

Selling Life Insurance in Funeral Trusts

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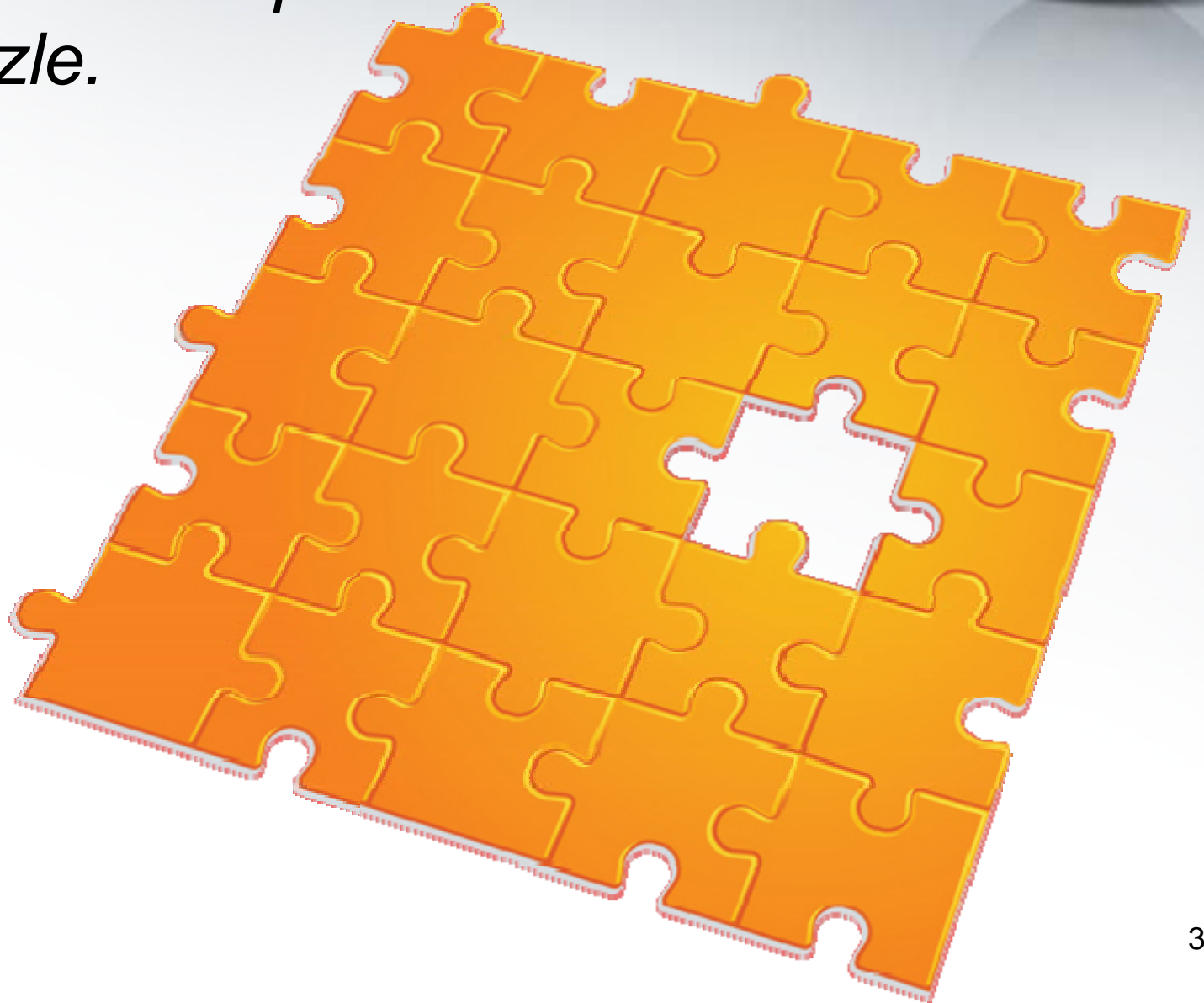
The Funeral Trust



- Perfect add-on product
 - Guaranteed Issue, No Underwriting
 - Easy to use Application & Funeral Trust documents
 - Significant income potential
 - All of your clients need it
-
- **How to market the Funeral Trust:**
 - Exclusive marketing materials

Funeral Planning is...

- *The most overlooked piece of the financial planning puzzle.*



Lots of decisions, very little time.



WEDDING CEREMONY

Church/Synagogue/Facility
Flowers & Decorations
Music
Minister
Food
Family Travel

6 - 12 Months

FUNERAL CEREMONY

Church/Synagogue/Facility
Flowers & Decorations
Music
Minister
Food
Family Travel

6 - 12 HOURS

Two questions are asked at the time of death:



How do we
pay for the
funeral?

THE
FUNERAL TRUST

**Peace
of
Mind**

What did they
want for their
funeral?

LEGACY
Safeguard[™]

Marketing



LEGACY

*Safeguard*TM

- ***Legacy Safeguard* combined with the Funeral Trust gives you a powerful marketing service that your clients need!**

Why Offer Advanced Funeral Planning?



