



Why Transamerica is having Record Final Expense Sales

Presented By:

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RECORD SALES FOR FINAL EXPENSE

CHOOSING A CARRIER OF CHOICE



The health of your client & immediate coverage

The best rate possible

Ease of doing business

Commissions

PRODUCTS AT-A-GLANCE

	IMMEDIATE SOLUTION	10-PAY SOLUTION	EASY SOLUTION
Premium Paying Period	Level premiums to age 121	Level premiums for 10 years	Level premiums to age 121
Issue Ages	0-85	0-85	18-80
Face Amounts	Minimum: \$1,000 Maximum: \$50,000	Minimum: \$1,000 Maximum: \$50,000	Minimum: \$1,000 Maximum: \$25,000
Death Benefit ¹	Full death benefit available day one	Full death benefit available day one	Graded death benefit during first two policy years ²
Policy Loans	Yes	Yes	Yes
Additional Benefits	<ul style="list-style-type: none"> Accelerated Death Benefit Rider with Nursing Home Benefit³ Terminal Illness Accelerated Death Benefit Rider⁴ 	<ul style="list-style-type: none"> Accelerated Death Benefit Rider with Nursing Home Benefit³ Terminal Illness Accelerated Death Benefit Rider⁴ 	None
Optional Riders (for an additional cost)	<ul style="list-style-type: none"> Accidental Death Benefit Rider Children's and Grandchildren's Benefit Rider 	None	None

¹ Any death benefits paid will be paid minus the loan balance, if any.

² Based on face amount for accidental death or will be limited to 110% of sum of premiums paid

³ May not be available for all states. In California and Florida, Accelerated Death Benefit Rider without Nursing home benefit.

⁴ Terminal Illness Accelerated Death Benefit Rider is available for California only.

COMPETITIVE COMPARISON

WHERE WE WIN — FINAL EXPENSE LIFE INSURANCE

	TRANSAMERICA <i>Immediate Solution</i> <i>10-Pay Solution</i> <i>Easy Solution</i>	CVS (Accendo)	AMERICAN AMICABLE Golden Solution Immediate Golden Solution Graded Golden Solution ROP	AMERICO Eagle Premier Series Eagle Guarantee	FORESTERS PlanRight Preferred PlanRight Standard PlanRight Basic	MUTUAL OF OMAHA Living Promise
ISSUE AGES	0-85 ¹	45-89	50-85	50-85	50-85	45-85, (50-75 IN NY)
MINIMUM ISSUE AMOUNT¹	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$2,000
MAXIMUM ISSUE AMOUNT¹	\$50,000	\$50,000 (Lower for ages 56+)	\$35,000	\$40,000	\$35,000 (Lower at Std. class)	\$50,000
RISK CLASS OPTIONS	Preferred Standard	Standard	Standard	Standard	Preferred Standard	Standard
GRADED/MODIFIED DEATH BENEFIT	GDB for 2 years	MDB for 2 years	GDB for 2 years MDB for 3 years	MDB for 3 years GDB in year 4	MDB for 2 years	GDB for 2 years
ADBR FOR NURSING HOME BENEFIT INCLUDED	Yes ²	No	Available on Immediate only	No	No	Yes
OPTIONAL RIDER COVERING GRANDCHILDREN	Child or grandchild (up to 9 riders)	Yes	Child, grandchild, or great grandchild	Child or grandchild	No	No
CONVENIENCE OF PAYING WITH SOCIAL SECURITY DIRECT EXPRESS[®]	Yes	Yes	No	Unknown	Unknown	No
AUTOMATED UNDERWRITING	<i>Express Protect Underwriting^{SM 3}</i>	Jet Issue	Automated Underwriting	Instant Decision	Point of Sale Underwriting	Automated Underwriting

¹ May vary based on issue age and/or products

² May not be available in all jurisdictions. Not available in New York. In Florida, the Accelerated Death Benefit is available without Nursing Home Benefit. In California, the Terminal Illness Accelerated Death Benefit Rider is available.

