

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM LIFE)

APPLICATION FOR INDIVIDUAL LIFE INSURANCE - Part One

New Application Policy Change for Policy # _____

Part A. Primary Proposed Insured (PPI)

1. Name (First, Middle Initial, Last):			
2. Age of PPI:	3. Date of Birth (Mo/Day/Yr):		4. Sex: <input type="checkbox"/> M <input type="checkbox"/> F
5. Place of Birth (State/Country):			6. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Social Security Number/Tax ID No.:	8. Driver's License No./State:	9. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
10. Residence Address (including city, state & zip code):			
11. Mailing Address (including city, state & zip code): <input type="checkbox"/> Check if same as Residence			
12. Home Phone Number	Cell Phone Number	Work Phone Number	Preferred Number to call <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
13. Email Address:			
14. <input type="checkbox"/> Civilian <input type="checkbox"/> Military <input type="checkbox"/> Federal Employee <input type="checkbox"/> Active Military: Years In _____ Paygrade _____ ETS Date: _____ Military Branch: _____			
14a. (For Active Duty Military Only) Do you serve in any special forces such as Army Rangers, Delta Force, Navy Seals, Air Force Special Forces, or U.S. Army Special Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Employment Status:		16. Occupation & Nature of Duties	17. Annual Income:
18. Employer Name & Business Address (including city, state & zip code):			19. PPI's Net Worth:
20. Does the PPI have any dependents to support financially? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part B. All Other Proposed Insureds (List spouse first, if applicable.)

Name (First, Middle, Last, Suffix)	SS/Tax ID No.	Relation to PPI	Gender M/F	Date of Birth (Mo/Day/Yr)	Birthplace (State/Country)	Height Ft. In	Weight Lbs
1.							
2.							
3.							
4.							
5.							

Part C. Plan of Insurance Universal Life Whole Life (10 Pay 20 Pay Lifetime Pay) Term Life (10 Yr 15 Yr 20 Yr 30 Yr)

Face Amount \$	Requested Policy Date	Mode: <input type="checkbox"/> Monthly EFT <input type="checkbox"/> Federal Allotment <input type="checkbox"/> Military Allotment <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other:
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Complete for Universal Life (UL) Policy Death Benefit Option: A B Planned Premium: _____

Select UL Riders Waiver of Cost of Insurance (WCOI) Guaranteed Benefit Increase (GBI) Face Amount \$ _____

Accidental Death Benefit (ADB) Face Amount \$ _____

Additional Insurance Rider (AIR) Face Amount \$ _____ Period: 10 Yr 20 Yr To Age 70 To Age 95

Additional Insurance Rider – Decreasing Mortgage (DMR) Face Amount \$ _____ DMR Period: _____

Decreasing Additional Insurance Rider (DAIR) Face Amount \$ _____ Child Benefit Rider (CBR) Face Amount \$ _____

Other Insured Rider (OIR) on _____ SPOUSE Face Amount \$ _____ Period: 10 Yr 20 Yr To Age 70 To Age 95

Other Insured Rider (OIR) on _____ Face Amount \$ _____ Period: 10 Yr 20 Yr To Age 70 To Age 95

Other Insured Rider (OIR) on _____ Face Amount \$ _____ Period: 10 Yr 20 Yr To Age 70 To Age 95

Complete for all Other Plans Modal Premium \$ _____ Dividend Option: Cash Reduce Premiums Automatic Premium Loan: _____
 Paid-Up Additions Dividend Accumulations (Whole Life Only) Yes No

Select Riders

Waiver of Premium (WPD) Guaranteed Insurability Option (GIO) Face Amount \$ _____

Accidental Death Benefit (ADB) Face Amount \$ _____ Additional Term Rider (ATR-10 Yr Renewable) Face Amount \$ _____

Children's Insurance Rider (CIR) Face Amount \$ _____ Spouse Insurance Rider (SIR) Face Amount \$ _____

Additional Paid-Up Life Insurance Rider (PUAR): Initial Scheduled Premium \$ _____ 1035 Exchange: Yes No
(Whole Life Only) Unscheduled Premium \$ _____ Semi-Annual Quarterly Monthly