90%

of Americans believe that pre-funding their funeral is a good idea.¹

12%

However, only 12% have actually pre-funded their funeral.²

Sources:

1. American Funeral Director, January, 2005
2. International Cemetery & Funeral Association, 2004

Market Research



- A Study from the National Funeral Directors Association found the following regarding the most appropriate times to pre-fund a funeral:

80% when afflicted with a serious illness

71% with their trusted advisor

61% when planning for retirement

9% when solicited by a funeral home

Current Size of the Market

\$2.2 Billion



Annual pre-funding market
through funeral homes.



The NGL Funeral Trust



- **Unique Product**
- **Features:**
 - Guarantee Issue, Ages 0-99
 - Policies from \$500 – \$50,000
 - Interest Growth
 - Tax-Free Benefits
- **Significant New Income Potential**
- **Complete Marketing System**
 - You don't have to reinvent the wheel!

Benefits of the NGL Funeral Trust




- Protected from Creditors
- Medicaid Exempt¹
- Benefits are paid out Income Tax-Free
- Funds available *immediately upon death*
 - No Death Certificate is required²
- Portable to any funeral home in the country
- Your clients need it

¹ We recommend consulting with an elder law attorney to see if this product will work with your specific needs. ² Depends on individual state requirements.

Simple Application



- NGL has created a simple one page application for you to complete with your clients.

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY - (PLEASE PRINT)				273SFE-REPL 05/08 NGL AssetGuard	
 National Guardian Life Insurance Company (NGL) • Fax 866.228.9927 Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191				MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> OWNER	
PROPOSED INSURED/ANNUITANT <input type="checkbox"/> Male <input type="checkbox"/> Female					
First Name		MI	Last Name		Phone Number
Social Security Number		Age		Date of Birth	
OWNER - Complete only if other than Insured/Annuitant					
First Name		MI	Last Name		Relationship to Insured
MAILING ADDRESS		<input type="checkbox"/> INSURED/ANNUITANT <input type="checkbox"/> OWNER		(Where to send information about this Policy)	
Street Address		City		State	Zip
PAYMENT PLAN Face Amount \$ Premium \$ <input type="checkbox"/> Single Pay Life <input type="checkbox"/> 1 Year <input type="checkbox"/> Other (please describe)		PAYMENT MODE - Do Not Complete for Single Pay <input type="checkbox"/> A Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly Direct <input type="checkbox"/> B Monthly EFT - please attach a voided check <input type="checkbox"/> C Name of Bank <input type="checkbox"/> D Routing Number <input type="checkbox"/> E Account Number <input type="checkbox"/> F Checking <input type="checkbox"/> Savings Draw Date			
STATEMENT OF HEALTH (To be completed by Proposed Insured) Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders: Congestive Heart Failure Immune System Disorder Chronic Obstructive Pulmonary (lung) Disease Amputation (caused by disease) Heart Disease Cirrhosis of the Liver Emphysema Stroke Drug or Alcohol Dependency Alzheimer's/Dementia Cancer (other than skin) Kidney failure (including dialysis) Diabetic Coma/Insulin Shock If the health question is not answered or answered "Yes" and you are applying for a life plan other than a Single Pay, a Policy with limited death benefits during the early years will be issued. The full death benefit is paid for accidental death.					
BENEFICIARY INFORMATION Name of Primary Beneficiary, Estate of Insured or Funeral Expense Trust					
APPLICANT REPLACEMENT - Do you have any existing insurance policies or annuity contracts? <input type="checkbox"/> YES <input type="checkbox"/> NO Will the insurance applied for replace or change any insurance or annuity now or recently in force? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", complete required replacement form(s).					
AGENT REPLACEMENT - Does the applicant have any existing insurance policies or annuity contracts? <input type="checkbox"/> YES <input type="checkbox"/> NO Will the insurance applied for replace or change any insurance or annuity now or recently in force? <input type="checkbox"/> YES <input type="checkbox"/> NO					
APPLICANT SIGNATURES To the best of my knowledge and belief, the above information is true and complete. If I have elected monthly EFT, I request and authorize NGL to make monthly withdrawals against the bank account specified above. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. I acknowledge that I have read the fraud warning statement on the last page of this form.					
Signed at		State			
Signature of Proposed Insured/Annuitant		Date	Signature of Owner (Required if other than Insured)		Date
AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.					
Agent(s) Signature		Agent Name(s) Printed		NGL Agent #	Agent State License # %
Agent(s) Signature		Agent Name(s) Printed		NGL Agent #	Agent State License # %
273SFE-REPL 05/08		1st Copy - Company 2nd Copy - Agent 3rd Copy - Purchaser			

NGL Funeral Trust



- Easy to use Funeral Trust Documents
- Protects funds from all creditors, nursing homes, and even Medicaid.*
- The Funeral Trust will pay funeral costs with any excess funds going to the estate or to a named beneficiary
- Trust documents and Trustee Fees provided to your clients for FREE

