



Insured: JOHN E DOE  
First Middle Initial Last

Street Address: 1201 MAIN ST  
ANYWHERE USA XXXXX  
City State Zip

Phone #: 555-555-5555 #: XXX-XX-XXXX

Birth Date: 1/1/40 Age: 68 Sex:  M  F

Member: \_\_\_\_\_  
(if other than Proposed Insured)

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary: **UNITY FINANCIAL FUNERAL TRUST**  
 Address: EXCESS FUNDS TO ESTATE

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Insurance:** Does the insured have any other life insurance policy(ies) or annuities?  YES  NO  
**Replacement:** Is this insurance intended to replace an insurance or annuity now in force?  YES  NO  
 Company Name: \_\_\_\_\_  
If "Yes" complete and attach any required replacement form(s).

Face Amount: \_\_\_\_\_ Single Premium: \_\_\_\_\_  
Unity Will fill in Face Amount

**Irrevocable Ass.** \_\_\_\_\_  
 Effective 30 days from the date Unity Financial requirements of state and federal public assistance:  
 1. This policy is assigned to the Trust subject to all the terms of the Trust which, if the Trust is the primary beneficiary on the policy, the proceeds for the funeral and burial expenses for the Insured;  
 2. I waive all rights under this policy to surrender it for cash or to obtain a loan against the policy; I agree that the Trust in excess of the amount required to cover the cost of any goods and services listed on the reverse side of the Insured;  
 3. I agree to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of this policy, the Trust will have no obligation to pay my funeral or burial expenses, and; My ability to qualify for state and federal public assistance programs is not guaranteed.

I may obtain a full copy of the policy any time, upon written request to:

Unity Financial Life Insurance Company  
 PO Box 625700  
 Cincinnati, OH 45262

**Immediate Transfer:** I hereby elect to make this irrevocable assignment and change of beneficiary to the Trust effective immediately, instead of 30 days from the date this form is received by Unity Financial. 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.

John Doe  
 Signature of Group Member

10/1/08  
 Date

The Trust accepts this assignment and, if the Trust is the primary beneficiary on the policy, agrees to use the proceeds of the insurance policy for the payment of funeral and burial expenses.

Its Administrator or Trustee \_\_\_\_\_

\_\_\_\_\_ Date

**Home Office Endorsements:**

**Conditions Relating to the Enrollment Form:** The questions and answers in all parts of this enrollment form are complete and true to the best of my knowledge and belief. I agree that this enrollment form and any supplement, if required, shall be attached to and form a part of any certificate issued hereunder. I understand and agree that no agent has the authority to alter any contract or give any of the Company's other rights or requirements. I understand that this contract will not take effect until the certificate has been issued and the full premium has been paid during the lifetime of the Proposed Insured.

**Fraud Statement:** Any person knowingly with intent to defraud any insurance company or other person or to obtain or attempt to obtain any benefit or statement of claim containing any materially false, misleading, or concealing information concerning any insurance act, which is a crime which subjects a person to criminal and civil penalties. I have read the Fraud Warning Statement on the reverse of this page.

Proposed Insured Signature: John E. Doe

Member Signature (if other than Proposed Insured): \_\_\_\_\_

Date: \_\_\_\_\_

As a licensed agent, I have no knowledge or reason to believe that replacement of existing policy is being effected?  YES  NO

If "yes" please provide Name: \_\_\_\_\_ and complete replacement form(s) and attach copy if required.

Please print: JOE AGENT  
 Signature: Joe Agent

Agent #: 60000 Date: 10/1/08

**Financial Funeral Trust (herein called "Trust")**

**UNITY FINANCIAL LIFE INSURANCE COMPANY**

Life Insurance Enrollment Form \* PO Box 625700 Cincinnati, OH 45262-5700



**Insured:** \_\_\_\_\_  
First Middle Initial Last

Street Address: \_\_\_\_\_

City State Zip

Phone #: \_\_\_\_\_ SS #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

**Member:** \_\_\_\_\_  
(if other than Proposed Insured)

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Beneficiary:** Unity Financial Funeral Trust

Address: Excess funds to estate

**Other Insurance:** Does the insured have any other life insurance policy(ies) or annuities?  YES  NO

**Replacement:** Is this insurance intended to replace any life insurance or annuity now in force?  YES  NO

Company Name: \_\_\_\_\_  
If "Yes" complete and attach any required replacement form(s).

