

SERFF Tracking Number: UNAM-125835736 State: Arkansas  
Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 40390  
Company Tracking Number: PL-LDBWL 09 - AR MR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Senior Life - Level  
Project Name/Number: /

## Filing at a Glance

Company: Pennsylvania Life Insurance Company

Product Name: Senior Life - Level

SERFF Tr Num: UNAM-125835736 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40390

Sub-TOI: L071.101 Fixed/Indeterminate

Co Tr Num: PL-LDBWL 09 - AR MR State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Mary Reichert

Disposition Date: 10/09/2008

Date Submitted: 09/29/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This form is new and not intended to replace any form previously approved by your department. The policy and accidental death benefit rider are being filed in our domicile state of Pennsylvania now.

Policy form PL-LDBWL 09 is a Whole Life Policy.

It will be marketed by our licensed agents to persons age 45-85. It will not be illustrated. We will use application form PL-GLDBAPP (1/09) AR, also submitted.

We intend to market the following optional rider with this policy.

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Accidental Death Rider, form PL-ADB 09 - This rider will be issued to insureds age 45-85 when they have elected it and paid the required premium. The rider will provide an additional benefit for death caused by accident as defined. That amount will be doubled if the accidental death results from riding as a passenger in a public conveyance then being operated by a common carrier transporting passengers for hire. The rider will also be available for use with converted policies.

We have bracketed office addresses, telephone numbers and officer signatures on all of the forms so that they may be changed without refilling.

## Company and Contact

### Filing Contact Information

Mary Reichert, mreichert@uafc.com  
 P.O. Box 958465 (407) 628-1776 [Phone]  
 Lake Mary, FL 32795-8465

### Filing Company Information

Pennsylvania Life Insurance Company CoCode: 67660 State of Domicile: Pennsylvania  
 1001 Heathrow Park Lane Group Code: 953 Company Type:  
 Suite 5001  
 Lake Mary, FL 32746 Group Name: State ID Number:  
 (407) 995-8000 ext. [Phone] FEIN Number: 23-1305366  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: PA has no filing fee. We are submitting the minimum fee for AR.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania Life Insurance Company	\$50.00	09/29/2008	22797034

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/09/2008	10/09/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/08/2008	10/08/2008	Mary Reichert	10/09/2008	10/09/2008

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## Disposition

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Whole Life Policy		Yes
Form	Accidental Death Benefit rider		Yes
Form (revised)	Application		Yes
Form	Application	Replaced	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/08/2008  
Submitted Date 10/08/2008

Respond By Date

Dear Mary Reichert,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application (Form)

Comment: Application section "Graded Death Benefit Policies" does not comply with Bulletin 8-85 both Guideline One and Two of this Bulletin.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/09/2008  
Submitted Date 10/09/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: We corrected the application by removing the section "Graded Death Benefit Policies." We also changed the form number to PL-LDBAPP (1/09) AR. The new application is attached.

### Related Objection 1

Applies To:

- Application (Form)

Comment:

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Application section "Graded Death Benefit Policies" does not comply with Bulletin 8-85 both Guideline One and Two of this Bulletin.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application	PL-LDBAPP (1/09) AR		Application/Enrollment Form	Initial			PL-LDBAPP 1-09 AR.pdf
<b>Previous Version</b>							
Application	PL-GLDBAPP (1/09 AR)		Application/Enrollment Form	Initial			PL-GLDBAPP 1-09 AR.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
 Mary Reichert

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## Form Schedule

Lead Form Number: PL-LDBWL 09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PL-LDBWL 09	Policy/Cont	Whole Life Policy ract/Fratern al Certificate	Initial		49	P-LDB policy.pdf
	PL-ADB 09	Policy/Cont	Accidental Death ract/Fratern Benefit rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49	PL-ADB 09.doc
	PL-LDBAPP (1/09) AR	Application/ Enrollment Form	Application	Initial			PL-LDBAPP 1-09 AR.pdf



# PENNSYLVANIA LIFE INSURANCE CO.

Home Office: [Harrisburg, Pennsylvania]  
Executive Office: [P.O. Box 958465, Lake Mary, Florida 32795-8465 (800) 275-7366]

A STOCK COMPANY

In this policy, "you" and "your" refer to the owner of the policy. "PL" refers to Pennsylvania Life Insurance Company.