NATIONAL GUARDIAN LIFE INSURANCE COMPANY P. O. Box 1031 • Madison, WI 53701-1031 • Phone: 1-800-988-0826	
Irrevocable Assignment of Ownership to NGL Funeral Expense Trust (herein called "Trust")	
<i>Please print all information.</i>	
Insured _____	<small>For Home Office Use Only</small> Policy Number _____
Owner (If other than Insured) _____	
Effective 45 days from the date NGL receives this form, I hereby assign ownership and change the beneficiary of this policy to the Trust. This transfer, once effective, is made to comply with the requirements of state and federal public assistance programs.	
I understand that by transferring ownership of this policy to the Trust, as of the effective date:	
<ol style="list-style-type: none">1. This policy is accepted by the Trust subject to all the terms of the Trust which includes payment of the policy proceeds for the funeral expenses for the Insured, as listed on the back of this form;2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;3. I give up any remaining right to cancel the policy and receive a return of premium under the Right to Cancel provision;4. I waive all rights under the policy to surrender it for cash, or to obtain a loan against the policy;5. I give up the right to change the beneficiary on this policy or riders, if any;6. Any proceeds in excess of the amount required to cover the cost of the funeral will be paid to the estate of the Insured and may be subject to claim for reimbursement under Medicaid and Supplemental Security Income (SSI); and7. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of the policy, the Trust will have no obligation to pay my funeral expenses.	
I may obtain a full copy of the Trust, at any time, upon written request to: National Guardian Life Insurance Company 2 East Gilman Street Madison WI 53703	
For Applicant: (To be used for purposes of Immediate Medicaid Eligibility ONLY) - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the policy. To make an immediate transfer election please initial here _____	
For Agent: I _____ certify that on _____ I have explained to this insured that by initialing the above line, he/she is forfeiting their right to cancel the policy and assert that he/she is aware of the consequences of immediate transfer. I understand that this option should only be used if there is an immediate need to reduce assets in order to qualify for Medicaid.	
Signature of Owner _____	_____ Date
The Trust accepts this assignment and agrees to use the proceeds of the Policy for the payment of funeral expenses.	
By: _____	_____ Date
Administrator or Trustee	
Form 2591-FET 03/08	

Extremely High Commissions



Commission Example:

A couple, both 65, each set aside \$12,500 then your commission would be, $(\$12,500 \times 2) \times 16\% =$
\$4,000.*

With only one couple per week, you can make an
additional **\$16,000 per month!**


Target Market



Ideal Prospects are People:

- Over the age of 55
- Who have children
- Who “plan ahead”
- Who don’t want to burden their family at death
- Who have or are creating a will
- That are afflicted with a serious illness
- Who don’t want to visit a funeral home

LEGACY
Safeguard™



Be
dir
Fun

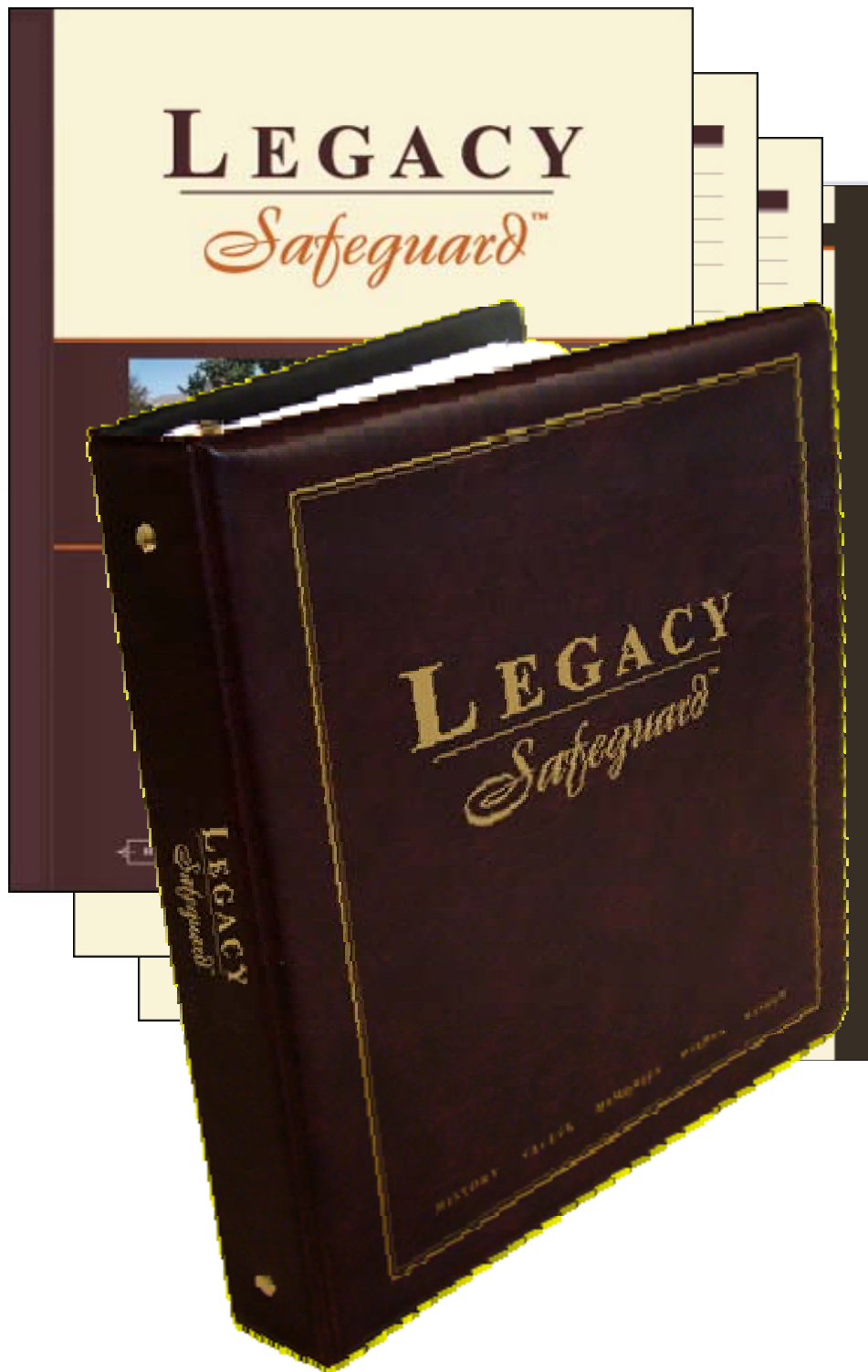
	Benefits paid directly to any Funeral Home	Protected from Probate	Protected from Lawsuits & Creditors	Protected from Income Taxes	Protected from Medicaid Spend Down	FREE Legacy Safeguard Membership
Savings	No	No	No	No	No	No
Annuity	No	Yes	Depends on State	No	No	No
Traditional Life Insurance	No	Yes	Depends on State	Yes	No	No
NGL Funeral Trusts	YES	YES	YES	YES	YES*	YES

