary

GWIC

PRODUCT	TOTALS	MODE	METHOD
Final Expense	\$84.58	Monthly	BankDraft

← Previous   Navigation   Save and Close   Return to Quote   Next →

# MyEnroller<sup>SM</sup> Application Agreement

The Application Agreement is the same for both products. Once reviewed with the client, check yes or no and click next.

MYENROLLER Online

application agreement

By signing below, I agree: (1) To the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Policy is delivered, the Insured must be alive and in the same health as described or there will be no insurance. (3) The full premium for the chosen mode must be paid by the time the Policy is delivered. By keeping the Policy past the free look period, my written consent is hereby given to any change(s), correction(s), or addition(s) that have been made to the Policy for which I am applying.

Insurable Interest: I certify compliance with all of the insurable interest laws in force in the state in which this Policy will be issued.

Authorization: I authorize any healthcare provider, medical facility, pharmacy benefit manager or other pharmacy related services organization, health plan, insurance company, MIB, Inc., claims administrator, government agency, or other person or firm, to disclose to Great Western Insurance Company (GWIC) or its authorized representative, any records or information it needs about the Insured's health, including copies of records concerning physical or mental illness, advice, diagnosis, prognosis, prescription information, care or treatment provided to the Insured. I understand that such information will be used by GWIC for the purpose of evaluating my application for insurance. A copy of this approval will be as effective as the original. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize GWIC, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. I understand that I or any authorized representative will receive a copy of this authorization upon request. This approval is valid for twenty-four (24) months from the date signed. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. This authorization may be revoked by me in writing, which I may do at any time by contacting GWIC.

I affirm that no illustration was used in the sale of this product.

**FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offence and subject to penalties under state law.**

I agree to receive electronically all initial and annual privacy policy notices associated with this insurance policy.

← Previous   Navigation   Save and Close   Return to Quote   Next →

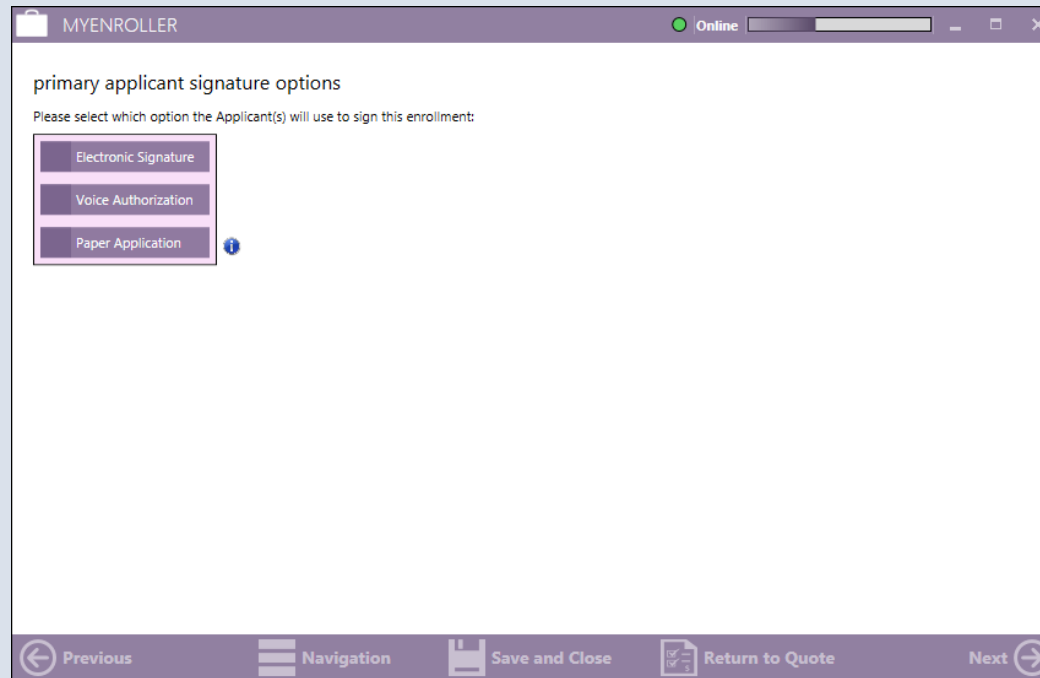
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# MyEnroller<sup>SM</sup> Signature Options

You will need to complete signatures for the Insured as well as the Owner if different. The options are the same for both products and both individuals. Please refer to the MyEnroller User Guide for more specific information on the signature options.