Part H. General Information

WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The following questions pertain to <u>ALL</u> Proposed Insureds, including children.	Yes	No	Explain fully all "Yes" answers. Indicate question number and the name of the Proposed Insured the answer applies to.
1. Are all Proposed Insureds U.S. Citizens? <i>(If "No", provide immigration card number and complete Residency form.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. a. Has any Proposed Insured ever had an application for life insurance or annuity contract declined, postponed, rated or had an application issued other than as applied for? b. If declined, was it within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
3. In the past 5 years, has any Proposed Insured ever received or claimed disability or a pension for any injury, sickness or impaired condition or filed or received benefits under a Living Benefits Rider?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the applicant, Proposed Insured, Proposed Owner or Proposed Beneficiary: a. Entered into, or planned to enter into, any agreement or contract to sell or assign the ownership of, or a beneficial interest in the applied for policy? b. Promised or agreed to give or has given to any party to the application, or that any party to the application has received or will receive from any person, any inducement, fee or compensation as an incentive to purchase the policy? c. Sold, transferred or assigned any life insurance policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider? d. Ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a policy?	<input type="checkbox"/>	<input type="checkbox"/>	
NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.			
5. Other than as a passenger, has any Proposed Insured participated in any aviation activity in the past 5 years, or does she/he plan to participate in such activity in the next two years? (If "Yes", complete Aviation Questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	
6. In the past 5 years, has any Proposed Insured engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving below 60 feet, or mountain climbing? (If "Yes", complete Avocation Questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", Where?: _____ For How Long?: _____
8. In the past 5 years, has any Proposed Insured: a. Been convicted of driving under the influence of drugs? b. Been convicted of driving under the influence of alcohol? c. Had a suspended or revoked driver's license or pled guilty to or been convicted of 2 or more moving violations? <i>(If "Yes", provide details including description of the Department of Motor Vehicles' action, plea, conviction or accident; the number of times the various issues had taken place, the date and state of occurrence.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has any Proposed Insured been convicted of a felony? (If "Yes", provide details)	<input type="checkbox"/>	<input type="checkbox"/>	
10. (For Active Duty Military Only) Does any Proposed Insured serve in any military special forces such as Army Rangers, Delta Force, Navy SEALs, Air Force Special Forces, or U.S. Army Special Forces?	<input type="checkbox"/>	<input type="checkbox"/>	

Part I. Physical Data, Health and Medical History - Continued

2. Has any Proposed Insured ever:	Yes	No
a. Been diagnosed by a member of the medical profession as having or been treated for, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or HIV disease?		
b. Tested positive of antibodies to the HIV virus?		
Details for any "Yes" answers:		

3. When was the last time any Proposed Insured used tobacco or nicotine in any form?	This Week	In the Past 2 years	2 to 3 years ago	3 to 5 years ago	Over 5 years ago	Never
Cigarettes						
Cigars						
Pipes						
Chewing Tobacco/Snuff						
Nicotine Gum						
Nicotine Patch						
Vapor Products/Electronic Cigarettes						
Other (Specify):						

Please provide details including listing the Proposed Insured the answer applies to and completing Tobacco Questionnaire as applicable:

4. In addition to any doctors or hospitals previously listed, in the past 5 years, has any Proposed Insured:	Yes	No
a. Been treated, examined or observed in a hospital, clinic, or other medical facility?		
b. Consulted with any other doctors?		
c. Been treated by, diagnosed by, or had an operation by a medical professional for any other cause(s) not previously listed?		
Details for any "Yes" answers:		

5. Has any family member (parents, siblings) of the Proposed Insured been diagnosed or treated by a member of the medical profession for heart disease, stroke, diabetes or cancer prior to age 60?	Yes	No
Details for any "Yes" answers:		

Yes	No
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6. On average, does any Proposed Insured typically consume more than 28 alcoholic drinks per week?
 If "Yes", complete required Alcohol Questionnaire.

COMPLETE REQUIRED ALCOHOL QUESTIONNAIRE If responses appear in these columns			
Been advised to reduce consumption or to seek counseling	Sought advice or counseling	Received treatment or counseling	None of these

7. Has any Proposed Insured ever been advised to seek or received counseling or treatment for the use of alcohol from a health professional or support group?

Details:

Yes	No
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8. Has any Proposed Insured ever been convicted for the use or possession of alcohol?