LEGACY



*Safeguard*TM

- *Legacy Safeguard* is a service that assists families
- through one of the most difficult times in their life.
- By funding and protecting final expenses through a NGL Funeral Trust your clients can be enrolled into *Legacy Safeguard* which entitles their family to end of life planning, support, and guidance.



LEGACY Safeguard™

Legacy Planning Archive
Lessen the burden for your loved ones.

Vital Statistics

Full Name _____
 Date of Birth ____/____/____ Sex: ☐ Male ☐ Female
 Birthplace _____
 Marital Status _____
 Name of Spouse _____
 Date of Marriage ____/____/____
 Place of Marriage _____
 Number of _____
 Children _____ Grandchildren _____ Great Grandchildren _____
 Occupation (former, if retired) _____ Years _____
 Employer _____
 Father's Name _____
 Mother's Name _____
 Veterans: ☐ Yes ☐ No Branch _____
 Rank at Discharge _____
 Service Number _____
 Indentment Date & Place _____
 Discharge Date & Place _____
 Location of Military Discharge Papers _____
 Organization Memberships (Paternal & Other) _____

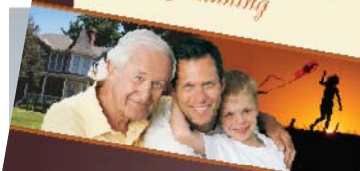
Wishes for Final Arrangements

Type of Ceremony: ☐ Traditional Burial ☐ Cremation
 Cemetery Property: ☐ Yes ☐ No
 Cemetery Name _____
 Place of Service: ☐ Church ☐ Other _____
 Viewing: ☐ Public ☐ Private ☐ None
 Casket: ☐ Open at Service ☐ Closed at Service
 Religious Preference (if any) _____
 Church Name (if applicable) _____
 Minister _____ Phone _____
 Favorite Bible/Literary Passage(s) _____
 Music Selection _____
 Floral Request _____
 Memorial Contributions _____
 Jewelry, etc.: ☐ On ☐ Off Give to _____
 Glasses: ☐ On ☐ Off Give to _____
 Flag (if Veterans): ☐ Draped ☐ Folded
 Payment to _____
 Additional Requests _____

Person to Be in Charge of Final Arrangements

Full Name _____
 Address _____
 City _____
 Phone _____
 Other Emergency Contact _____
 Full Name _____
 Address _____
 City _____

LEGACY Planning



LEGACY Safeguard™



Pre-funding your final expenses is extremely important, but it is also necessary to record your final wishes for your family in one of their most difficult times. With this created to assist your family and to help protect your legacy.

Final expenses through a NGL Funeral Trust, you have the peace of mind that your family will be taken care of in the most difficult times. With this guidance, free of charge, at the time of need, your family will be able to handle the following support and benefits.

LEGACY SAFEGUARD Membership Benefits

Planning Guide
 Legacy Planning Guide will help you share with your loved ones about your life, the lessons you've learned and the way you want to be remembered.

Five
 The guide outlines the important information that will be needed to handle your final wishes and helps you record your final wishes to ensure them.