³ Available for applications submitted with iGO[®] e-App

This comparison is not a comprehensive analysis and does not account for possible advantages or disadvantages of the policies compared. Competitors' information has been obtained from publicly available sources and is believed to be accurate as of December 15, 2023.

COMPETITIVE RATES

\$15,000 FACE AMOUNT

MALE | AGE 55 | BEST CLASS

RANK	CARRIER	MONTHLY PREMIUM
1	Transamerica	\$51.83
2	Mutual of Omaha	\$52.32
3	American Amicable	\$57.09
4	Foresters	\$57.30
5	Aetna	\$60.33
6	Americo	\$67.81

MALE | AGE 65 | BEST CLASS

RANK	CARRIER	MONTHLY PREMIUM
1	Transamerica	\$79.15
2	Aetna	\$82.08
3	Mutual of Omaha	\$83.12
4	Foresters	\$85.00
5	American Amicable	\$85.80
6	Americo	\$96.20

FEMALE | AGE 55 | BEST CLASS

RANK	CARRIER	MONTHLY PREMIUM
1	Transamerica	\$39.59
2	Mutual of Omaha	\$39.96
3	Aetna	\$46.71
4	Foresters	\$47.13
5	American Amicable	\$47.85
6	Americo	\$54.93

FEMALE | AGE 65 | BEST CLASS

RANK	CARRIER	MONTHLY PREMIUM
1	Transamerica	\$59.35
2	Mutual of Omaha	\$59.91
3	Foresters	\$63.50
4	Aetna	\$67.08
5	American Amicable	\$67.32

For Agent Use Only. Not for Use With the Public.

These comparisons are not a comprehensive analysis and they do not account for possible advantages or disadvantages of the policies compared. Competitor's premiums have been obtained from publicly available sources and are believed to be accurate as of January 16, 2024.

SOCIAL SECURITY BENEFIT BILLING OPTION

AGENT BENEFIT

Increased Persistency

- Premiums can be withdrawn to align with the timing of when the Social Security benefits are paid to ensure premiums are collected

CLIENT BENEFIT

Convenience

- Match premium withdrawal date to when Social Security benefits are deposited
- Direct Express® Debit MasterCard® accepted



MAKING BUSINESS EASIER

We've shortened the setup time from application date to Social Security benefit deposit date from **10 days** to **THREE days**.



ENHANCED ADULT UNDERWRITING GUIDELINES

An applicant with these conditions would generally be eligible for our Preferred pricing, if they have no other risk factors.

- Aneurysm
- Bipolar/Schizophrenia
- Blood Clots
- Chronic Pain
- Circulatory Disorders
- Crohn's
- Epilepsy
- Lupus
- Ulcerative Colitis
- Wheelchair or paralysis — not evaluated, but the decision could be impacted if the insured requires assistance.

ENHANCED ADULT UNDERWRITING GUIDELINES

CONDITION	NEW RATING	OLD RATING
Anemia (other than Sickle cell Anemia) With Activity Credit	Graded Standard	Graded N/A
Asthma (Chronic) With Activity Credit	Standard Preferred	Graded N/A
Bronchitis (Chronic) With Activity Credit	Standard Preferred	Graded Standard
Heart Disease	Preferred	Standard
Heart Failure (Congestive or Diastolic) With Activity Credit	Standard N/A	Graded Standard
Hospitalization (within last 12 months - excludes currently) With Activity Credit	Standard Preferred	Standard N/A
Liver Disease or Cirrhosis With Activity Credit	Standard N/A	Graded Standard
Respiratory Disease (Black Lung or COPD or Emphysema) Activity Credit	Standard Preferred	Graded Standard
Stroke or Transient Ischemic Attack (TIA) With Activity Credit	Standard Preferred	Standard N/A
Supplemental Oxygen Use With Activity Credit	Standard Preferred	Graded Standard

Subject to all other factors



ADULT GENERAL UNDERWRITING RULES

The proposed insured will most likely be **PREFERRED** if ...