**Face** \_\_\_\_\_ **Single** \_\_\_\_\_  
**Amount:** \_\_\_\_\_ **Premium:** \_\_\_\_\_

**Home Office Endorsements:**

**Conditions Relating to the Enrollment Form:** The questions and answers in all parts of this enrollment form are complete and true to the best of my knowledge and belief. I agree that this enrollment form and any supplement, if required, shall be attached to and form a part of any certificate issued. I understand and agree that no agent has the authority to alter any contract, or waive any of the Company's other rights or requirements. I understand that the contract will not take effect until the certificate has been issued and the full premium has been paid during the lifetime of the Proposed Insured.

**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime which subjects such person to criminal and civil penalties. I have read the Fraud Warning Statement on the reverse of this page.

**Proposed Insured's Signature:** \_\_\_\_\_

**Member's Signature** (if other than Insured): \_\_\_\_\_

**Signed at:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent:** Do you have knowledge or reason to believe that replacement of existing insurance is involved? YES NO

If "yes" provide Company Name: \_\_\_\_\_ and complete replacement form(s) and attach copy if required.

**Agent's Name** (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Agent #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Irrevocable Assignment of Ownership to Unity Financial Funeral Trust (herein called "Trust")**

Effective 30 days from the date Unity Financial receives this form, I hereby assign ownership of this policy to the Trust. This transfer 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:

1. This policy is accepted by the Trust subject to all the terms of the Trust which, if the Trust is the primary beneficiary on the policy, includes payment of the policy proceeds for the funeral and burial expenses for the Insured;
2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I waive all rights under the policy to surrender it for cash or to obtain a loan against the policy;
4. I give up the right to change the beneficiary on this policy;
5. Any proceeds received by the Trust in excess of the amount required to cover the cost of any goods and services listed on the reverse side will be paid to the estate of the Insured;
6. 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 policy, the Trust will have no obligation to pay my funeral or burial expenses, and;
7. My ability to qualify for state and federal public assistance programs is not guaranteed.

I may obtain a full copy of the Trust, at any time, upon written request to:

Unity Financial Life Insurance Company  
PO Box 625700  
Cincinnati, OH 45262

**Immediate Transfer:** I hereby elect to make this irrevocable assignment and change of beneficiary to the Trust effective immediately, instead of 30 days from the date this form is received by Unity Financial. 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.** \_\_\_\_\_

\_\_\_\_\_  
Signature of Group Member

\_\_\_\_\_  
Date

The Trust accepts this assignment and, if the Trust is the primary beneficiary on the policy, agrees to use the proceeds of the insurance policy for the payment of funeral and burial expenses.

\_\_\_\_\_  
Its Administrator or Trustee

\_\_\_\_\_  
Date

**Authorized Expense Directive**

Insured hereby expressly authorizes and directs Trustee to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products.

**List of possible goods and services qualifying for reimbursement**

Basic Services of Funeral Director & Staff	Other Merchandise/Service	Casket
Other Professional Services	Clergy Honorarium	Alternative Container
Embalming	Death Certificates	Outer Burial Container
Other Care of Deceased	Musicians	Other Services
Dressing/Cosmetology/Casketing	Temporary Marker	Transportation Equipment & Driver
Funeral Home Facilities and/or Staff Services	Stationery Package	Transfer of Deceased
Viewing/Visitation	Obituary Notices	Funeral Vehicle/Hearse
Funeral Service	Flowers	Car/Limousine
Memorial Service	Clothing	Utility/Service Vehicle
Graveside Service	Open/Close	Cemetery Charges
Other	Other	Other

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.

**FRAUD WARNING STATEMENTS**

**For Residents of AK, DE, IL, IN, MO, ND, SC, WI, WY:**

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

**For Residents of GA and NE:**

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

**For Residents of California:**

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of District of Columbia:**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For Residents of Kansas:**

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.



**Unity Financial Life Insurance Company**  
PO Box 625700 Cincinnati Ohio 45262 Phone: 877-523-3231

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing life insurance policy or annuity contract and the proposed life insurance policy. One way to do this is to ask the company or insurance producer that sold you your existing life insurance policy to provide you with information concerning your existing life insurance policy. This may include an illustration of how your existing life insurance policy is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare life insurance policies.

