



**Life Direct**

*Fast. Convenient. Reliable.*

PRSRT STD  
U.S. POSTAGE  
PAID  
AAA

# IT'S YOUR BIRTHDAY.

Sample A. Sample  
123 Any Street  
Anytown, US 12345-6789

SAMPLE A • SAMPLE

Celebrate it in the way  
you always wished.

AAA Life Insurance Company  
17250 Newburgh Road • Livonia, Michigan 48152



**Life Direct**

Fast. Convenient. Reliable.

Sample A. Sample  
123 Any Street  
Anytown, US 12345-6789

**IMPORTANT:** Write in the name of your life insurance beneficiary on this identification card and give it to the person once your coverage is activated.

**Once you are issued your Certificate of Coverage, please complete this card by writing in your beneficiary's name, check off the coverage amount and give it to the person immediately.**

**This insurance is made available to you as an exclusive benefit to AAA Life Members. Apply today.**

Dear Sample A. Sample,

The older we get, the less we seem to wish for on our birthday. But there's one "wish" we always hold dear. And that is our family's financial security is always safeguarded.

As a AAA Life member, you understand this. Now strengthen your family's protection even more. Apply today for **up to \$200,000 in reliable coverage for both accident and illness** with AAA Group Term Life Insurance.

**The rates are affordable and it's easy to apply.** So do something this birthday that will long be remembered. Give, rather than receive a very memorable "gift" to those you care the most about.

You are selected for this limited-time offer as a **valued AAA Life Member between the ages of 18-64**. Your spouse is also invited to apply, even if he or she is not a AAA member.

**Select up to \$200,000 in dependable group term life protection.**

This coverage gives you the flexibility to choose **\$200,000, \$100,000, \$50,000 or \$25,000** in benefits your family can always rely on. After all, none of us know what could happen tomorrow so prepare today. And all you need to do is complete the enclosed application. It's so convenient.

**Financial security for your family, and true peace of mind for you.** That's what life insurance is all about.

**This is total coverage you can keep up to age 75.**

Your beneficiary will receive the full benefit amount in the event you die, whether it's because of an accident or illness. There's no "small" print hidden somewhere to read. The one and only exclusion is suicide which is not covered for the first two years. In that event, the benefit will be limited to the return of all premiums paid.

**This is your insurance to keep year after year, up to age 75.** Your coverage cannot be cancelled by AAA Life for any reason just as long as you pay your premiums when due and the Master Policy remains in force. Even if your health situation changes later, only you can cancel your coverage.

**Your benefit level will never go down, guaranteed.**

Here's another guarantee we honor. **Never worry about your benefit amount decreasing as you get older.** The amount you choose now, up to \$200,000, is yours for as long as you keep your coverage.

**Low group rates: An exclusive AAA member benefit.**

With our huge membership from coast to coast, there's great "group" buying power you enjoy as an AAA Life Member. And that means **outstanding value when it comes to your premiums.**

Lower your cost even more if you are a non-nicotine user. **Save an additional 17% to over 45%** on your monthly cost when compared to the standard rates. Your exact savings depend on your age, sex and coverage selected.

(Over, please)

AAA Life Insurance Company  
17250 Newburgh Road Livonia • Michigan 48152

**You're protected against any individual rate increase.**

Your affordable group rate is **guaranteed never to increase because of any changes in your health**. Rates only change as you enter a new five-year age band starting at age 35 or if there is an increase for everyone covered under the Group Master Policy.

**Apply in just minutes and no insurance agent.**

Applying is simple. Just mail the completed application back to us. If you have any questions, call **1-800-684-4222** and one of our customer service representatives will be happy to assist you.

Please be sure to also select which payment option is the most convenient for you on the bottom of the application.

**Add spouse coverage for even more security.**

As I mentioned earlier, your spouse can also apply and choose a benefit amount that is different than yours. More and more families depend on two incomes these days so seriously consider adding spouse coverage.

**Go ahead, take 10 days to look your coverage over.**

Apply today for AAA Group Term Life Insurance and take advantage of the low cost just for AAA Members. Once approved, you will receive your Certificate of Insurance. Review it for 10 days and if you're not 100% satisfied, simply return the Certificate to us. We'll cancel your coverage and any paid premiums will be refunded. Easy enough? Yes!

With your birthday coming up soon, celebrate it in a way that's truly meaningful to your family. Apply now for up to \$200,000 in affordable term life insurance and you'll be pleased that you took care of this important matter.

Sincerely,

Harold W. Huffstetler, Jr.  
President and Fellow AAA Member  
AAA Life Insurance Company

P.S. It's a little early, but I wish you a "Happy Birthday!" This year, do something special for those you cherish. Apply today for solid term life protection at low group rates exclusively for AAA Members and their spouses.