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LEGACY Safeguard™

Protecting

LEGACY Safeguard™

MEMBERSHIP CARD

member JONATHON A CLIENT

member # NPL1234345 since 11/06

provided by CHARLES B ADVISOR

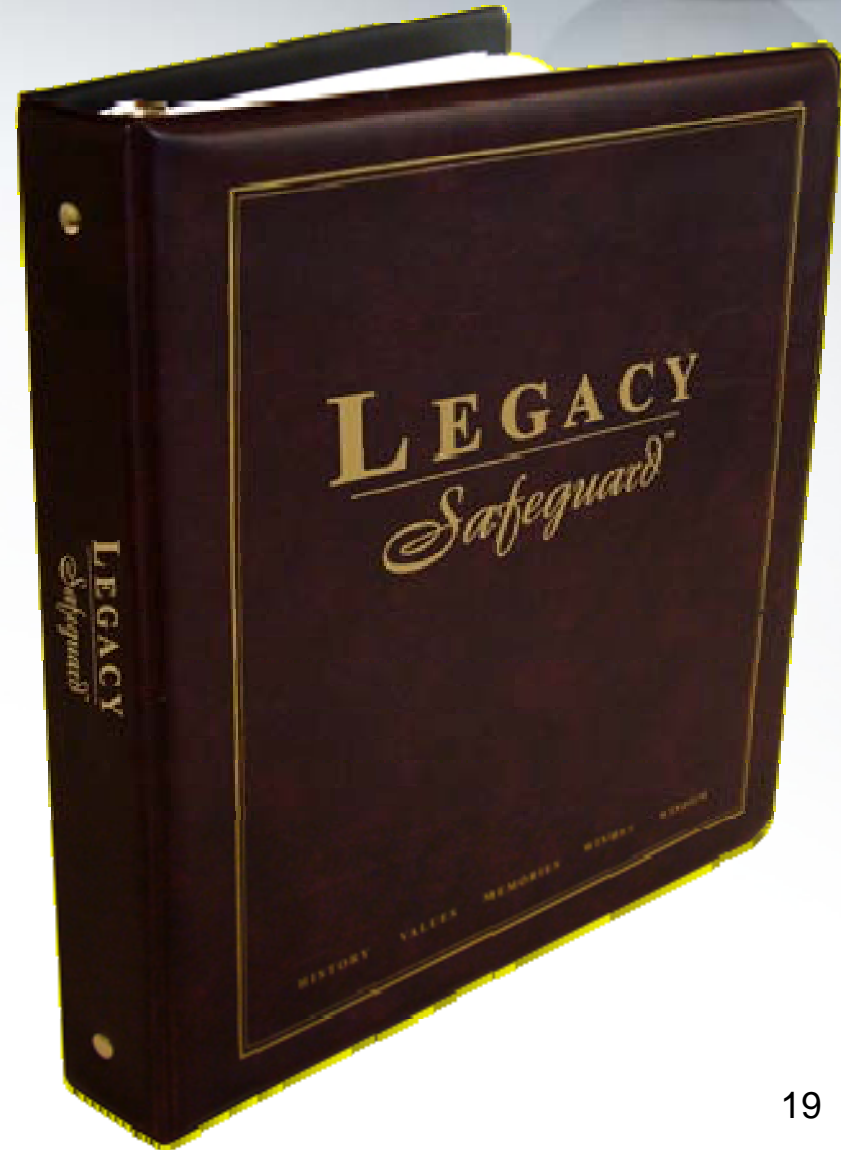
(212) 555-1212

As a member of Legacy Safeguard your family can call at the time of need for funeral planning, guidance, and assistance.

Membership Benefits



- **Impressive Membership Kit** – allows your clients to place copies of their important documents to help their family locate them in an emergency.
- **Sections allow clients to record their:**
 - Family Values
 - Personal Information
 - Historical Insights
 - Financial Accounts
 - Final Wishes



Membership Benefits



LEGACY
Safeguard™

Protecting Your Family. Protecting Your Legacy.

LEGACY
Safeguard™

MEMBERSHIP CARD

member JONATHON A CLIENT

member # NPL1234345 since 11/06

provided by CHARLES B ADVISOR

(212) 555-1212

As a member of Legacy Safeguard your family can call at the time of need for funeral planning, guidance, and assistance.

Membership Card

- 24 Hour Toll Free Number
- Member's Information
- Provider's Name and Contact Information
- Concise summary of the *Legacy Safeguard* membership benefits.

Legacy Planning Archive

- # LEGACY

Safeguard™

Legacy Planning Archive

Lessen the burden for your loved ones.

Vital Statistics

Full Name _____
First Middle Last

Date of Birth ____/____/____ Sex: ☐ Male ☐ Female

Birthplace _____
City State County

Marital Status _____

Name of Spouse _____
First Middle Last

Date of Marriage ____/____/____

Place of Marriage _____
City State

Number of _____
 Children _____ Grandchildren _____ Great Grandchildren _____

Occupation (former, if retired) _____ Years _____

Employer _____

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Last

Veteran: ☐ Yes ☐ No Branch _____

Rank at Discharge _____

Service Number _____

Enlistment Date & Place _____

Discharge Date & Place _____

Location of Military Discharge Papers _____

Organization Memberships (Fraternal & Other) _____

Church/Religious Affiliation _____

Additional Information _____

Wishes for Final Arrangements

Type of Ceremony: ☐ Traditional Burial ☐ Cremation

Cemetery Property: ☐ Yes ☐ No

Cemetery Name _____

Place of Service: ☐ Church ☐ Other _____

Viewing: ☐ Public ☐ Private ☐ None

Casket: ☐ Open at Service ☐ Closed at Service

Religious Preference (if any) _____

Church Name (if applicable) _____

Minister _____ Phone _____

Favorite Bible/Literary Passage(s) _____

Music Selection _____

Floral Request _____

Memorial Contributions _____

Jewelry, etc: ☐ On ☐ Off Give to _____

Clothes: ☐ On ☐ Off Give to _____

Flag (if Veteran): ☐ Draped ☐ Folded

Present to _____

Additional Requests _____

Person To Be In Charge of Final Arrangements

Full Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

Other Emergency Contact

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

While — Return to Legacy Safeguard

LBA02701_01_04 LBA02701 SAFEGUARD name, design and trademarks are trademarks of Premier Planning, LLC © 2003 Premier Planning, LLC. All rights reserved.