Details for any "Yes" answers:

COMPLETE REQUIRED DRUG QUESTIONNAIRE
If responses appear in these columns

9. Has any Proposed Insured ever used any of the drugs listed below?	Use on a regular basis	Used once or more within last 5 years	Used once or more within last 6 to 10 years	Used more than 10 years ago	Never Used
Amphetamines					
Marijuana					
Cocaine					
Hallucinogens					
Heroin					
Other (Specify):					

Part I. Physical Data, Health and Medical History - Continued

COMPLETE REQUIRED DRUG QUESTIONNAIRE If responses appear in these columns					
Been advised to reduce consumption or to seek counseling	Sought advice or counseling	Received treatment or counseling	Never been treated or received counseling	Never used drugs	
10. Has any Proposed Insured ever been advised to seek or received counseling or treatment for the use of drugs from a health professional or support group?					

Details:

	Yes	No
11. Has any Proposed Insured ever been convicted for the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug?		

Details for any "Yes" answers:

	Yes	No
12. Within the past year, has the weight of any Proposed Insured changed 10 pounds or more (for children under 16, report only loss)?		

Details for any "Yes" answers:

13. PPI's Family History	Age if Alive	Age at Death	Cause of Death
Father			
Mother			
Brothers			
Sisters			

CONDITIONAL RECEIPT

AGENT: Do not leave the Conditional Receipt with the Applicant unless one of the forms of payment below accompanies the completed application.

Unless every condition in Paragraph 2 is met exactly, no insurance will take effect prior to policy delivery. No agent, broker, or medical examiner is authorized to change or waive any of such conditions. If, within the past 12 months, any Proposed Insured has had or been treated for any known heart trouble, stroke, AIDS or cancer, payment cannot be accepted with the application.

All checks must be made payable to GPM Life. Do not make check payable to the agent or leave the payee blank.

Received from _____ \$ _____ cash (including check) or in lieu of cash,
Military Allotment Request Copy or Certification, Civil Service 1199A & Bank Allotment Authorization, or Bank Draft Authorization given with application for life insurance to Government Personnel Mutual Life Insurance Company (GPM Life), which application bears the same date as this receipt. This receipt is void if the item given for it fails to result in payment.

- 1. If all the conditions in Paragraph 2 are met exactly, then insurance subject to the terms of the policy applied for, but not to exceed the limit in Paragraph 3, will start at the "Conditional Effective Time", defined as the later of: (a) when Part One of the application has been completed; or (b) when all medical exams and test required by GPM Life's rules have been completed, and all required blood, urine, and/or oral fluid specimen(s) have been furnished.
2. Insurance will not start at the Conditional Effective Time unless all these conditions are met: (a) At the Conditional Effective Time, all of the Proposed Insureds must be risks acceptable to GPM Life under its rules, limits, and standards of insurability for the amount and plan applied for, without change, and at the standard rate of premium. (b) The sum of money, if any, given for this receipt must be at least as much as the full first premium for the plan, amount of insurance and the mode of payment stated in the application. (c) All medical exams and tests required by GPM Life's rules must be completed, and all required specimens of blood, urine, and/or oral fluid specimen(s) furnished, within 60 days from the date of Part One of the application. (d) At the Conditional Effective Time, the state of health and all factors affecting the insurability of the Proposed Insured(s) must be as stated in the application. (e) If a Military Allotment Request Copy or Certification, a Civil Service form 1199A & Bank Allotment Authority, or a Bank Draft Authorization has been received by GPM Life in lieu of cash, the allotment or authorization: 1) must not have been canceled or discontinued for any reason before GPM Life receives the full first monthly premium corresponding to the mode of payment stated in the application, and 2) must result in payment to GPM Life of such full first monthly premium by the earlier of the policy Effective Date or 14 weeks after the Conditional Effective Time.
3. The total amount of life insurance, including accidental death benefits, which may become effective on any Proposed insured prior to the effective date of a delivered policy for which the full first premium has been received by reason of this and any other receipts will not exceed \$150,000.
4. If one or more of the conditions in Paragraph 2 is not met exactly, or if death of a Proposed Insured results from suicide, there will be no liability on the part of GPM Life except to return any money received.
5. If Conditional Receipt coverage begins, it will end on the earlier of a) failure of any of the conditions in this Receipt to be met; b) mailing to the writing agent or Applicant of the policy applied for; c) mailing to GPM Life or the Applicant of notice that the application has been canceled or withdrawn; or d) mailing of notice to the writing Agent or Applicant that the application has been declined, or that a counter offer has been made.