- Their medical conditions, lifestyle factors, and height/weight are ALL Preferred.

The proposed insured will most likely be **STANDARD** if ...

- ALL their medical conditions are Preferred and ALL lifestyle factors and height/weight are Standard **OR**
- They have one medical condition (rated Standard), height/weight are Preferred, and ALL lifestyle factors are Preferred or Standard.

The proposed insured will most likely be **GRADED** if ...

- They have one medical condition (rated Graded), height/weight are Standard or Preferred, and ALL lifestyle factors are Graded or better **OR**
- They have two medical conditions that are Standard, height/weight are Standard or Preferred, and ALL lifestyle factors are Graded or better **OR**
- ALL their lifestyle factors and height/weight are Graded and ALL medical conditions (if any) are Preferred.

The proposed insured will most likely be **DECLINED** if ...

- They have one medical condition or one lifestyle factor that is rated as a Decline **OR**
- Their height/weight is rated as a Decline **OR**
- They have four or more medical conditions that are either Standard or Graded.

Lifestyle factors include questions related to alcohol/drug use, driving record, and felonies.



HYPOTHETICAL CASE STUDY

NO. 1

MEET MICHAEL, AGE 45

Michael is married, lives in Florida, and works as a customer service representative.

Build: 5' 11", 200 pounds

Medications: Humira for Crohn's disease, Lisinopril for high blood pressure, Tramadol for chronic pain, and Citalopram for depression

Lifestyle factors: History of reckless driving identified over 5 years ago

Activities: None

Why is Michael's rating Preferred?

All his medical conditions, lifestyle factors, and height/weight are ALL Preferred.

DECISION: Preferred Nontobacco

Product: *Immediate Solution*

Accelerated Death Benefit Rider: Qualifies

Death Benefit: \$30,000

Selected Accidental Benefit Rider (ADBR): \$30,000 (matches the base face amount)

Monthly Base Premium: \$75.78

ADBR Premium: \$6.73

Total Monthly Premium: \$82.51



HYPOTHETICAL CASE STUDY

NO. 2

MEET JOAN, AGE 65

Joan is single, lives in Texas, and is retired with two adult children and five grandchildren.

Build: 5' 6", 120 pounds

Medications: Lisinopril for high blood pressure, Insulin for Type I diabetes, and Lipitor for cholesterol

Lifestyle factors: Treated for alcohol abuse 5 years ago

Activities: Walks her dog around the neighborhood three times a week for more than 10 minutes at a time

Why is Joan's rating Standard?

She has one medical condition rated as Standard (diabetes), height/weight are Preferred, and ALL lifestyle factors are Preferred or Standard (alcohol abuse within 4-10 years).

DECISION: Standard Nontobacco

Product: *Immediate Solution*

Accelerated Death Benefit Rider with Nursing Home Benefit: Qualifies

Death Benefit: \$20,000

Monthly Base Premium: \$95.08



HYPOTHETICAL CASE STUDY

NO. 3

MEET ALEX, AGE 55

Alex is married and lives in Kansas, where he works as an accountant.

Build: 5' 8", 275 pounds

Medications: BiDil for congestive heart failure

Lifestyle factors: None

Activities: None

Why is Alex's rating Graded?

He has one medical condition rated as Graded, height/weight are Standard, and ALL lifestyle factors are Graded or better, which in his case he has none.

DECISION: Graded

Product: *Easy Solution*

Death Benefit: \$15,000

Monthly Premium: \$135.33

WITH ACTIVITY CREDIT

Walks three times a week, 10 minutes at a time

DECISION: Standard Nontobacco

Product: *Immediate Solution*

Death Benefit: \$15,000

Monthly Premium: \$61.75



HYPOTHETICAL CASE STUDY

NO. 4

MEET JOHN, AGE 65

John is married and lives in Oklahoma. He has one grandchild and works part time as a tollbooth operator.