PL promises to pay the death benefit to the beneficiary upon receipt of acceptable proof of the insured's death that occurs while this policy is in force. PL makes this promise subject to the terms and provisions of this policy. The following pages are part of the policy.

## 20 DAY RIGHT TO RETURN

This policy may be returned to PL or its agent for cancellation within 20 days after it is delivered. If returned the policy is void from its beginning, and any premium paid is refunded.

This is a legal contract between you and PL. **PLEASE READ YOUR POLICY CAREFULLY!**

This policy has been signed by the President and Secretary of Pennsylvania Life Insurance Company.

[*Amy W. Bryant*  
President

[*[Signature]*  
Secretary

**WHOLE LIFE POLICY  
PREMIUMS PAYABLE TO AGE 100  
NON-PARTICIPATING**

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## POLICY SUMMARY

This section summarizes the main points of this policy. The index shows where provisions can be found. See the actual provisions for complete information.

This is a whole life insurance policy. The death benefit described is payable on the death of the insured.

Each premium is payable on or before its due date. A 31-day grace period is given for the payment of each premium after the first premium is paid.

During the insured's lifetime, you can:

1. Change the beneficiary, unless otherwise provided;
2. Borrow on this policy;
3. Choose one of several ways for the death benefit or value of the policy to be paid;
4. Sell or give away the above rights, unless otherwise provided.

POLICY SCHEDULE

PLAN OF INSURANCE: WHOLE LIFE POLICY

INSURED: John Doe

POLICY NUMBER: PMOHLDB70A

AGE LAST BIRTHDAY: 70

SEX: Male

DATE OF ISSUE: August 01, 2008

PLAN CODE: WA6111

PREMIUM CLASS: STANDARD

FACE AMOUNT: 10,000.00

TOBACCO USE: NO

POLICY YEARS AND POLICY MONTHS ARE COMPUTED FROM: August 01, 2008

BENEFICIARY IS AS STATED IN THE APPLICATION UNLESS CHANGED AS PROVIDED IN THE POLICY.

COVERAGE AND PREMIUMS

COVERAGE	FACE AMOUNT	FIRST YEAR PREMIUM	RENEWAL PREMIUM	PAYMENT PERIOD
WHOLE LIFE POLICY	\$ 10,000.00	\$ 916.00	\$ 916.00	TO AGE 100
ACCIDENTAL DEATH BEN	\$ 10,000.00	\$ 42.20	\$ 42.20	TO AGE 100

TOTAL RENEWAL MODE PREMIUM: \$958.20  
(INCLUDES 36.00 POLICY FEE)

POLICY FEE IS NOT USED IN DETERMINING THE NONFORFEITURE BENEFITS.

PREMIUM MODE: Annually

TABLE OF GUARANTEED VALUES

-----  
 POLICY NUMBER: PMOHLDB70A

THE VALUES SHOWN BELOW ARE FOR THE GUARANTEED DEATH BENEFIT SHOWN IN THE POLICY SCHEDULE AND ASSUME ALL REQUIRED PREMIUMS ARE PAID TO THE END OF EACH POLICY YEAR. THESE VALUES ARE NOT ADJUSTED FOR ANY LOAN ON THE POLICY. THE VALUES FOR ANY POLICY YEAR NOT SHOWN WILL BE FURNISHED UPON REQUEST.

END OF POLICY YEAR	ATTAINED AGE	CASH VALUE	PAID UP INSURANCE	EXTENDED TERM INSURANCE	
				YEARS	DAYS
1-001	71-071	\$0.00	\$0.00	0	0
002	072	\$141.90	\$250.00	0	175
003	073	\$512.10	\$870.00	1	201
004	074	\$881.90	\$1,460.00	2	151
005	075	\$1,251.30	\$2,020.00	3	36
006	076	\$1,620.50	\$2,540.00	3	229
007	077	\$1,988.20	\$3,040.00	4	9
008	078	\$2,351.80	\$3,520.00	4	120
009	079	\$2,708.50	\$3,960.00	4	201
010	080	\$3,056.60	\$4,370.00	4	259
011	081	\$3,394.60	\$4,750.00	4	296
012	082	\$3,722.00	\$5,110.00	4	316
013	083	\$4,040.00	\$5,450.00	4	320
014	084	\$4,348.20	\$5,760.00	4	314
015	085	\$4,644.90	\$6,050.00	4	298
016	086	\$4,928.20	\$6,320.00	4	277
017	087	\$5,196.60	\$6,570.00	4	253
018	088	\$5,449.20	\$6,790.00	4	226
019	089	\$5,685.80	\$7,000.00	4	198
020	090	\$5,906.80	\$7,190.00	4	168