Cristy J. Farley, Secretary

I certify that I have explained all of the terms of this receipt to the Applicant(s).

Date: _____

X _____ Signature of Agent

The following is a copy of the Agreement signed in connection with the application.

AGREEMENT: I have read this application, and represent that all of the information given in it is true, complete and correctly written to the best of my knowledge and belief. It is agreed that: (A) The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by GPM Life as the basis of any policy which may be issued. (B) No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of GPM Life's rights, conditions, or requirements. Only an authorized officer of GPM Life can do these things. (C) Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify GPM Life if any such change takes place after I sign the application and before such delivery and payment. (D) If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them. (E) Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.



Government Personnel Mutual Life Insurance Company

P.O. Box 659567
San Antonio, Texas 78265-9567
www.gpmlife.com

NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND NOTICE REGARDING MIB, INC.

WRITING AGENT: This special notice must be detached and given to the Proposed Insured.

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

INFORMATION PRACTICES: In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

INVESTIGATIVE CONSUMER REPORTS: As part of the underwriting process, we may request an investigative consumer report from a consumer reporting agency for the purpose of obtaining information about your character, reputation and mode of living, through personal interviews with your friends, neighbors, and associates. You may ask for a personal interview with the consumer reporting agency in connection with any investigative consumer report which may be prepared. You are also entitled, upon written request pursuant to law, to be informed of the nature and scope of the investigation and to receive a copy of the report.

MIB, INC: Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc. information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

For further information, write the Underwriting Department, GPM Life, P.O. Box 659567, San Antonio, Texas 78265-9567.

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
AGENT'S/PRODUCER'S REPORT AND CERTIFICATE**

- | | Yes | No |
|--|--|--|
| 1. Is the Applicant or any Proposed Insured a current or past GPM Life policyowner or Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. As far as you know, will the insurance applied for replace any existing insurance or annuity?
If "Yes", did you write the replaced policy?
Reason(s) for replacement: | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 3. Are there any Proposed Insureds whom you did not see when you took this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any Proposed Insureds who do not reside with the Primary Proposed Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you submitted or do you plan to submit this case to any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any Proposed Insured used a different last name in the past 5 years?
(Provide full details of all "Yes" answers) | <input type="checkbox"/> | <input type="checkbox"/> |

7. To clarify any question or obtain a telephone interview, the following is needed **(Please remind the Primary Proposed Insured about the possibility of a call):**

Home Telephone: (_____) _____ Best time to call _____
 Business Telephone: (_____) _____ Best time to call _____

8. Indicate below how well you know the Primary Proposed Insured (Applicant, if Primary Proposed Insured is under age 18).
 Slightly for ___ years Well for ___ years Just met Related by blood or marriage;
 he/she is my _____

9. Is medical exam or blood profile required? Yes No
 Date Scheduled _____ Paramed/Examiner _____

10. If Primary Proposed Insured is below 18, how much life insurance is in force and applied for on:
 Mother _____ Father _____ Siblings _____

11. Request for Additional Alternate policy.....
 Plan _____ Amount _____ Benefits _____
 Beneficiary _____ Other Differences _____

12. Source of Prospect
 Existing Client Relative of Client Referred Lead Personal Acquaintance for _____ years.
 Cold Canvas Direct Mail Prospect approached me without being solicited

AGENT'S/PRODUCER'S REPORT AND CERTIFICATE

13. Use of Insurance (check one)

- Personal (If checked, complete question 14) Business Related (If checked, complete question 15)

14.a Purpose of Personal Insurance with expectation of how proceeds will be utilized (check one most applicable)

- Create an Immediate Estate for Heirs Surviving Income Protection
 Retirement Income Supplement Provide Estate Liquidity
 Mortgage Protection/Acceleration Secure Other Personal Debt
 Supplement and Protect Personal Savings Other _____

14.b How was amount of Personal Insurance determined? (check one most applicable).

- Needs Analysis with Assistance from Agent/Producer
 Needs Analysis with Computer Output Assistance
 Need Pre-Determined by Applicant Other _____

15.a Purpose of Business Insurance (check one most applicable).