The screenshot shows a web application window titled "MYENROLLER" with a status bar indicating "Online". The main content area is titled "primary applicant signature options" and contains the instruction: "Please select which option the Applicant(s) will use to sign this enrollment:". Below this instruction are three radio button options: "Electronic Signature", "Voice Authorization", and "Paper Application". The "Paper Application" option is currently selected. At the bottom of the window is a navigation bar with icons and labels for "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

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# MyEnroller<sup>SM</sup> Producer's Certification

The Producer's Certification is also the same for both products. Check the box at the top to certify the information in the application, answer the questions below and click next.

MYENROLLER Online

for agent use only

**Producer's Certification**

I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application.

Yes  No Does the applicant have any existing insurance policies or annuity contracts?

Yes  No Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

Previous Navigation Save and Close Return to Quote Next

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# MyEnroller<sup>SM</sup> PDF Copy

The next screen allows you to send a password protected pdf of the completed application to the client if desired. We do not have access to the password created; we recommend that you use the client's telephone number, including area code, without the '-' in the format. This option can be bypassed by clicking on the box in front of No Email Available.

The screenshot shows a web browser window titled "MYENROLLER" with a status bar indicating "Online". The main content area contains the following text and form elements:

The applicant will automatically be sent a copy of their application and corresponding forms.  
Enter a PDF password and the applicant's email address below.

**Note: The client will need to use the PDF password to open the emailed PDF.  
We do not store this information so please be sure your client writes this password down for later use.**

Enter PDF Password

Enter Client Email Address

Verify Client Email Address

No Email Available

The bottom of the window features a navigation bar with the following options: Previous, Navigation, Save and Close, Return to Quote, and Next.

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# MyEnroller<sup>SM</sup> Bank Draft Information

Complete the areas shaded pink. If the name on the account is not the same as the applicant, simply uncheck the box and enter the information (note – middle initial added on second screen). Click next.

bank draft information

Authorization to bank or other financial institution

Bank or financial institution (including branch, if any):

Routing Number:

Account Number: Verify Account Number:

Bank or financial institution's address:

Account Type: Bill Day:

checking savings

Yes No Are you authorized to use this account?

Account Name (as it appears on account)

same as applicant

First Name: Sam

Middle Initial:

Last Name: Sam

Jane Doe  
1234 Main St.  
Anytown, IA 12334 (Check #)

(Routing #) (Account #) Dollars

Previous Navigation Save and Close Return to Quote Next

bank draft information

Authorization to bank or other financial institution

Bank or financial institution (including branch, if any):

Routing Number:

Account Number: Verify Account Number:

Bank or financial institution's address:

Account Type: Bill Day:

checking savings

Yes No Are you authorized to use this account?

Account Name (as it appears on account)

same as applicant

First Name: Sam

Middle Initial: K

Last Name: Sam

Jane Doe  
1234 Main St.  
Anytown, IA 12334 (Check #)

(Routing #) (Account #) Dollars

Previous Navigation Save and Close Return to Quote Next

# MyEnroller<sup>SM</sup> Completed Application

You will now be able to see a copy of the completed application. You can scroll up and down to review and make sure that all information is correct. If changes need to be made, now is the time to make them. Click previous if changes are needed. At this time, you are also able to save a copy or print the application. When done reviewing click next.

MYENROLLER Online

Please review the forms below for accuracy before proceeding to the next screen.