NONFORFEITURE FACTOR: 62.75 PER THOUSAND

BASIS OF RESERVES:

2001 COMMISSIONERS STANDARD ORDINARY TABLE  
 4.00% AGE LAST BIRTHDAY  
 MALE OR FEMALE, SMOKER OR NON-SMOKER

BASIS OF GUARANTEED CASH VALUES:

2001 COMMISSIONERS STANDARD ORDINARY TABLE  
 5.00% AGE LAST BIRTHDAY  
 MALE OR FEMALE, SMOKER OR NON-SMOKER

## **DEATH BENEFIT**

The amount payable upon proof of the insured's death is the face amount shown on the policy schedule, less any outstanding loan and premium due.

## **PREMIUMS**

### **Payment**

Premiums are payable in advance at the Executive Office in the amounts shown in the policy schedule. The first premium is due on the date of issue. Each premium after the first is due at the beginning of the period to which it applies. Premiums may be paid for periods of 1 year, 6 months, 3 months or 1 month. The frequency of premiums may be changed by filing a written request with the Executive Office.

The payment of a premium will not keep the policy in force beyond the next premium due date, except as provided elsewhere in the policy. Any premium not paid on or before its due date is in default.

### **Refund of Premium at Death**

The portion of any premium paid that applies to a period beyond the end of the policy month in which the insured's death occurs, is added to the proceeds.

### **Grace Period**

A 31-day grace period is allowed to pay a premium in default. No interest is charged on the late payment. The policy continues in force during the grace period. If a premium remains in default at the end of the grace period, and is not paid by automatic premium loan, the policy lapses, subject to the Options Upon Nonpayment of Premium provision. If the insured dies during the grace period, the premium due is paid from the proceeds of the policy.

### **Reinstatement**

If your policy has lapsed because you did not pay a premium, you may ask us to put it back in force. PL reinstates the policy if the following conditions are met:

1. Not more than 5 years have passed since the due date of the unpaid premium.
2. You have not surrendered your policy for its cash value.
3. You submit evidence satisfactory to us that the insured is still insurable according to our normal rules.
4. All unpaid premiums are paid with interest at 6% per year compounding annually.
5. All unpaid loans are paid or reinstated with annually compounding interest at the rate that would have applied when loan interest was due, as determined under the Policy Values and Loans provision.

## **OWNER AND BENEFICIARY**

### **Owner**

Unless provided otherwise, the insured is the owner. During the insured's lifetime, the owner has the power to exercise all policy rights and receive policy values, subject to any assignment on file with PL. Ownership rights may be exercised without consent of the insured, a contingent owner, or a revocable beneficiary. The death benefit, however, is paid to the beneficiary and not the owner unless the owner is the beneficiary.

The owner may name or change a contingent owner. A contingent owner succeeds to the rights of the owner if the owner dies before the insured.

### **Beneficiary**

The beneficiary is named in the application or in the most recent beneficiary change received. The interest of any beneficiary, whether revocable or irrevocable (an irrevocable beneficiary cannot be changed except upon said beneficiary's written consent), ceases when the beneficiary dies before the insured. Unless otherwise stated, two or more beneficiaries in the same class share equally, and the interest of any deceased beneficiary passes equally to the surviving beneficiaries within the class. If no beneficiary survives the insured, the death benefit is paid to the owner, if living, otherwise to the owner's estate.

### **Assignment**

You may assign this policy as collateral security without changing the rights of ownership. However, the interests of the owner and any beneficiary are subordinate to the interest of any assignee.

An assignment of the policy is not binding on us until it is received at the Executive Office of PL. PL assumes no responsibility for the validity of any assignment. Any assignment is subject to any policy loan.