Below — Member's Copy

Membership Benefits



End of Life Planning, Guidance, & Assistance

- **Legacy Safeguard Advisor** — At the time of need, our advisors are on call to guide the member's family through the entire end of life planning process to help them make the most informed decisions about funeral related issues.
- **Funeral Home Locator** — Assists the family in locating several funeral homes and cemeteries in their area. Our advisors can contact the funeral homes to evaluate the service options.
- **End of Life Planning**— Our advisors can help the family create a dignified memorial service that celebrates the member's life. *Legacy Safeguard* will also help the family make informed decisions about how to use the funds that have been set aside to help pay for the final arrangements.

Member Benefits



End of Life Planning, Guidance, & Assistance

**On average, Legacy Safeguard
saves each family over**

\$2,200

on a traditional funeral service!

Support for Survivors



- **Bereavement Travel Assistance** — Our advisors can inform the family about bereavement travel options and discounts available to them. On average we help save over \$620 per flight!
- **Personalized Assistance** — Our advisors can assist the survivors in a wide range of services that include:
 - *Filing death claims with insurance companies*
 - *Making reservations at a local restaurant*
 - *Assisting the family with car rentals and other transportation needs*
 - *Setting up reservations and negotiating discounts with hotels*
 - *Coordinating security for the family's home during the memorial service*
 - *Helping the family with other special requests*
- **Grief Counseling Support** — We can also recommend grief counseling programs to help the family through the loss of a loved one.

Legacy Safeguard DVD



**Professionally
produced DVD that
includes:**

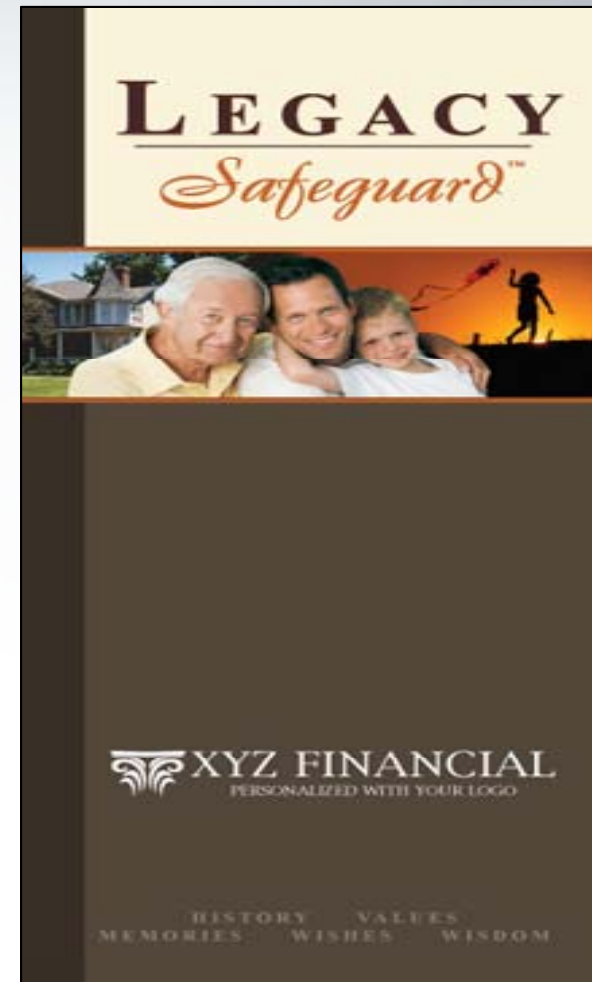
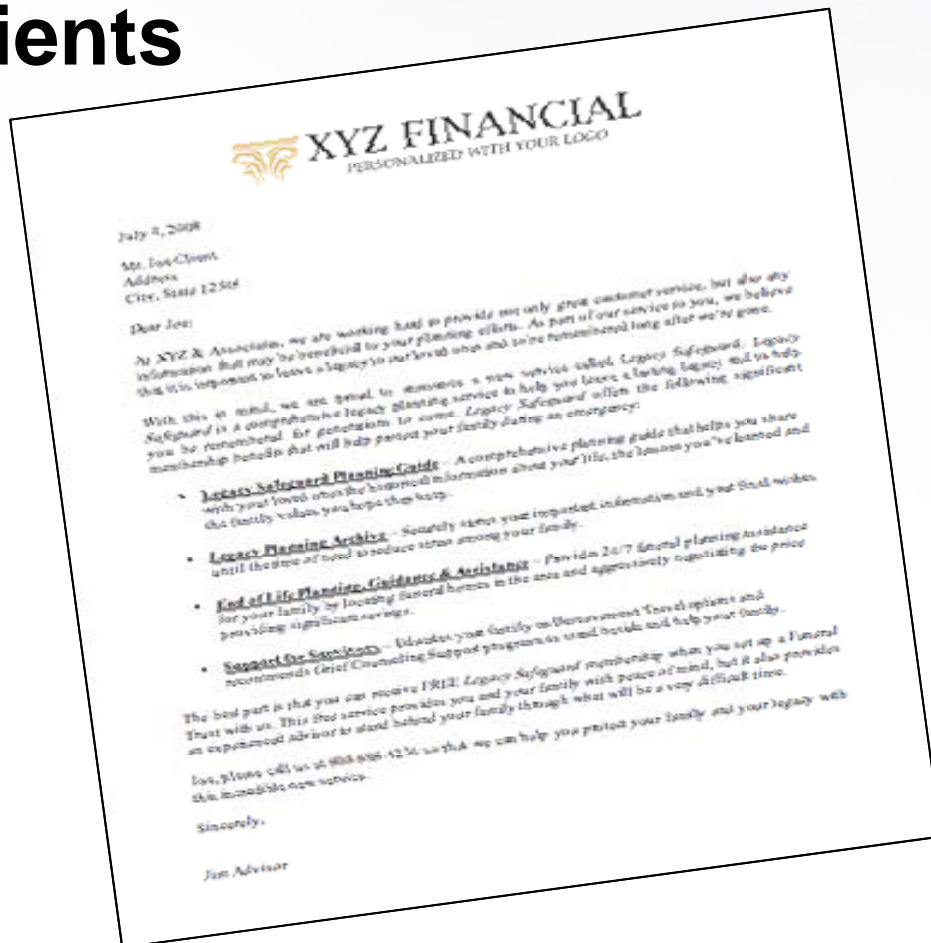
- Member Testimonials
- A Description of Benefits
- Membership Kit Overview