- Business Continuation Plan (Buy/Sell) Key Person Plan Deferred Compensation Plan
 Split Dollar Plan Executive Bonus Plan Secure Business Debt
 Other _____

15.b Business Data Corporation Partnership Sole Proprietorship

If available, attach a copy of the business' latest audited financial statements (Balance Sheet and Profit and Loss).

In addition, please complete the following questions:

- i. Date Corporation, Partnership or Business Established _____
- ii. Estimated Net Worth of Business \$ _____
- iii. Current Value of Primary Proposed Insured's Interest (based on % of ownership) \$ _____
- iv. Net Annual Income of Business \$ _____
- v. If Proposed Insured is an officer or partner, are all of the remaining officers or partners applying for insurance at this time? Yes No (if "No", explain in remarks)

REMARKS (Including insurability information not covered in the application. For Decreasing AIR, include monthly income and spouse age information.) _____

Date Agent's/Producer's Signature Joint Agent's/Producer's Signature

Agent's/Producer's Printed Name/GPM Life Agent No. Joint Agent's/Producer's Printed Name/GPM Life Agent No.

ACCELERATED DEATH BENEFIT RIDER DISCLOSURE FORM

TAX CONSEQUENCES

The acceleration of Death Benefit offered under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986, section 101(g). Whether such benefits qualify depends on factors such as the Insured's life expectancy at the time benefits are accelerated. If the acceleration of Death Benefit qualifies for favorable tax treatment, the benefits will be excludable from Your income and not subject to federal taxation. Tax laws relating to acceleration of death benefits are complex. You are advised to consult with a qualified tax advisor about the circumstances under which You could receive acceleration of death benefits that would be excludable from income under federal law.

Receipt of acceleration of death benefits may affect Your family's, Your or Your spouse's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect Your family's, Your and/or Your spouse's eligibility for public assistance.

THIS RIDER IS NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The Rider listed below allows the Owner of the life insurance Policy to which the Rider is attached, to receive a payment prior to the death of the Insured in lieu of a portion of the Death Benefit.

Definitions (other definitions will be found in the Policy to which the Rider is attached):

Accelerated Death Benefit Request (Requested Amount) – The amount of the Death Benefit that You requested to be accelerated prior to the death of the Insured. If approved, this Requested Amount will reduce the Face Amount of the Policy and the Death Benefit payable to the Beneficiary(ies) upon death of the Insured.

Accelerated Death Benefit Payment (Payment) – The present value of the Death Benefit that You requested to be accelerated, calculated as described in the "Present Value of the Requested Amount" section of this Rider. This amount will be a fraction of the Accelerated Death Benefit Request. That fraction will depend partly on Your life expectancy based on Your qualifying condition compared to Your life expectancy at the time of issue of Your Policy.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT

An Accelerated Death Benefit Payment may be requested if the Insured has a Terminal Illness. Terminal Illness means that the Insured has a medical condition as defined in the Rider provisions, resulting from bodily injury or disease, or both, which is expected to result in the death of the Insured within 24 months of diagnosis.

The Insured's limited life expectancy:

1. must be first diagnosed by a Physician; and,

This terminal illness:

2. must be demonstrated by clinical, radiological, laboratory or other evidence of the medical condition which is satisfactory to Us.

There is no waiting period for the Terminal Illness Accelerated Death Benefit.

The maximum amount of the Death Benefit You may accelerate because the Insured has a Terminal Illness is equal to the lesser of:

1. 100% of the Death Benefit of this Policy; or
2. \$1,000,000, including all other previous approved requests and requests currently under review on this Policy.

This example demonstrates a Male, Nonsmoker, Age 50, who has a flexible premium adjustable life policy with cash value and accelerates a portion of his death benefit due to a Terminal Illness.

Prior to Election		After Acceleration of 90% of Death Benefit	
Death Benefit =	\$200,000	Remaining Death Benefit =	\$ 20,000
Cash Surrender Value =	\$ 15,000	Remaining Cash Surrender Value =	\$ 1,500
Outstanding Debt =	\$500	Remaining Outstanding Debt =	\$50
Future Level Premiums Payable =	\$1,400	New Future Level Premiums Payable =	\$140
Monthly Cost of Insurance Charge=	\$41.56	New Monthly Cost of Insurance Charge=	\$3.94

The Rider in this example pays an Accelerated Death Benefit Payment amount of \$163,000.