Build: 6' 0", 306 pounds.

Medications: Lisinopril for high blood pressure and Atorvastatin for high cholesterol

Lifestyle factors: None

Activities: Walks with granddaughter only once a week for 10 minutes after school

Why is John's rating Standard?

All his medical conditions are preferred, height/weight are Standard and ALL lifestyle factors are Standard or better, which in his case he has none (Preferred).

WITH ACTIVITY CREDIT

Walks with granddaughter three days week,
10 minutes a time after school

DECISION: Standard Nontobacco

Product: *Immediate Solution*

Death Benefit: \$15,000

Monthly Premium: \$84.04

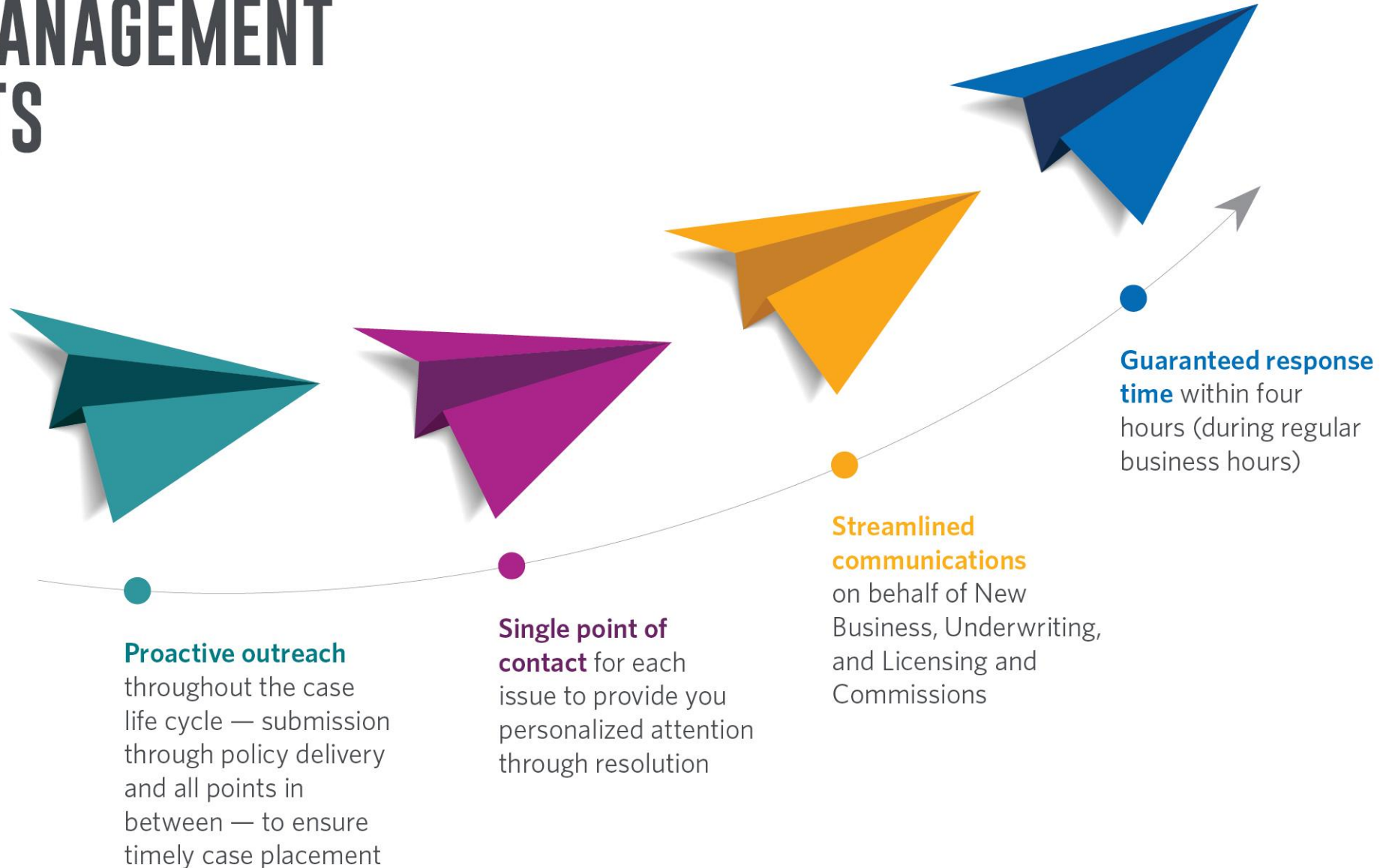
DECISION: Preferred Nontobacco

Product: *Immediate Solution*

Death Benefit: \$15,000

Monthly Premium: \$70.99

CASE MANAGEMENT BENEFITS



YOU AND YOUR TEAM





Email: MOCASEManagement@transamerica.com

Call: 800-451-7586, **access code** 8556331

Hours: 9 a.m. - 8 p.m. ET

MO

BRIANNA WILLIAMS SUPERVISOR	ALLY PITTMAN
RYAN HINDERLITER SUPERVISOR	JENNIFER PROCTOR
DIONA ORTIZ LEAD	TIFFANY WRIGHT
SUE BAKER	BARBARA KING
SAROEUTH CHHOEUNG	PRANGBUA (JAMY) LEONARD
KRISTIN DODS	STEPHANIE MONEYPENNY
DEJA JACKSON	ABBY RIES
ADAM LESTER	CHRISTINE SCHWARTZTRAUBER
CHRISTINE MOYER	JASON VIBAL

OVERVIEW

- Transamerica is the first life insurance company to offer this level of prefill capability
- Partnered with LexisNexis to launch in August
- 27/47 fields prefill in the Insured, Owner, Beneficiary, and Payor fields
- 2/3 fields (Name, Address, and Date of Birth) are required for prefill