Turn-Key Marketing Plan



1. Mail Letter and Brochure to Current Clients



Turn-Key Marketing Plan



2. Direct Mail Leads
3. Newspaper Inserts
4. Funeral Planning Seminars
5. Add on During Other Presentations



Please return this postage paid card, and we will send you your **FREE Legacy Planning Guide!** This is a "FREE" service to you.

☐ YES! Please send me my **FREE Legacy Planning Guide!** as well as more information on the new Funeral Trust!

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Date of Birth: ____/____/____
Spouse's Name: _____
Date of Birth: ____/____/____

ATTENTION SENIORS

Don't Leave A Burden For Your Loved Ones!

Let's face it, no one wants to think about issues such as death, but this is the only inevitable life event and someone will have to make decisions about your final expenses!

- What kind of final arrangements will take place?
- What are all the costs that will be due at the time of death?
- Will there be legal fees or medical bills that must be paid?
- How will the cost be paid?
- Who will pay the cost?
- Will it be your family?
- Does the Government pay any kind of a assistance?

"Most of us prepare for the possible, the potential misfortunes of life that seldom actually happen. Yet, few of us prepare for the inevitable."

Get answers and solutions to these dilemmas today!

Please complete and return this bottom portion to:
Joe Planner - P.O. Box 555 - Anytown, TX 12345 - or call 325.555.1234

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

IMPORTANT ANNOUNCEMENT

Don't Be Misguided, Misinformed, Nor Misled

Learn How To Avoid A

FAMILY FUNERAL CRISIS

We are providing a FREE Legacy Planning Guide to aid seniors and their families!

If you don't do anything else this year, protect yourself from a FAMILY FUNERAL CRISIS. More than ever you and your family need to be aware of the latest information about advanced funeral planning. The worst time to plan for a funeral is at the time of need, because it can place family members under tremendous stress, it limits funeral choices and it creates difficulty in making objective and informed decisions.

Learn The Following:

- **Funeral Trusts:** Often a better alternative to Prepaid Burial Plans
- **Family Feud:** How to protect your family from fighting over a funeral
- **Top Funeral Planning Options:** Why they won't satisfy your needs
- **Why your life insurance might not cover funeral costs:** Find out why consumers get surprised at the last minute
- **Top 5 ways to save money on a funeral**

Proper planning gives us control over our lives and our legacy, which is especially important during tough financial times as these. By planning ahead, your family can reduce anxiety when a crisis arises, giving them the peace of mind of knowing that your wishes are properly handled.

**** All Seniors within our community who secure a reservation will receive a FREE Legacy Planning Guide to aid you and your family on Funeral Planning Options ****

RESERVATIONS ARE LIMITED FOR THE REMAINDER OF JANUARY AND FEBRUARY IS FILLING UP FAST

CALL NOW!!! Please contact Mary at (555) 555-1212 or email: assistantemail@yoursite.com to reserve an appointment on behalf of your family.

"Protecting Yourself and Your Loved Ones From a Funeral Planning Crisis"

[LOGO]

Advisor Name or Business Name
123 Your Street, Suite 10 | Any City, ST 54321 | (555) 555-1212
www.yoursite.com

NOTICE: RESPOND TODAY FOR YOUR LEGACY PLANNING GUIDE

Now, for a limited time, you can receive a copy of the free "Legacy Planning Guide." It is important to leave a legacy to our loved ones. And part of that legacy is to be remembered long after we are gone. This guide is simple to use and will help your family remember some of the most important details of your life.

Please Knowledge by: <<DATE>>

<<Key Code >>
<< John J. Smith >>
<< 123 Any Street >>
<< Big Town, US 00000 >>

This guide also allows you to record your final wishes, so your final arrangements are handled the way you desire and your family can make the most informed decisions.