Plan and its features may not be available in all states.

**Policy Form Series LTL-97-03 – LTL-97(SD) in South Dakota – LTL-97(04) in Ohio.**

**AAA LIFE INSURANCE COMPANY RESPECTS YOUR PRIVACY**

**Information regarding your insurability will be treated as confidential.** AAA Life Insurance Company, or its reinsurers may, however make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such a company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

AAA Life Insurance Company, or its insurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

This entire package is an outline of the Certificate provisions and does not contain all of the benefit limitations and exclusion provisions. For complete terms of the insurance coverage, please refer to your Certificate or the Group Master Policy.

This life insurance plan has been offered previously and your club may elect to offer this coverage in the future.



# GROUP TERM LIFE SPOUSE APPLICATION

Applying is fast and easy! Just follow these 5 steps to complete your application:

- Check the amount of coverage you prefer and complete the personal information.
  - Answer the five health questions.
  - Name your beneficiary.
  - Sign and date.
  - Indicate the payment method you choose.
- Questions? Call: 1-800-684-4222

**PLEASE COMPLETE AND MAIL BEFORE:**

Month XX, 2007

**YES!** I am applying for group term life protection in the amount checked below:

- \$200,000.00       \$100,000.00  
 \$50,000.00       \$25,000.00

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 (Not eligible if age 65 or older.)

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in.    Weight \_\_\_\_\_ lbs.

Day Telephone \_\_\_\_\_

Social Security # \_\_\_\_\_

E-Mail Address \_\_\_\_\_  
*optional*

**SPOUSE: Complete This Side In Ink**  
 Please provide all requested information

**Master Policy LTL-97-03**

Name \_\_\_\_\_  
First Middle Initial Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are You a AAA Member?:  Yes  No

Please answer all questions below (any misstatements may affect your coverage):

- |                                                                                                                                                                 | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you currently taking any type of prescription medicine? .....                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 12 months have you used nicotine in any form? .....                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the last 5 years, have you been convicted of a DUI, a felony or misdemeanor other than a traffic violation? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Have you in the past 10 years been diagnosed or treated by a member of the medical profession for:</b>                                                       |                          |                          |
| 4. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV (Human Immunodeficiency Virus) infection? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Chest pains, heart or circulatory disorder, stroke or high blood pressure, diabetes, cancer, tumor, alcohol or substance abuse, or emotional disorder? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Will this policy, if issued, replace any life insurance or annuity now in force?  Yes  No (If "Yes," please list name of company, and policy number of policy to be replaced.) Company/Policy #: \_\_\_\_\_

**Beneficiary Name\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

\* If no beneficiary is named, proceeds will be paid to your estate.

If you answered "Yes" to any question, list details of all conditions below.					
QuestionNo.	Details or Reasons	Onset Date	Duration	Result	Name/Address of Physician/Hospital

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true; and agree that they shall form a part of the Certificate. I understand that the rates for the coverage applied for are based in part upon my use of nicotine products. If I misstate any of the information above, the Certificate may be voidable from inception by AAA Life Insurance Company. I acknowledge receiving the "NOTIFICATION" regarding the Medical Information Bureau. I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of my health, to give to AAA Life Insurance Company or its reinsurer(s) any such information. A photographic copy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from when I sign it. I understand that the coverage will take effect on the Effective Date shown on the Certificate of Insurance, provided the first premium has been paid and there has been no change in my insurability since the date of the application.

Any person, who with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

**Sign Here:** ✓ \_\_\_\_\_  
Applicant's Signature

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Please give us your payment instructions, so we can set up your account in the way you prefer.

## PAYMENT AUTHORIZATION (Select one)

### Checking Account Authorization

I request and authorize AAA Life Insurance Company to make monthly withdrawals against the bank account specified on the attached specimen check or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this life insurance plan. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank.

✓ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature as required on checks issued against the account Date

**PLEASE ATTACH A SPECIMEN CHECK MARKED "VOID"**

### Credit Card Authorization

I authorize the premiums due to be remitted monthly to AAA Life Insurance Company through my credit card account indicated at right. This authority is to remain in full force and effect until AAA Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. Any excess premiums which may accrue after termination of coverage will be credited to my account.

Select one only:  VISA  MasterCard

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Account Number Exp. Date

✓ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Cardholder Signature Date

**Please bill me direct:**  Annually  Semi-Annually  Quarterly

**AAA Life Insurance Company • 17250 Newburgh Road • Livonia, Michigan 48152 • Toll-Free 1-800-684-4222**

*Fast. Convenient. Reliable.*

**Life Direct**



*Security for them, cost-saving group rates for you as an AAA Life member.*

Provide your family with up to \$200,000 in term life insurance protection.