- Prefill is successful over 99% of the time for eligible applicants
- ~10 minute time savings with prefill

Note:

Juveniles, non-U.S. residents, and entities and trusts are not eligible for prefill due to privacy laws.



INITIAL DATA ENTRY

Proposed Primary Insured

Personal Information

Legal First Name

Barbara

Middle Name

Legal Last Name

Wyche

Suffix

Choose from list..▼

Date of Birth

09/12/1973

Age

50

Physical Address (Cannot be a P.O. Box)

Country

United States of America ▼

Physical Address (Cannot be a P.O. Box)

7660 Churchill Rd

Apartment / Unit

City

Manhattan

U.S. State / Territory

Montana ▼

Zip Code

59741-8476

Retrieve Customer Information

Retrieve Customer Information

✔ Success!

ⓘ Verify that the Customer data above has been entered correctly. Once you have verified the customer data, please try again, even if no data was changed.

INSURED

Are you a U.S. citizen?

Yes No

U.S. Social Security #

***-**-2209

Clear SSN

Place of Birth (Country)

Choose from list or type in and press Enter ▾

Gender

Male Female

Email Address Options:

BARBARAWYCHE0912@AOL.COM ▾

Preferred Phone Number Options:

Choose from list or type in and press Enter ▲

907-212-2724

907-200-2724

Enter My Own

OWNER

Is the Proposed Primary Insured also the Owner of this application?

Yes No

Is the owner a Household Member?

Catharina Wyche

Personal Information

Legal First Name

Catharina

Middle Name

Legal Last Name

Wyche

Suffix

Choose from list...

Date of Birth Options

03/16/****

Are you a U.S. citizen?