Please return this postage paid card today, by the acknowledgement date below, to receive your **FREE Legacy Planning Guide** and information on an exclusive Funeral Trust.

Please verify your address

Name: _____
Phone: (____) _____
Date of Birth: Yours ____/____/____
Spouse ____/____/____

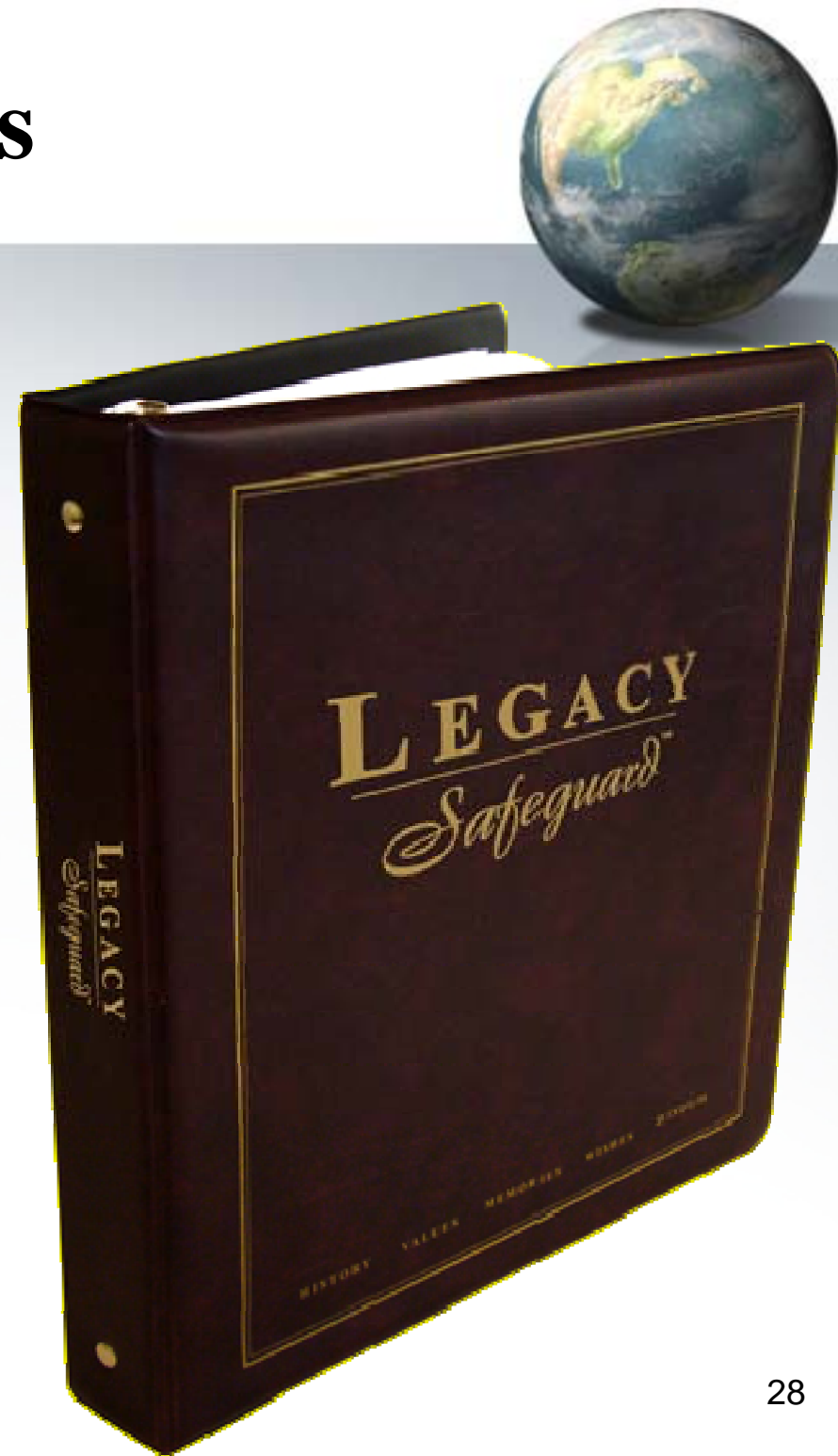
National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America or the Guardian or Guardian Life.

LS035.06.08

Fast Start Incentive Items

After your first policy, you will be enrolled into *Legacy Safeguard* so your family will receive the Legacy Safeguard Membership Benefits that include:

- Legacy Planning Services
- Funeral Planning Advocate
- Funeral Price Negotiation
- Funeral Home Locator
- Bereavement Travel Assistance
- Grief Counseling Support



The Funeral Trust & Legacy Safeguard Just Make Sense!



- **9 out of 10 of your clients want it**
- **Everyone qualifies ages 0 to 99 - No underwriting**
- **Portable to any funeral home in the country**
- **Exclusive marketing system**
- **FREE NGL Funeral Trust**
- **FREE Membership in *Legacy Safeguard***

Questions?



To get started with this program,
e-mail info@thewpi.org.

The Wealth Preservation Institute
3260 S. Lakeshore Dr.

St. Joseph, MI 49085

269-216-9978

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