*Make this one birthday that will always be remembered.*

## Let's talk about the coverage you already have with AAA Life. . .

The insurance coverage you currently have with us is an important step in protecting your family. *But is there more that you can do? What will your family do if you are no longer there to meet their financial obligations?*

AAA Life is here to help you answer those questions. We invite you to call us toll-free at **1-800-684-4222** to discuss your insurance needs. You'll find that AAA Group Term Life Insurance complements your existing insurance coverage by providing additional protection in the event of death for either accident or illness.

With four different benefit levels to choose from, you're sure to find one that fits your situation and budget. We look forward to your application.

*Call the AAA Member Assistance Hotline with any questions: 1-800-684-4222*



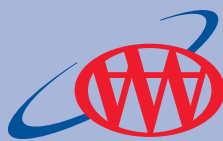
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*Give the gift of financial security, up to \$200,000 at affordable group rates.*

As a AAA Member, you can choose between \$25,000 up to \$200,000 in quality term life coverage at economical group rates. Apply today and make your birthday wish come true.

AAA Life Insurance Company understands the needs of our many members. They want substantial insurance protection at an affordable cost that will safeguard their family's financial security. AAA Group Term Life Insurance answers the need.

Birthdays are best celebrated surrounded with family. It's a joyful time and also an occasion to wish their way of life is preserved when you are no longer with them.

**Birthdays are a time to celebrate life. Protect your family with AAA Group Term Life Insurance.**

# Choose up to \$200,000 in AAA Group Term Life Insurance.



## Total protection up to age 75.

You can apply today as a AAA Member between the ages of 18-64. Once accepted, your coverage is guaranteed up to age 75\* against cancellation by AAA Life. You also have the option to convert to whole life insurance before your term life coverage expires.

## Your benefit level will never decrease.

The benefit level you select today will not change through the years even if your health does. Your beneficiary is guaranteed this amount upon your death.

## Apply in just a few minutes.

Just answer the five health questions asked, fill in the other information, sign and return in the postage-paid envelope enclosed.

## Your spouse may also apply.

Your spouse may also apply even if he or she is not a AAA member, and can select a benefit amount that is different than yours. The spouse application is on the back of your application.

## A "Living Benefit" to use as you wish.\*\*

Collect up to 50% of the benefit now if you are diagnosed with a terminal illness with a life expectancy of 12 months or less. You can use this money for any purpose you want.

## Your rate cannot increase because of health reasons.

Even if your health changes, your rates are still protected against any individual increase. Rates only increase as you enter a new five-year age band starting at age 35 or if increased for everyone under the Group Master Policy.

## Apply now for a 10-day, no obligation review of your insurance.

You'll receive your Certificate of Insurance once you are approved. Take 10 days to review and if it doesn't meet your approval, simply write "Cancel" on the certificate and send it back. You will receive a prompt refund for any premiums paid.

## Exclusion

Suicide is not covered for the first two years of coverage, your benefit will be limited to the return of all premiums paid.

## Solid protection and sensibly-priced.

### Select the coverage amount and low monthly rate that's right for you.

These affordable monthly group rates are only available to AAA Members and their spouses. *There are also reduced rates for non-nicotine users that can save you from 17% to over 45% when compared to the standard rates.*

Call the AAA Member Assistance Hotline with any questions: 1-800-684-4222

## Coverage: \$200,000

Age of Applicant	Rates for: MALE		Rates for: FEMALE	
	Non-Nicotine User	Nicotine User	Non-Nicotine User	Nicotine User
18-24	\$25.72	\$44.35	\$19.22	\$26.14
25-29	\$25.72	\$44.35	\$19.22	\$26.14
30-34	\$25.72	\$44.35	\$19.22	\$26.14
35-39	\$30.22	\$57.05	\$22.50	\$31.12
40-44	\$43.23	\$73.00	\$31.81	\$44.41
45-49	\$61.44	\$115.27	\$44.76	\$63.22
50-54	\$81.38	\$158.17	\$58.73	\$83.75
55-59	\$133.40	\$261.30	\$96.00	\$137.41
60-64	\$194.27	\$382.56	\$139.65	\$200.56
65-69 <sup>†</sup>	\$326.05	\$644.12	\$233.84	\$336.66
70-74 <sup>†</sup>	\$489.99	\$969.95	\$350.90	\$506.26