**GWIC GREAT WESTERN INSURANCE COMPANY** Agent Number: 1499999  
Box 14410 Des Moines, IA 50306-3410 Fax: 515-247-2500 • Phone: 1-800-733-5454  
Email: FENEW@GWIC.COM • Website: www.gwic.com

Application for Individual Life Insurance

**A. Proposed Insured (Full legal name)**

First Name Sam	Middle Initial	Last Name Sam	
Street Address 123	City City	State IA	Zip Code 51526
Phone Number (712) 999-9999	Date of Birth (mm / dd / yyyy) 04/21/1955	Social Security Number	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address		

**B. Owner (Complete only if other than proposed Insured)**

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Phone Number	Date of Birth (mm / dd / yyyy)	Social Security Number	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	Relationship to Insured	

Navigation: Previous Save and Close Return to Quote Next

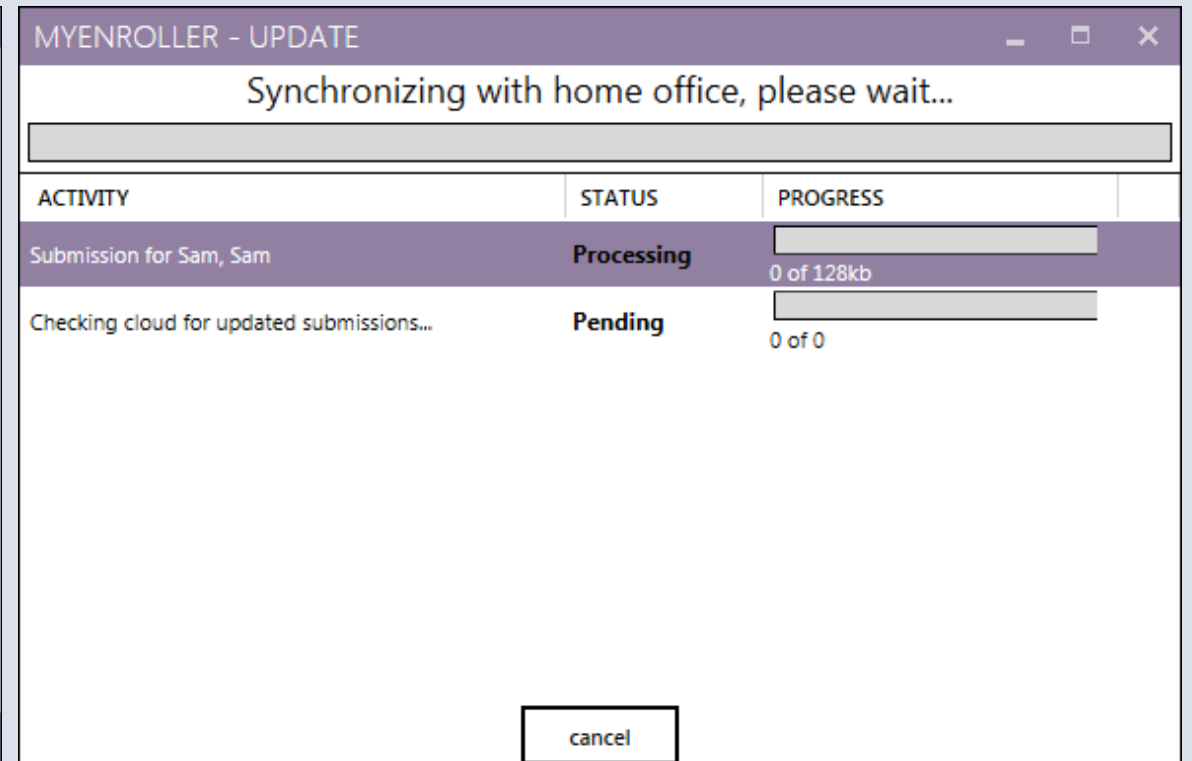
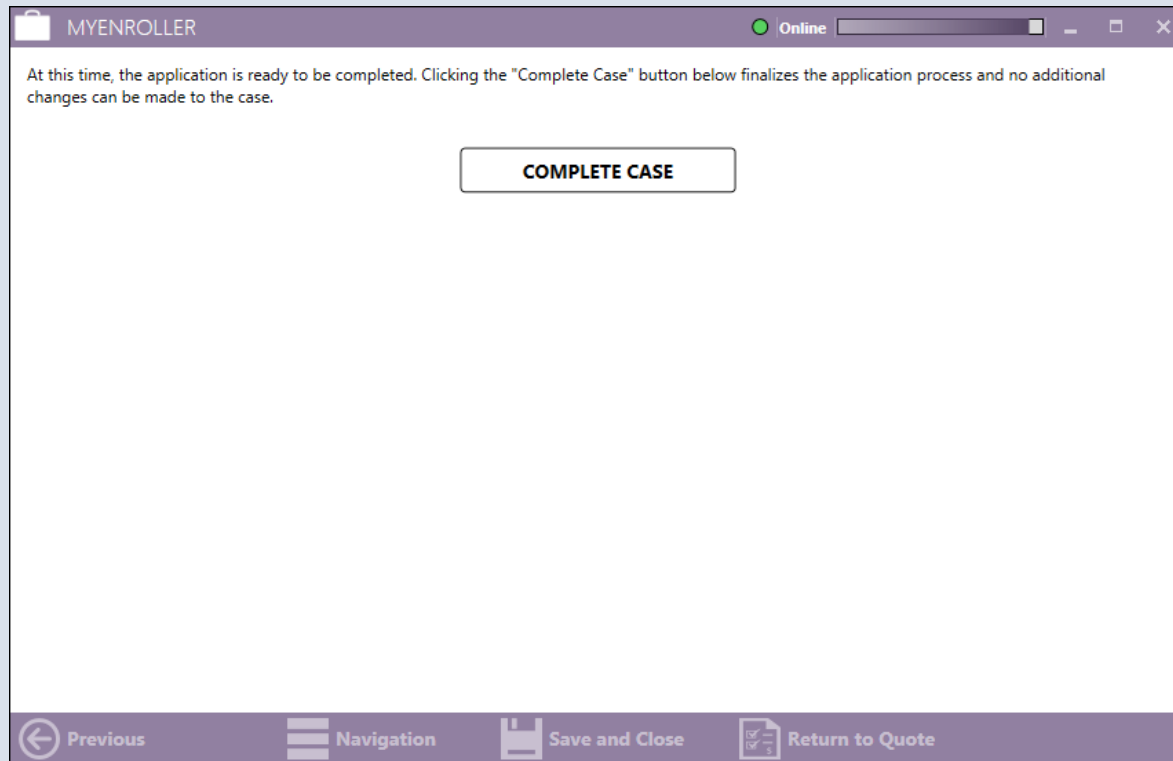
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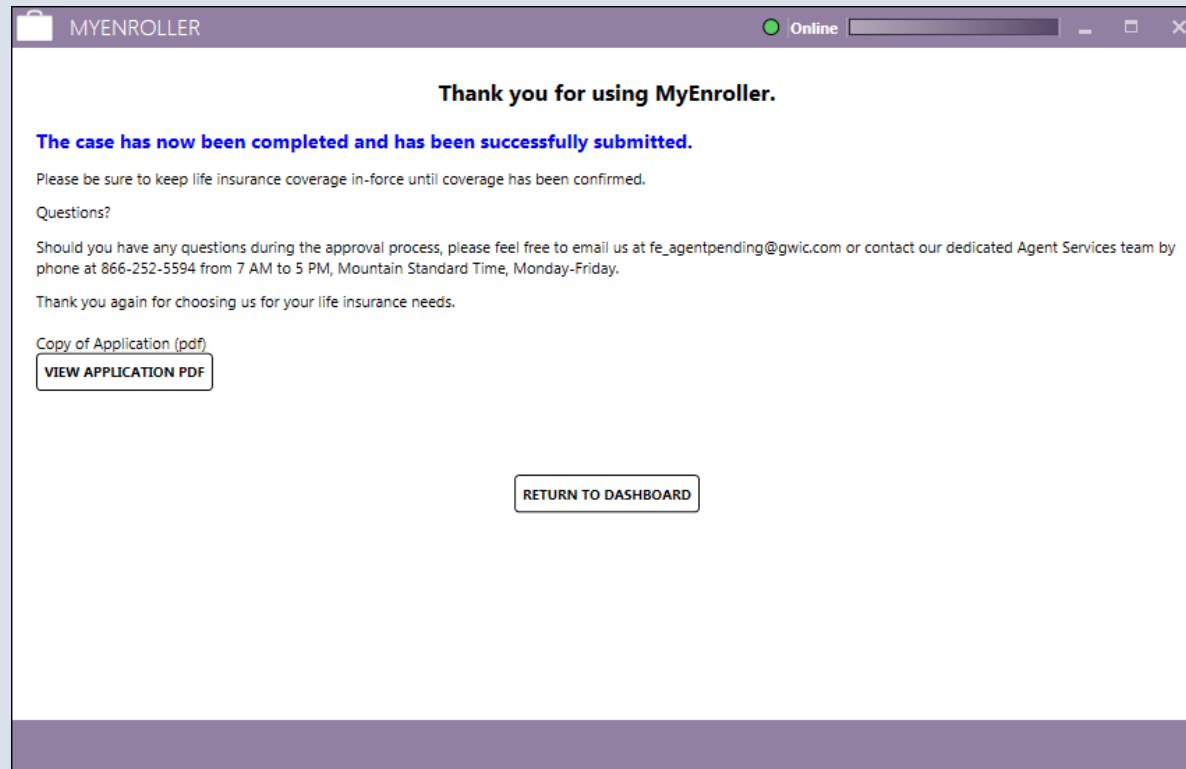
# MyEnroller<sup>SM</sup> Complete Case