### **Change of Owner or Beneficiary**

During the insured's lifetime, you have the right to transfer the ownership or change the beneficiary by giving written notice to us. Any change is effective when the notice was signed, but will not affect any payment made or any other action taken by us before the notice is received. PL may require the policy be returned for endorsement for any change requested.

## **POLICY VALUES**

### **Net Cash Value**

The net cash value is the cash value shown in the Table of Guaranteed Values, decreased by any outstanding loan on the policy. The cash value at any time other than at the end of a policy year is determined by making allowance for the lapse in time and for the part of the year that premiums are paid. Surrender within 31 days after a policy anniversary is treated as a surrender on the anniversary.

### **Surrender For Cash**

You may surrender the policy at any time for its net cash value while the insured is living. If you request surrender within 60 days after the due date of an unpaid premium, the net cash value is determined as of the due date.

### **Deferral of Payment**

PL reserves the right to defer payment for not more than 6 months from the date of your written request for a policy loan (other than to pay a premium), surrender of the policy, or a surrender under one of the Options Upon Nonpayment of Premium.

## **Basis of Computation**

All cash values, reserves (the amount that is held for payment of future benefits), and net single premiums are based on the Commissioners Mortality Table found on the policy schedule and the interest rates guaranteed for reserves and cash values which are shown in the policy schedule.

A detailed statement of the method of computing cash values and reserves is filed with the insurance supervisory official in all states where this policy is issued. These values equal or exceed the minimum values required by law.

## **LOANS**

### **Loan Value**

The loan value is the cash value of the policy. The amount available for loan is an amount which, with interest on the total loan to the end of the policy year, will not exceed the net cash value at the end of the policy year or the date to which premiums have been paid, whichever is earlier. Any premium due and unpaid at the time the loan is made may be deducted from the loan.

### **Cash Loans**

When cash value is available, you may request to borrow against the policy. The loan is made with the policy as sole security for the loan. The loan is the first lien on the policy.

### **Loan Interest**

The interest rate on a policy loan is 8%. Interest is due annually at the end of each policy year until the loan is repaid. If interest is not paid when due, it is added to the loan.

### **Effect of Loan**

The loan, plus any unpaid interest, is deducted from the death benefit or the cash value of the policy. Failure to repay the loan or interest will not lapse the policy unless the total loan equals or exceeds the loan value. If the total loan exceeds the loan value, lapse will not occur until 31 days after a notice of lapse is mailed to the last known address of the owner and to any assignee of record.

### **Loan Repayment**

You may repay the loan in whole or in part at any time while the policy is in force. If however, the policy is being continued under the Options Upon Nonpayment of Premium provision, any loan which was deducted from the cash value to determine the amount of paid-up insurance may not be repaid unless the policy is reinstated.

### **Automatic Premium Loan**

Automatic premium loan is in effect if requested in the application. Otherwise, you may ask that it become in effect by sending a written request to PL's Executive Office. The request must be received prior to the end of the grace period for any premium in default. You may revoke automatic premium loan as to premiums not yet paid, by sending written notice to the Executive Office.

When automatic premium loan is in effect, any premium in default at the end of the grace period is paid automatically as of its due date by a policy loan. If the loan value is not enough to pay a premium, the payment mode is changed to a more frequent basis. The frequency of payment is never changed to more than monthly. If the loan value is not enough to pay a monthly premium, it is applied under the Options Upon Nonpayment of Premium provision. Automatic premium loan is subject to provisions relating to cash loans. While premiums are being paid by automatic premium loan, you may resume premium payments before the policy lapses.

## OPTIONS UPON NONPAYMENT OF PREMIUM

If a premium is in default beyond the grace period and is not paid by automatic premium loan, the insurance under the policy lapses except as may be provided in the following options. One of the following options may be elected by your written request no later than 60 days after the premium due date and prior to the insured's death. If no other option is elected by the end of the grace period, the automatic option is extended term insurance.

### **Surrender**

Upon lapse you may surrender the policy for its net cash value.

### **Paid-Up Life Insurance**

The policy may be continued from the due date of the premium in default for a reduced amount of paid-up life insurance. This reduced amount of insurance is payable at the same time and under the same conditions as the face amount of the policy. The amount of paid-up insurance is that which the net cash value purchases using the net single premium at the attained age of the insured.