## Coverage: \$100,000

Age of Applicant	Rates for: MALE		Rates for: FEMALE	
	Non-Nicotine User	Nicotine User	Non-Nicotine User	Nicotine User
18-24	\$14.36	\$23.67	\$11.11	\$14.56
25-29	\$14.36	\$23.67	\$11.11	\$14.56
30-34	\$14.36	\$23.67	\$11.11	\$14.56
35-39	\$16.61	\$30.02	\$12.75	\$17.06
40-44	\$23.12	\$37.99	\$17.41	\$23.71
45-49	\$32.17	\$59.14	\$23.88	\$33.11
50-54	\$42.19	\$80.58	\$30.87	\$43.38
55-59	\$68.20	\$132.16	\$49.50	\$70.21
60-64	\$98.63	\$192.78	\$71.33	\$101.78
65-69 <sup>†</sup>	\$164.47	\$323.56	\$118.39	\$169.71
70-74 <sup>†</sup>	\$246.39	\$486.47	\$176.87	\$254.42

## Coverage: \$50,000

Age of Applicant	Rates for: MALE		Rates for: FEMALE	
	Non-Nicotine User	Nicotine User	Non-Nicotine User	Nicotine User
18-24	\$10.80	\$14.38	\$8.56	\$10.94
25-29	\$10.80	\$14.38	\$8.56	\$10.94
30-34	\$10.80	\$14.38	\$8.56	\$10.94
35-39	\$11.67	\$17.86	\$9.17	\$11.89
40-44	\$14.40	\$22.24	\$11.15	\$14.69
45-49	\$19.08	\$33.89	\$14.47	\$19.56
50-54	\$24.55	\$45.67	\$18.36	\$25.22
55-59	\$38.85	\$74.04	\$28.58	\$39.92
60-64	\$55.67	\$107.38	\$40.61	\$57.35
65-69 <sup>†</sup>	\$91.90	\$179.31	\$66.44	\$94.69
70-74 <sup>†</sup>	\$136.97	\$268.90	\$98.58	\$141.25

## Coverage: \$25,000

Age of Applicant	Rates for: MALE		Rates for: FEMALE	
	Non-Nicotine User	Nicotine User	Non-Nicotine User	Nicotine User
18-24	\$6.90	\$8.69	\$5.78	\$6.97
25-29	\$6.90	\$8.69	\$5.78	\$6.97
30-34	\$6.90	\$8.69	\$5.78	\$6.97
35-39	\$7.34	\$10.43	\$6.08	\$7.44
40-44	\$8.70	\$12.62	\$7.08	\$8.85
45-49	\$11.04	\$18.45	\$8.74	\$11.28
50-54	\$13.77	\$24.33	\$10.68	\$14.11
55-59	\$20.93	\$38.52	\$15.79	\$21.46
60-64	\$29.34	\$55.19	\$21.81	\$30.18
65-69 <sup>†</sup>	\$47.42	\$91.15	\$34.70	\$48.83
70-74 <sup>†</sup>	\$69.92	\$135.95	\$50.74	\$72.07

\* As long as premiums are paid when due and the Master Policy remains active.

\*\* Benefit may be taxable. Please consult with your personal tax consultant for advice.

<sup>†</sup> Renewal only

<sup>†</sup> Term period ends at age 75





## GROUP TERM LIFE INSURANCE

# AAA Group Term Life Insurance

This Beneficiary Identification Card  
indicates that:

**SAMPLE A. SAMPLE**

has been named the beneficiary, valid upon activation of coverage.

Level of coverage:  \$200,000     \$100,000  
 \$50,000         \$25,000

Name of Insured:



***Life Direct***

*Fast. Convenient. Reliable.*

For information regarding a claim,  
please call toll-free:

**1-800-XXX-XXXX.**

AAA Life Insurance Company  
17250 Newburgh Road  
Livonia, Michigan 48152

**Anything can happen in a year ...**

**Don't wait  
for another birthday  
before you apply for  
Group Term Life  
Insurance  
from AAA Life.**

**Take advantage of your  
good health today!**

Acceptance is based largely on how you answer the health questions on the enclosed application. So, if you're in reasonably good health now, why risk waiting to apply when that can change? Complete and mail in your application today!



***Life Direct***

***Fast. Convenient. Reliable.***

*Call the AAA Member Assistance Hotline  
with any questions: 1-800-684-4222*

**Apply today in confidence.**

**AAA Life  
guarantees your  
100%  
satisfaction.**

Once you are approved, your Certificate of Insurance will be immediately mailed to you. Take 10 days to review the coverage and even share it with a family advisor whose opinion you trust. If you are not 100% satisfied with the coverage for any reason, just write "Cancel" on the certificate and send it back. You will quickly receive a refund for any premiums paid.



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with any questions: 1-800-684-4222*



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