You should discuss the following with your insurance producer to determine whether replacement or financing your purchase makes sense:

- **PREMIUMS:**
  - Are they affordable?
  - Could they change?
  - You are older--are premiums higher for the proposed new life insurance policy?
  - How long will you have to pay premiums on the new life insurance policy?
  - On the old life insurance policy?
- **LIFE INSURANCE POLICY VALUES:**
  - New policies usually take longer to build cash values and to pay dividends.
  - Acquisition costs for the old life insurance policy may have been paid, and you will incur costs for the new one.
  - What surrender charges do the policies have?
  - What expense and sales charges will you pay on the new life insurance policy?
  - Does the new life insurance policy provide more insurance coverage?
- **INSURABILITY:**
  - If your health has changed since you bought your old life insurance policy, the new one could cost you more, or you could be turned down.
  - You may need a medical exam for a new life insurance policy.
  - Claims on most new policies for up to the first 2 years can be denied based on inaccurate statements.
  - Suicide limitations may begin anew on the new coverage.
- **IF YOU ARE KEEPING THE OLD LIFE INSURANCE POLICY AS WELL AS THE NEW LIFE INSURANCE POLICY:**
  - How are premiums for both policies being paid?
  - How will the premiums on your existing life insurance policy be affected?
  - Will a loan be deducted from death benefits?
  - What values from the old life insurance policy are being used to pay premiums?
- **IF YOU ARE SURRENDERING A LIFE PRODUCT:**
  - Have you compared the life insurance policy expenses?
- **OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**
  - What are the tax consequences of buying the new life insurance policy?
  - Is this a tax-free exchange? (See your tax advisor.)
  - Is there a benefit from favorable "grandfathered" treatment of the old life insurance policy under the Internal Revenue Code?
  - Will the existing insurer be willing to modify the old life insurance policy?
  - How does the quality and financial stability of the new company compare with your existing company?



**Absolute Assignment**

**To Effect Section 1035(A) Exchange of Insurance Contract**

**Lighting the way to pre-arrangement.**

Please return this form to: Unity Financial Life Insurance Company P.O. Box 625700 Cincinnati, OH 45242  
or call with questions: 877-523-3231

Contract No. \_\_\_\_\_ Insurer: \_\_\_\_\_

Issuer Address: \_\_\_\_\_

Owner: \_\_\_\_\_

I hereby assign and transfer to Unity Financial Life Insurance Company (the "COMPANY") all assignable benefits, rights, title and interest in the life insurance contract described above (the "CONTRACT"), in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. I certify that there are no outstanding loan obligations on the CONTRACT.

I UNDERSTAND THAT AS OF THE DATE OF SURRENDER OF THE CONTRACT FROM THE PRESENT INSURER, THE CONTRACT WILL NO LONGER PROVIDE ANY COVERAGE.

I understand that upon receipt of the surrender and other values of the CONTRACT by the COMPANY these values will be applied to purchase a life insurance contract. No life insurance coverage is in effect until the required payment is received and a policy/certificate is issued.

I expressly represent and warrant that no other person, firm or corporation has any interest in the above-identified CONTRACT except the Owner and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the Owner.

I represent and agree that the COMPANY is furnishing this form and is participating in this transaction at my specific request as an accommodation to me. I further represent and acknowledge that the COMPANY, and its respective Representatives have made no representations concerning tax treatment of this transaction under Section 1035(a) of the Internal Revenue Code or otherwise, and have declined any responsibility or liability for such tax treatment.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Owner (Assignor): \_\_\_\_\_

Received and filed at the COMPANY'S office by: \_\_\_\_\_

The COMPANY acknowledges and accepts this assignment, and requests the full surrender of this policy as indicated above.

Officer of Unity Financial Life Insurance Company: \_\_\_\_\_



**FINANCIAL STRENGTH  
& SECURITY**

Trustee

**The Bank Of New York  
Trust Company, NA**

a wholly owned subsidiary of

**The Bank Of New York-Mellon**

Rated "A+" by Standard & Poor's  
\$205 Billion in Assets  
\$1.1 Trillion under Management

*Policies underwritten by*

**unity**  
FINANCIAL

UNITY FINANCIAL LIFE INSURANCE COMPANY

P.O. Box 625700, Cincinnati, OH 45262-5700  
Phone: (877) 523-3231 • Fax: (513) 247-5040

[www.unitylife.com](http://www.unitylife.com)

UNITY FINANCIAL LIFE INSURANCE COMPANY  
Cincinnati, Ohio

**FUNERAL TRUST  
FUNDING PROGRAM**  
with Annual Increasing Benefit Feature

## PORTABILITY - FLEXIBILITY

# FUNERAL TRUST INSURANCE FUNDING

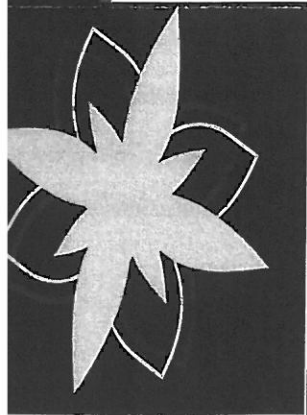
- New options for Funeral Pre-Arrangement Funding.
- Families can permanently set aside money for funeral expenses.
- The irrevocable funeral trust is Medicaid exempt in most States with no five year lookback.
- The Funeral Trust is portable to any funeral home in all 50 States.