### **Extended Term Insurance**

The policy may be continued as extended term insurance. The amount of extended term insurance will be the death benefit amount of this policy less the amount of any policy loan and loan interest. The term of such insurance will start on the due date of the premium in default and continue for such period as the surrender value will purchase when applied as a net single premium at the attained age of the insured. No loans may be taken against extended term insurance.

### **Surrender of Paid-Up or Extended Term Insurance**

Paid-up or extended term insurance may be surrendered at any time. The surrender value is equal to the present value of benefits at the then attained age of the insured. The surrender value is decreased by any outstanding policy loan. Surrender within 31 days after a policy anniversary is treated as surrender on the anniversary.

### **Termination of Additional Benefits**

When an option upon nonpayment of premium is in effect, any accidental death, waiver of premium, term, or other additional benefit terminates, unless stated otherwise.

## SETTLEMENT OPTIONS

Proceeds are the amount payable on the surrender of this policy or upon the death of the insured.

The proceeds of this policy may be paid in a lump sum or applied under any of these options by written request to PL:

**Option 1 – Fixed Period:** Payments will be made for a fixed period not to exceed 30 years.

**Option 2 – Life Income with Period Certain:** Payments will be made for the life of the payee, guaranteed for 10, 15, or 20 years.

**Option 3 – Fixed amount:** Payments of a fixed amount will be made until proceeds and interest are fully paid. The final payment will be the balance left with PL.

**Option 4 – Interest Income:** Annual interest payments on funds left on deposit with PL will be made for the life of the payee. Withdrawals made after the election of this option must be at least \$100.

**Option 5 – Joint And 2/3 Survivor Life Income:** The proceeds will be paid in equal payments during the continued lifetimes of both of two payees. The payments will continue at the rate of 2/3 of the original amount after the death of either until the death of the survivor.

**Conditions** - Elections of options are subject to these conditions:

1. Election must be made by the owner while the insured is living. If no election is made by the time of the insured's death, then the beneficiary may elect an option.
2. Proceeds must be enough to produce installment payments of at least \$25. Proceeds must be at least \$2,000.
3. Options are available with the consent of PL if:
  - a) This policy is assigned.
  - b) The payee is a trustee or business entity.
4. Unless the option was elected by the person to receive payment, withdrawal or transfer of funds between options may be made only to the extent stated in the election.
5. If the option depends on age, proof of a payee's date of birth may be required.

### **Payment of Proceeds**

If payment of proceeds in one sum is not made within 30 days from the date PL receives notice of proof of death, PL pays interest on the proceeds from the date of notification to the payment date, or as required by state law.

### **Payments**

The amount payable under an option including any excess interest is as we declare. The minimum interest rate used in computing payments under all options is 3% per year.

### **Supplementary Contract**

When an option becomes effective, the policy is surrendered in exchange for a supplementary or annuity contract. It provides for the manner of settlement and rights of the payee(s). The contract effective date is the date of the insured's death or the date of other settlement. The first payment under Options 1, 2 and 3 is payable as of the effective date. The first interest payment under Option 4 is made at the end of the interest payment period elected. Subsequent payments are made in accordance with the frequency of payment elected. The contract may not be assigned or payment made to another without the consent of PL.

## **Income Protection**

Unless otherwise provided in the election, a payee does not have the right to commute, transfer, or encumber amounts held or installments to become payable. To the extent provided by law, the proceeds, amount retained, and installments are not subject to any payee's debts, contracts, or engagements.

## **Death of Primary Payee**

Upon the primary payee's death, any payment certain under Option 1 or 2, interest payment under Option 4, or payments under Option 3 is continued to the contingent payee. Amounts may be released in one sum if permitted by the contract. The final payee is the estate of the last to die of the primary payee and any contingent payee.

## **GENERAL PROVISIONS**

### **Contract**

The entire contract consists of this policy and the application. A copy of the application is attached to this policy when issued. In the absence of fraud, all statements made in the written application are deemed representations and not warranties. No statement is used to void this policy or to defend against a claim under it unless: (1) Such statement is contained in the written application, and (2) A copy of such application is attached to this policy when issued.

### **Incontestability**

Except for nonpayment of premiums, this policy is incontestable after it has been in force during the lifetime of the insured for two years from the date of issue.