Yes No

U.S. Social Security #

***-**-5785

Clear SSN

Place of Birth (Country)

United States of America

Birth State / Territory

Choose from list or type in and press Enter

Gender

Male Female

Email Address

No Email Address

Physical Address (Cannot be a P.O. Box)

Same Address as Proposed Primary Insured

Country

United States of America

Physical Address (Cannot be a P.O. Box)

7660 Churchill Rd

Apartment / Unit

City

Manhattan

U.S. State / Territory

Montana

Zip Code

59741-8476

Relationship

Owner's Relationship to Proposed Primary Insured

Domestic Partner

Do you have a Contingent Owner?

Validate Owner

Success!

< Back

Next >

BENEFICIARY

Same As Owner?

Is the beneficiary a Household Member?

Choose from list or type in and press Enter

Legal First Name

Middle Name

Legal Last Name

Suffix

Choose fro...▼

NOTE: Either Date of Birth or U.S. Social Security # / U.S. Individual Tax ID # are required.

Date of Birth

MM/DD/YYYY

U.S. Social Security # / U.S. Individual Tax ID #

____-____-____

Share

0%

Relationship to Insured

Choose from list or type in and pr...▼

Mailing Address

Same Address as Proposed Primary Insured

Phone Number

____-____-____

Cancel

Save

PAYOR

Premium Payor

Premium Payor is:

Other

Is the payor a Household Member?

Choose from list or type in and press Enter

Relationship to the Proposed Primary Insured

Choose from list or type in and press Enter

Personal Information

Legal First Name

James

Middle Name

Legal Last Name

Wyche

Date of Birth Options

05/18/****

Is Payor a U.S. citizen?

Yes

No

U.S. Social Security #

***-**-5646

Clear SSN

Physical Address (Cannot be a P.O. Box)

Country

United States of America

Physical Address (Cannot be a P.O. Box)

7660 Churchill Rd

Apartment / Unit

GETTING STARTED

FIRST-TIME USERS

You must set up a **TRANSAMERICA DocFast® account**. This account will only support Transamerica eDelivery, so other DocFast accounts you have will not work.

Watch for an email from **policydelivery@ipipeline.com** to get started.

- Sender will be “New Business”
- Subject line:
Policy [Policy Number] was delivered

Need help setting up your DocFast account?
[Watch this short video.](#)

EXISTING USERS

Want to view the status of a policy or reset your password?

Visit policyexpartnerportal.ipipeline.com to check alerts, policy status, or send client emails

SUMMARY OF CHANGES

FINAL EXPENSE NEW BUSINESS NOTIFICATION UPDATES	OLD WAY	NEW WAY
Type of Notification	All new business notifications	Most Popular New Business Forms: <ul style="list-style-type: none"> ▪ Agent Report ▪ Consent to do Business Electronically ▪ eTerms and Conditions ▪ HIPAA Authorization (excluding NY) ▪ Payment Authorization ▪ Replacement Form
Format and Signing Process	Agent receives email with PDF of outstanding new business form. Agent wet signs and obtains wet signature from client when necessary. Agent returns to Transamerica via mail, fax, or portal upload.	Clients and agents receive email from DocuSign to review and e-sign documents. Only the above mentioned forms will be eligible for DocuSign signature, other forms will still require wet signature. All e-signed forms will automatically be delivered to Transamerica via DocuSign platform.
Email Address of Sender	Finalexpensnewbus (finalexpensnewbus@transamerica.com)	NB eDelivery via DocuSign (shnbedelivery@transamerica.com)
Cadence	Every two weeks until application expires	Can be initiated once. First email triggered with a reminder email to agent/client on Day 7 if there are outstanding signatures. DocuSign links expire after 14 days.