This example demonstrates a Male, Nonsmoker, Age 50, who has a fixed premium whole life policy with cash value and accelerates a portion of his death benefit due to a Terminal Illness.

Prior to Election		After Acceleration of 90% of Death Benefit	
Death Benefit =	\$200,000	Remaining Death Benefit =	\$ 20,000
Cash Surrender Value =	\$ 30,600	Remaining Cash Surrender Value =	\$ 3,060
Outstanding Debt =	\$500	Remaining Outstanding Debt =	\$50
Future Level Premiums Payable =	\$2,920	New Future Level Premiums Payable =	\$332.20

The Rider in this example pays an Accelerated Death Benefit Payment amount of \$161,000.

CHRONIC ILLNESS ACCELERATED DEATH BENEFIT

An Accelerated Death Benefit Payment may be requested if the Insured is Chronically Ill. Chronically Ill means that the Insured:

1. is unable to perform, without substantial assistance from another person for a period of at least 90 days, at least two out of the six Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) as defined in the Rider; or
2. requires substantial supervision by another person, for a period of at least 90 consecutive days, to protect the Insured from threats to health and safety due to Severe Cognitive Impairment as defined in the Rider.

The maximum amount of the Death Benefit that may be accelerated because the Insured is Chronically Ill in any 12 month period is 24% of the Death Benefit of this Policy at the time of Your initial request.

If the Insured continues to be Chronically Ill, You may request additional acceleration of the Death Benefit up to the maximum and upon annual recertification of the Insured as being a Chronically Ill individual as described in the Rider provisions. An administrative fee of \$100 will apply to those additional Payments.

The maximum amount of the Death Benefit that may be accelerated because the Insured is Chronically Ill over the life-time of the Insured is equal to the lesser of:

1. 100% of the Death Benefit of this Policy; or
2. \$1,000,000, including all other previous approved requests and requests currently under review on this Policy.

This example demonstrates a Male, Nonsmoker, Age 50, who has a flexible premium adjustable life policy with cash value and accelerates a portion of his death benefit under the Chronic Illness Accelerated Death Benefit.

Prior to Election		After Acceleration of 24% of Death Benefit	
Death Benefit =	\$200,000	Remaining Death Benefit =	\$ 152,000
Cash Surrender Value =	\$ 15,000	Remaining Cash Surrender Value =	\$ 11,400
Outstanding Debt =	\$500	Remaining Outstanding Debt =	\$380
Future Level Premiums Payable =	\$1,400	New Future Level Premiums Payable =	\$1,064
Monthly Cost of Insurance Charge=	\$41.56	New Monthly Cost of Insurance Charge=	\$31.59

The Rider in this example pays an Accelerated Death Benefit Payment amount of \$13,000.

This example demonstrates a Male, Nonsmoker, Age 50, who has a fixed premium whole life policy with cash value and accelerates a portion of his death benefit under the Chronic Illness Accelerated Death Benefit.

Prior to Election		After Acceleration of 24% of Death Benefit	
Death Benefit =	\$200,000	Remaining Death Benefit =	\$ 152,000
Cash Surrender Value =	\$ 30,600	Remaining Cash Surrender Value =	\$ 23,256
Outstanding Debt =	\$500	Remaining Outstanding Debt =	\$380
Future Level Premiums Payable =	\$2,920	New Future Level Premiums Payable =	\$2,230.72

The Rider in this example pays an Accelerated Death Benefit Payment amount of \$8,000.

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT

An Accelerated Death Benefit Payment may be requested if the Insured is Critically Ill. Critically Ill means that the Insured has been diagnosed with one or more of the following health conditions as defined in the Rider provisions: Heart attack, Stroke, Cancer, End Stage Renal Failure, Major Organ Transplant, Amyotrophic Lateral Sclerosis (ALS), Blindness, or Paralysis.

The maximum amount of the Death Benefit You may accelerate because the Insured is Critically Ill is equal to the lesser of:

1. 100% of the Death Benefit of this Policy; or
2. \$1,000,000, including all other previous approved requests and requests currently under review on this Policy.

This example demonstrates a Male, Nonsmoker, Age 50, who has a flexible premium adjustable life policy with cash value and accelerates a portion of his death benefit under the Critical Illness Accelerated Death Benefit.