### **Suicide**

If within two years from the effective date of this policy, the insured dies by suicide, while sane or insane, the amount payable by PL in place of all other benefits is the sum of premiums paid, without interest, less any debt secured by this policy.

If this policy is issued as the result of a conversion from another policy, the suicide exclusion does not begin again. It is effective as of the date of the original policy.

### **Misstatement of Age or Sex**

If the age or sex of the insured has been misstated, the amount payable is that amount which the premium paid would have bought at the correct age and sex.

### **Agent's Authority**

None of the provisions of this policy can be waived by any agent or changed except by: (1) A policy endorsement signed by an officer of PL, or (2) A rider signed by an officer of PL.

### **Non-participating**

This is a non-participating policy. It will not share in any distribution of surplus earnings of PL.

## SETTLEMENT OPTION TABLES

### Settlement Option 1. Payment for a Designated Period (Per \$1,000 of Proceeds)

<b>Period (Years)</b>	<b>Monthly Payment</b>	<b>Period (Years)</b>	<b>Monthly Payment</b>	<b>Period (Years)</b>	<b>Monthly Payment</b>
1	84.47	11	8.86	21	5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

**Settlement Option 2. Life Income With Payments Guaranteed for Designated Period**  
(Per \$1,000 of Proceeds)

Age		Guaranteed Period			Age		Guaranteed Period		
Male	Female	10 Years	15 Years	20 Years	Male	Female	10 Years	15 Years	20 Years
11*	16*	2.91	2.91	2.91	46	51	4.13	4.08	4.01
12	17	2.93	2.93	2.92	47	52	4.20	4.15	4.07
13	18	2.94	2.94	2.94	48	53	4.27	4.21	4.13
14	19	2.96	2.96	2.96	49	54	4.35	4.28	4.19
15	20	2.98	2.98	2.97	50	55	4.43	4.36	4.25
16	21	3.00	2.99	2.99	51	56	4.52	4.43	4.31
17	22	3.01	3.01	3.01	52	57	4.61	4.51	4.37
18	23	3.03	3.03	3.03	53	58	4.70	4.59	4.44
19	24	3.05	3.05	3.05	54	59	4.80	4.68	4.50
20	25	3.08	3.07	3.07	55	60	4.90	4.76	4.57
21	26	3.10	3.09	3.09	56	61	5.01	4.85	4.64
22	27	3.12	3.12	3.11	57	62	5.12	4.95	4.71
23	28	3.14	3.14	3.14	58	63	5.24	5.04	4.77
24	29	3.17	3.17	3.16	59	64	5.36	5.14	4.84
25	30	3.19	3.19	3.18	60	65	5.50	5.24	4.91
26	31	3.22	3.22	3.21	61	66	5.63	5.35	4.97
27	32	3.25	3.25	3.24	62	67	5.78	5.45	5.03
28	33	3.28	3.27	3.27	63	68	5.93	5.56	5.09
29	34	3.31	3.30	3.30	64	69	6.09	5.67	5.15
30	35	3.34	3.34	3.33	65	70	6.25	5.77	5.21
31	36	3.38	3.37	3.36	66	71	6.43	5.88	5.25
32	37	3.41	3.40	3.39	67	72	6.60	5.98	5.30
33	38	3.45	3.44	3.43	68	73	6.79	6.09	5.34
34	39	3.49	3.48	3.46	69	74	6.98	6.18	5.37
35	40	3.53	3.52	3.50	70	75	7.17	6.28	5.40
36	41	3.57	3.56	3.54	71	76	7.36	6.37	5.43
37	42	3.62	3.60	3.58	72	77	7.56	6.45	5.45
38	43	3.66	3.65	3.62	73	78	7.76	6.52	5.47
39	44	3.71	3.69	3.66	74	79	7.95	6.59	5.48
40	45	3.76	3.74	3.71	75	80	8.14	6.64	5.49
41	46	3.82	3.79	3.75	76		8.33	6.69	5.50
42	47	3.87	3.85	3.80	77		8.50	6.74	5.50
43	48	3.93	3.90	3.85	78		8.67	6.77	5.51
44	49	4.00	3.96	3.90	79		8.82	6.80	5.51
45	50	4.06	4.02	3.96	80		8.96	6.82	5.51