The last step is to click on **Complete Case** and watch as the application goes to **GWIC<sup>®</sup>** through the synchronizing process.



# MyEnroller<sup>SM</sup> Final Screen – Success!!

You have now completed and submitted your application to GWIC<sup>®</sup>. You have one final chance to view/save/print the application here. Otherwise click Return to Dashboard.



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# MyEnroller<sup>SM</sup> Dashboard Double Check!

One final check that is highly recommended by our team. Once you return to the Dashboard, click complete. Look for your client's name and make sure that there is a date in the Date Completed column as well as a date and time in the Date Uploaded column. This is a sure sign that your application has been submitted. If you are missing information in one of these columns, click on Sync in the lower left of the screen.

The screenshot shows the 'MYENROLLER DEV- DASHBOARD' interface. At the top, there are input fields for 'state' (IA), 'zip code' (234234), 'applicant gender' (male), and 'applicant date of birth'. Below these is a 'my submissions' section with 'incomplete' and 'complete' filters. A table lists submissions with columns: Applicant, State, CO, Product(s), Date Completed, and Date Uploaded. A 'Sync' button is located in the bottom left corner of the dashboard area.

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded
Sam Sam	IA	G	FE	Sep 19, 2018	9/19/2018 11:40:06 AM
234234 234	WV	G	FE	Sep 19, 2018	9/19/2018 11:39:15 AM
OleksiyDevTesting4 123	IA	G	FE	Sep 13, 2018	9/13/2018 10:00:53 AM
OleksiyDEVTesting3 Goob	IA	G	FE	Sep 13, 2018	9/13/2018 9:55:44 AM
OleksiyDevTesting2 123	IA	G	FE	Sep 13, 2018	9/13/2018 9:49:04 AM
OleksiyTestDEV 123	IA	G	FE	Sep 13, 2018	9/13/2018 9:03:49 AM
OleksiyTestingAutoEntry 123	IA	G	FE	Sep 12, 2018	9/12/2018 4:06:40 PM
OleksiyTestDev1 123	IA	G	FE	Sep 12, 2018	9/12/2018 3:33:17 PM
Asdf Asdf	IA	G	FE	Sep 12, 2018	9/17/2018 8:59:14 AM
Asdf Asdf	IA	G	FE	Sep 12, 2018	9/14/2018 10:42:09 AM
Dane Test 1108 Asdf	IA	G	FE	Sep 12, 2018	9/12/2018 1:22:28 PM
Dane Test 915 Asdf	IA	G	FE	Sep 12, 2018	9/12/2018 1:03:51 PM
Dane QCI Test 3 Asdf	IA	G	FE	Sep 11, 2018	9/12/2018 11:08:28 AM
Dane Kester Asdf	IA	G	FE	Sep 11, 2018	9/11/2018 3:46:57 PM

# Congratulations

You have successfully submitted this application to GWIC®. By using the MyEnroller<sup>SM</sup>, your application will go to Underwriting/New Business quicker, your client's policy will be issued quicker and you will be paid quicker.

**One final instruction: REPEAT!**

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