## PROGRAM OVERVIEW

# IRREVOCABLE FUNERAL TRUST

- Is exempt from most State Pre-Need Regulations.
- Family can file information at the local funeral home.
- Funds are paid directly to the funeral home.
- Death benefits are income tax exempt.
- Excess funds are paid to the Estate of the Insured.
- Funds Cannot Be Attached By Creditors (Unlike CD's, Annuities, Money Market Funds, etc.)

The Unity Financial Irrevocable Trust Agreement is a permanent arrangement. Ownership is assigned to the Trust.



## Life Insurance for Funeral Funding

Unity Financial is committed to providing superior funeral funding products and services to the families they serve. Our business is focused on delivering a funeral funding product that provides exceptional value for our customers.

Health care costs have risen dramatically over the last decade, often growing at two or three times the rate of inflation. In addition, a significant number of people will need full-time nursing home care during their later years; the cost of which can quickly drain away assets and money that you've worked hard to accumulate. This could leave you and your family wondering how to pay for your ongoing health care needs. Medicaid is a program that can help.

Product availability and features may vary by state. Unity Financial is not licensed in AK, HI, MI, NH, NY, RI or VT.

Texas residents may get additional information at:  
[www.prepaidfuneral.texas.gov](http://www.prepaidfuneral.texas.gov)



Unity Financial Life Insurance Company

PO Box 625700

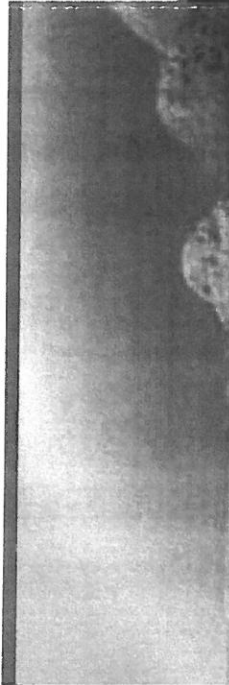
Cincinnati, Ohio 45262

(877) 523 - 3231

Serving Families since 1964

[www.unitylife.com](http://www.unitylife.com)

## UNDERSTANDING MEDICAID AND FUNERAL PLANNING



## Medicaid

Medicaid is a program jointly funded by states and the federal government. Medicaid reimburses medical care providers, including nursing homes for qualified low-income individuals who are age 65 and older, blind or disabled.



## Medicaid Eligibility

Many groups of people are covered by Medicaid. You must meet certain requirements to be eligible for Medicaid. Medicaid is available only to people with limited income. Eligibility may also depend on disability, age, assets or citizenship status.

Medicaid eligibility is predicated on need. If an individual has income or assets that exceed the limits set by their state of residence they are not eligible to receive Medicaid benefits. If an individual's assets are greater than their state allows, he or she will have to liquidate those assets to pay for care prior to receiving aid from the Medicaid program. Assets include checking/saving accounts, mutual funds, stocks and bonds, deferred annuities, the cash value of most life insurance policies, revocable living trusts, retirement funds, and burial trusts beyond a minimum amount.

It is important to consider your options when trying to protect your assets and still receive Medicaid benefits. States review all asset transfers made within five years of the date an individual applies for Medicaid. Asset transfers that take place within 60 months of applying for Medicaid can affect the amount of benefits you receive. It is important to contact an elder law attorney.



## Prepay Your Funeral

An easy way to protect your assets from Medicaid is to prepay your funeral. This can be done by purchasing an insurance policy specifically for your final expenses. If this policy is irrevocably assigned to a funeral provider or Trust, the funeral provider or Trust will hold these funds and pay the provider of funeral services for you. If you prepay your funeral in accordance with Medicaid rules, it is a lawful way to reduce your assets, a key part of making you eligible for Medicaid assistance. Prepaying your funeral will also spare grieving family members and friends some of the financial and emotional burdens that exist during such a difficult time.

