



**ONLY \$25
PER YEAR**



ONLY \$25 Per Year!

You can begin The Youth Life Plan for your loved ones ages 6 months to 24 years old. Through age 24 the cost is only \$25 per year with **no monthly payments**.

At age 25 the plan begins building cash value as the annual premium increases to \$90 per year, never to increase again.

WHOLE LIFE INS.



\$10,000⁰⁰ Permanent Life Insurance

The Youth Life Plan is a \$10,000 permanent whole life insurance policy. Once you purchase the policy for your children or grandchildren while they are young, they **NEVER have to re-qualify** as long as premiums are paid on time.

There is also no medical exam required. Just answer the questions on the application here on the back. Most all healthy children qualify.

"We like the fact that The Youth Life Plan provides insurance for our grandchildren even if they would later lose insurability."

- Ronald & Bridgette Carbaugh, actual policyholders



We all know that the older we get the more expensive life insurance becomes and unfortunately, some people even become un-insurable. This is why it makes sense to **lock in these guaranteed low rates today**, while your loved ones are young & healthy.

The **Youth Life** Plan

CASH VALUES



Guaranteed Cash Values

At the age of 25, when the annual premium increases to \$90, the entire \$65 increase is Guaranteed Cash Value. That means that you can cancel the policy at any time and **get back every dollar paid** over the low childhood premium of only \$25 per year.

For example, if you decide to cancel the policy when your child is 35, you would get \$650 in cash. That is \$65 for each of the 10 years that you paid the \$90 adult rate.



"As a parent, I have peace of mind knowing that if something terrible should happen, the tragedy will not be compounded by financial hardship."

- Brent Nielson, Actual policyholder

6 Month No Risk Satisfaction Guarantee

If for any reason you decide to cancel your Youth Life Plan within 6 months from the date of issue, we will promptly refund every penny paid. *That's how confident we are that you'll appreciate its value!*

For more information, call toll-free:

1-800-880-2112

Monday – Friday 7:30 am to 5:00 pm AZ time

Or go online anytime:

www.YouthPlan.com

You may also apply online at **www.YouthPlan.com**



WHOLE
LIFE
2
LIFE
INS.

For only \$25 you can give your children, grandchildren or great-grandchildren

Guaranteed Permanent Life insurance

today, while they are young and healthy and qualify for these **Low Childhood Rates!**



AMERICAN SAVINGS LIFE INSURANCE COMPANY



Founded 1954

935 East Main Street, Mesa, AZ 85203
(480) 835-5000 * 1-800-880-2112
www.AmericanSavingsLife.com

You may also apply online at www.YouthPlan.com

Application For Life Insurance

whole life insurance with modified premium at age 25
AMERICAN SAVINGS LIFE INSURANCE COMPANY

SELECT DESIRED PLAN:	Amount of Insurance	Annual Premium Through Age 24	Annual Premium Ages 25 to 100
<input type="radio"/> Basic Benefits	\$10,000	\$25	\$90
<input type="radio"/> Double Benefits	\$20,000	\$50	\$180

PROPOSED INSURED(S): List persons ages 6 months to 24 years.	First Name	Middle Name	Last Name	Current		Gender	Date of Birth Month / Day / Year
				Height	Weight		
(1)							
(2)							

BENEFICIARY: Name: _____ Relationship to Proposed Insured(s): _____

Have any Proposed Insured(s) received any medical advice, examination or treatment during the past 3 years? Yes No

If Yes, explain: _____

Do any of the Proposed Insured(s) have any existing impairments, diseases, health or medical conditions? Yes No

If Yes, explain: _____

If more space is needed for explanations, include a separate sheet of paper with this application and check this box:

Will you replace or change any existing life insurance or annuities when this policy is issued? If yes, please list below the name of the Company and the policy number so we can notify them. Yes No

APPLICANT & POLICY OWNER: Name: _____ Relationship to Proposed Insured(s): _____
Address: _____

I am enclosing the first year's premium shown above for each Proposed Insured. I understand that the insurance applied for will become effective on the date this application is approved in the Home Office of American Savings Life Insurance Company. I represent that my above answers are true and complete to the best of my knowledge and belief, and I understand that this application shall be the basis for and a part of the policy.

Date _____ Applicant's Signature _____ Phone: _____
Date _____ Additional Applicant's Signature _____ Phone: _____

If any of the proposed insured(s) are 18 or older, he/she acknowledges this application and represents the above answers are true and complete to the best of his/her knowledge and belief:

Date _____ Proposed Insured's Signature(s): _____

Print Agent's Name (If Applicable) _____ Agent Signature _____

Form #: ASLIC2013-YL123 Mail Application To: American Savings Life Insurance Company, 935 E. Main Street, Mesa, AZ 85203