BENEFITS AND AVAILABLE FORMS

- EASY** ✓ ● ● ● Simple opt-in within the iGO® e-App
- CONVENIENT** ✓ ● ● ● Electronically sign documents 24/7 with DocuSign®
- FAST** ✓ ● ● ● Policy documents arrive in your inbox as soon as they're complete
- SECURE** ✓ ● ● ● Fully encrypted technology protects client's personal information
- UP TO DATE** ✓ ● ● ● Know the status of a policy at any time throughout the process

- Payment authorization
- HIPAA authorization (except NY)
- Replacement forms (varies by state)

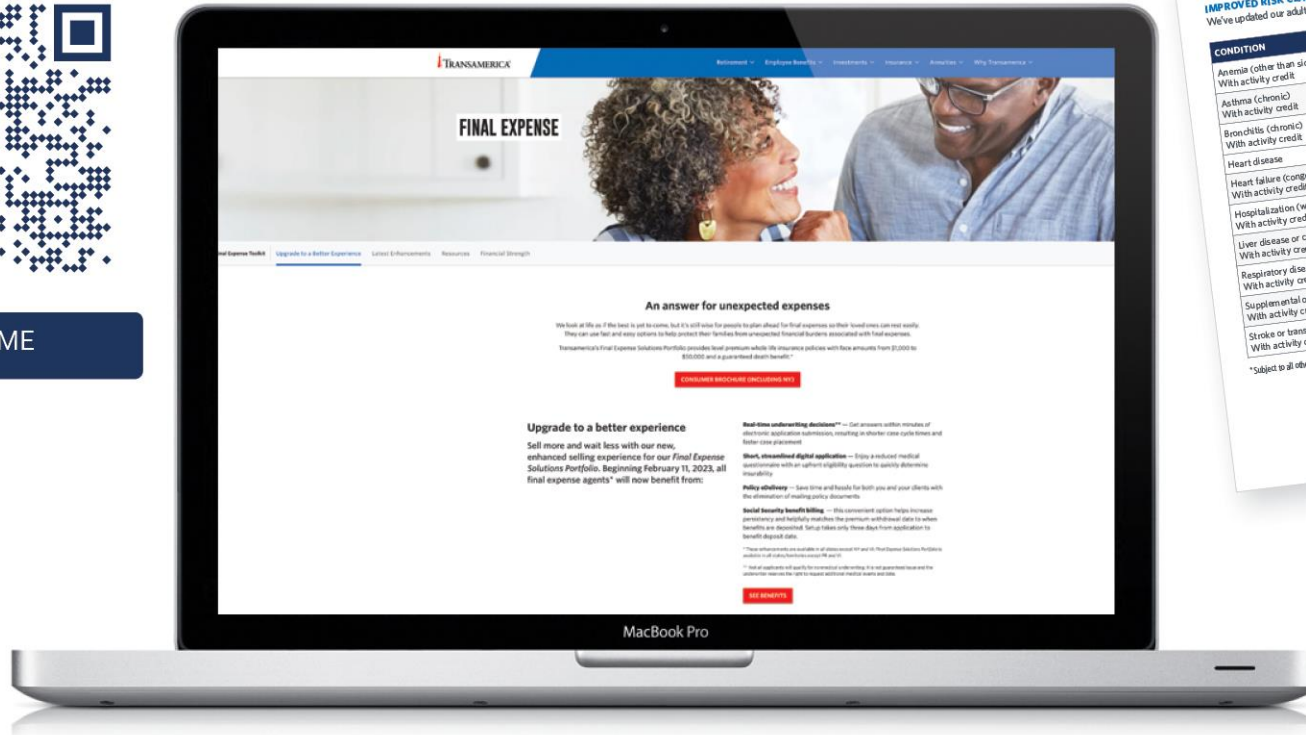
- Electronic consent to do business
- eTerms and conditions

- Agent report
- New Business application signature page

MARKETING MADE SIMPLE



SCAN ME



FINAL EXPENSE SELLING EXPERIENCE ENHANCEMENTS

UPGRADE TO A BETTER EXPERIENCE

Transamerica is committed to being your carrier of choice for final expense. That means continually improving our streamlined underwriting experience so you can sell more and deliver coverage to your clients faster. With final expense, you get a fast, simple, straightforward digital application experience with the potential for even more real-time underwriting decisions. See our latest enhancements.

IMPROVED RISK CLASS*
We've updated our adult underwriting guidelines so you can protect more clients at better rates.