\* and under

**Settlement Option 5. Joint Life Income With Two Thirds to Survivor**  
(Per \$1,000 of Proceeds)

<b>Attained Age</b>		<b>Joint Payee Attained Age</b>					
<b>Male</b>	<b>Female</b>	<b>M 50</b>	<b>M 55</b>	<b>M 60</b>	<b>M 65</b>	<b>M 70</b>	<b>M 75</b>
		<b>F 55</b>	<b>F 60</b>	<b>F 65</b>	<b>F 70</b>	<b>F 75</b>	<b>F 80</b>
50	55	4.27	4.48	4.70	4.94	5.20	5.47
51	56	4.31	4.53	4.76	5.01	5.28	5.56
52	57	4.36	4.58	4.82	5.08	5.36	5.66
53	58	4.39	4.63	4.87	5.15	5.45	5.75
54	59	4.44	4.68	4.94	5.23	5.53	5.85
55	60	4.48	4.73	5.00	5.30	5.62	5.96
56	61	4.52	4.78	5.07	5.38	5.72	6.06
57	62	4.56	4.84	5.13	5.46	5.81	6.18
58	63	4.61	4.89	5.20	5.54	5.91	6.30
59	64	4.65	4.95	5.27	5.63	6.02	6.42
60	65	4.70	5.00	5.34	5.72	6.13	6.55
61	66	4.76	5.06	5.41	5.81	6.24	6.69
62	67	4.80	5.12	5.49	5.90	6.36	6.83
63	68	4.84	5.18	5.56	6.00	6.48	6.98
64	69	4.89	5.24	5.64	6.10	6.60	7.13
65	70	4.91	5.30	5.72	6.20	6.73	7.29
66	71	4.99	5.37	5.80	6.30	6.86	7.46
67	72	5.05	5.43	5.88	6.41	7.00	7.64
68	73	5.10	5.49	5.96	6.51	7.14	7.82
69	74	5.15	5.56	6.04	6.62	7.28	8.01
70	75	5.20	5.62	6.13	6.73	7.43	8.20
71	76	5.26	5.69	6.21	6.84	7.58	8.40
72	77	5.31	5.76	6.30	6.95	7.73	8.61
73	78	5.37	5.82	6.38	7.07	7.89	8.82
74	79	5.42	5.90	6.47	7.18	8.04	9.04
75	80	5.47	5.96	6.55	7.29	8.20	9.26
76	81	5.53	6.02	6.64	7.41	8.36	9.43
77	82	5.58	6.09	6.72	7.52	8.52	9.71
78	83	5.64	6.15	6.81	7.64	8.68	9.94
79	84	5.69	6.22	6.89	7.75	8.84	10.17
80	85	5.74	6.28	6.97	7.86	9.00	10.40

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## **IMPORTANT**

Now that you have bought this insurance coverage, beware of any agent who advises you to discontinue it in order to take another in its place. He may be seeking his own profit at your expense. If he is sincerely interested in you, he will be willing to submit his recommendations to you in writing, suggesting his reasons for you to replace your PL policy. Then, if you forward his recommendations to us, we will be glad to advise you.

To collect any benefit due under a PL policy, write directly to PL. It is not necessary to employ any person, firm, or corporation in collecting the insurance under this policy or in receiving any of the benefits. Time and expense will be saved by writing directly to our Executive Office.



PENNSYLVANIA LIFE INSURANCE CO.

Home Office: [Harrisburg, Pennsylvania ]

Executive Office: [P.O. Box 958465, Lake Mary, Florida 32795-8465 (800) 275-7366]

**WHOLE LIFE POLICY  
PREMIUMS PAYABLE TO AGE 100  
NON-PARTICIPATING**

*SERFF Tracking Number:* UNAM-125835736      *State:* Arkansas  
*Filing Company:* Pennsylvania Life Insurance Company      *State Tracking Number:* 40390  
*Company Tracking Number:* PL-LDBWL 09 - AR MR  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
*Product Name:* Senior Life - Level  
*Project Name/Number:* /

Attachment "PL-ADB 09.doc" is not a PDF document and cannot be reproduced here.