Prior to Election		After Acceleration of 90% of Death Benefit	
Death Benefit =	\$200,000	Remaining Death Benefit =	\$ 20,000
Cash Surrender Value =	\$ 15,000	Remaining Cash Surrender Value =	\$ 1,500
Outstanding Debt =	\$500	Remaining Outstanding Debt =	\$50
Future Level Premiums Payable =	\$1,400	New Future Level Premiums Payable =	\$140
Monthly Cost of Insurance Charge=	\$41.56	New Monthly Cost of Insurance Charge=	\$3.94

The Rider in this example pays an Accelerated Death Benefit Payment amount of \$48,000.

This example demonstrates a Male, Nonsmoker, Age 50, who has a fixed premium whole life policy with cash value and accelerates a portion of his death benefit under the Critical Illness Accelerated Death Benefit.

Prior to Election		After Acceleration of 90% of Death Benefit	
Death Benefit =	\$200,000	Remaining Death Benefit =	\$ 20,000
Cash Surrender Value =	\$ 30,600	Remaining Cash Surrender Value =	\$ 3,060
Outstanding Debt =	\$500	Remaining Outstanding Debt =	\$50
Future Level Premiums Payable =	\$2,920	New Future Level Premiums Payable =	\$332.20

The Rider in this example pays an Accelerated Death Benefit Payment amount of \$33,000.

ACCELERATED DEATH BENEFIT PRECONDITIONS

You may elect to request a Payment subject to the provisions of the Rider and the following conditions:

1. You must provide Us with the Required Certification of the illness; and
2. The Policy to which the Rider is attached to must be In Force at the time of Your request; and
3. The Death Benefit of such Policy at the time Your request is received by Us, must be at least \$25,000; and
4. We must receive the consent of all irrevocable Beneficiaries(if any) and all assignees (if any) in a form acceptable to Us.

PRESENT VALUE OF THE REQUESTED AMOUNT

The Accelerated Death Benefit Payment we make to You will be less than the amount of the Accelerated Death Benefit Request. The Payment will be based on the present value calculation described in the Rider form.

EFFECT OF THE RIDER ON THE POLICY

The Death Benefit and Face Amount of the Policy to which this Rider is attached will be reduced upon Payment by the percentage of the Death Benefit accelerated. If applicable, the Payment must first be applied to a pro rata share of the outstanding debt. The Cash Surrender Value, if any, Accumulation Value, if any, and Surrender Charge, if any will also be reduced by the percentage of the Death Benefit accelerated.

If the Requested Amount approved by Us is less than the full Death Benefit, the premium payable for such Policy after the Payment will also be reduced. The reduced premium will equal the appropriate premium rate applied to the reduced Face Amount plus any applicable policy fee. The cost of insurance, if any, will be calculated based on the reduced Face Amount.

PREMIUMS

There is no additional cost for the Rider prior to the Payment.

LIMITATIONS

The Requested Amount (if less than the full Death Benefit) may not decrease the original or reduced Face Amount of the Policy below the minimum face amount allowed when this Policy was originally issued.

We will not make a Payment under the Rider that is caused by, or contributed to, or results directly or indirectly from, a suicide attempt or intentionally self-inflicted injury while sane or insane within 2 years after issue or reinstatement of this Rider.

You may not make a request for an acceleration of the Death Benefit if You are:

- 1. required by law to use the Payment to meet the claims of creditors, whether in bankruptcy or otherwise; or
- 2. required by a government agency to use the Payment in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

TERMINATION OF RIDER

This Rider will terminate at the earliest of the following:

- 1. The date You sign a written notification to terminate the Rider, provided there are no outstanding requests.
- 2. When the Policy to which the Rider is attached terminates.

The Policy to which the Rider is attached will terminate at any time Indebtedness, including any Lien Balance and Policy loans plus accrued interest, exceeds the Death Benefit.

Termination shall not prejudice the payment of benefits for Terminal Illness, Chronic Illness, or Critical Illness that occurred while the Rider was in force.

ACKNOWLEDGEMENT

I (We), the undersigned, hereby acknowledge that I (We) have received the above Accelerated Death Benefit Rider Summary and Disclosure Statement which was furnished to Me (Us) prior to the signing of the application for insurance.

Proposed Insured's Signature

Date

Owner's Signature (if other than the Insured)

Date

Agent's Signature

Date