CONDITION	NEW RATING	OLD RATING
Anemia (other than sickle cell anemia) With activity credit	Graded Standard	Graded N/A
Asthma (chronic) With activity credit	Standard Preferred	Graded N/A
Bronchitis (chronic) With activity credit	Standard Preferred	Graded Standard
Heart disease	Preferred	Standard
Heart failure (congestive or diastolic) With activity credit	Standard N/A	Graded Standard
Hospitalization (within last 12 months - excludes currently) With activity credit	Standard Preferred	Standard N/A
Liver disease or cirrhosis With activity credit	Standard Preferred	Graded Standard
Respiratory disease (black lung, COPD, or emphysema) With activity credit	Standard Preferred	Graded Standard
Supplemental oxygen use With activity credit	Standard Preferred	Standard N/A
Stroke or transient ischemic attack (TIA) With activity credit	Standard Preferred	Standard N/A

*Subject to all other factors

TRANSAMERICA

Improved selling experience for your business and

REAL-TIME DECISIONS
Submission for more of

Policy Delivery
Agent and client receive a link via email to download policy

TRANSAMERICA

AGENT PRODUCT GUIDE



SCAN ME



ADULT SINGLE CONDITION DECISION CHART — Subject to underwriting and change without notice

The following decisions are based on proposed insured having only one medical condition or lifestyle factor:

MEDICAL CONDITION OR LIFESTYLE FACTOR	DECISION (SUBJECT TO ALL OTHER FACTORS)
AIDS/HIV/ARC	DECLINE
Alcoholism/Alcohol Abuse - Used or been diagnosed with, treated, tested positive for, or been given medical advice by a member of medical profession	Within 2 years - DECLINE Within 2-4 years - GRADED Within 4-10 years - STANDARD Over 10 years - PREFERRED
ALS (Lou Gehrig's disease) or other motor neuron disease	DECLINE
Alzheimer's/Dementia/Memory Loss/Cognitive Disorders	DECLINE
Amputation (other than due to accident/trauma)	DECLINE
Anemia (other than Sickle Cell Anemia)	GRADED With Activity Credit - STANDARD No treatment for last 3 months - PREFERRED
Aneurysm	PREFERRED
Angina	See Heart Disease
Angioplasty (of any kind)	See Heart Disease
Arrhythmia	See Heart Disease
Assisted Living/Long Term Care Facility - Home healthcare is defined as medical care provided by a medical professional, friends, or family member, including — but not limited to — arranging medications, taking blood pressure or sugar readings, administering medications, wound care, feeding tube, etc.	Current - DECLINE
Asthma	Mild (no daily symptoms, no limitations to daily activities, no reduced lung function, no regular use of steroids and no ER visits or hospitalizations due to asthma in last 5 years - PREFERRED Chronic - STANDARD with Activity Credit - PREFERRED
Atrial Fibrillation	See Heart Disease
Autism	Mild (Highly Functional): - PREFERRED All others - DECLINE
Bipolar	PREFERRED
Black Lung	STANDARD With Activity Credit - PREFERRED
Blood Clots (no complications/time since resolved)	PREFERRED
Blood Disorder (excluding Iron Deficiency Anemia and Sickle Cell Anemia): Polycythemia, Thrombocytopenia, Hemophilia, and other coagulation disorders	PREFERRED
Bone Marrow Transplant (Including donor stem cells)	DECLINE
Bronchitis (chronic)	STANDARD With Activity Credit - PREFERRED
Build	See Adult Height and Weight Chart page 15
Bypass	See Heart Disease



THANK YOU

Life insurance products are issued by Transamerica Life Insurance Company, Cedar Rapids, IA, or Transamerica Financial Life Insurance Company, Harrison, NY. Transamerica Financial Life Insurance Company is authorized to conduct business in New York. Transamerica Life Insurance Company is authorized to conduct business in all other states. All products may not be available in all jurisdictions.

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