**PENNSYLVANIA  
LIFE INSURANCE CO.**

HOME OFFICE: [Harrisburg, Pennsylvania]  
 EXECUTIVE OFFICE:  
 [P.O. Box 958465, Lake Mary, FL 32795-8465]  
 [(800) 934-8203]

**APPLICATION FOR INSURANCE**

<p><b>Proposed Insured</b> _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Social Security Number _____</p> <p>Birth Date _____ Age _____ Birth State _____ Sex _____ Marital Status _____ Occupation _____</p> <p>Height _____ Weight _____ Phone: Day ( _____ ) _____ Evening ( _____ ) _____</p>	<p style="text-align: center;">Complete only if Owner is not Proposed Insured</p> <p><i>Owner</i> _____</p> <p><i>Relationship</i> _____ <i>Birth date</i> _____</p> <p><i>Address</i> _____</p> <p><i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____</p> <p><i>Social Security/Tax ID Number</i> _____</p>
<p><b>Secondary Addressee Information</b> When the insured or owner is age 64 or older, a copy of any notification of possible lapse will be sent to this person.          Name &amp; Address: _____</p>	
<p>Send premium notices to: <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other (Give name/address in Special Requests)</p>	
<p>Face Amount \$ _____</p> <p>Plan _____</p> <p>Accidental Death <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Modal Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> PAC</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (Check one)</p> <p>Modal Premium Amount \$ _____</p> <p>Automatic Premium Loan <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Beneficiary of the Proposed Insured</b> (If split, please indicate percentages)</p> <p>Primary _____ Birth Date _____ Relationship _____</p> <p>Contingent _____ Birth Date _____ Relationship _____</p>	
<p>Does the applicant own existing, in-force policies or contracts on the Proposed Insured? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete the required replacement form.</p>	
<p>Do you now or have you within the last year used tobacco products in any form? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes," please explain: _____</p>	
<p><b>Section 1 - No Coverage Available</b></p> <p><b>If the applicant answers "Yes" to any question in this section, the Proposed Insured is not eligible for coverage.</b></p> <p>1. Is the Proposed Insured currently:</p> <p style="margin-left: 20px;">a) hospitalized, bedridden, confined to a nursing facility, receiving hospice or home health care, confined to a wheel chair or awaiting an organ transplant? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">b) diagnosed with or being treated for a terminal illness? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Has the Proposed Insured ever been diagnosed with, treated for or been advised by a physician to be treated for:</p> <p style="margin-left: 20px;">a) Alzheimer's Disease or other Dementia? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Has the Proposed Insured ever tested positive for exposure to the Human Immunodeficiency Virus or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. In the past 5 years, has the Proposed Insured been diagnosed with, treated for or been advised by a physician to be treated for:</p> <p style="margin-left: 20px;">a) Congestive Heart Failure? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">b) Internal Cancer, Malignant Melanoma, or Leukemia? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Has the Proposed Insured had an application for life insurance declined in the past 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>Special Requests</b></p>	<p><b>Administrative Office Use Only:</b></p>

6. Has the Proposed Insured ever been diagnosed with, treated for or been advised by a physician to be treated for:
- a) Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Chronic Asthma, Chronic Bronchitis or any other Chronic Respiratory Disorder? . . . . . Yes  No
  - b) Parkinson's Disease, Kidney Disease, Kidney Failure, Cirrhosis, or other Liver Disease? . . . . . Yes  No
7. In the past 2 years, has the Proposed Insured been diagnosed with, treated for or been advised by a physician to be treated for Diabetes requiring insulin or Diabetic Coma?
- a) Heart Attack, Angina (chest pain), Stroke, Aneurysm or other Heart or Circulatory disorder? Yes  No
  - b) Alcohol or Drug Dependency? . . . . . Yes  No
  - c) Diabetes requiring insulin or Diabetic Coma? . . . . . Yes  No
8. Is the Proposed Insured currently Paralyzed or has the Proposed Insured had an Amputation due to disease or disorder? . . . . . Yes  No
9. In the past 12 months has the Proposed Insured used Oxygen Therapy to assist in breathing? Yes  No

I hereby apply for the insurance indicated above and I am submitting the first premium. The statements on the application are true to the best of my knowledge and belief. I understand that my policy will be effective on the date it is issued by the company except as stated in the conditional receipt. I personally completed the questions in Section 1 & 2 above.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, the Medical Information Bureau, a pharmaceutical database or any other organization, institution, or person that has any records or knowledge of me or my health or that of any member of my family to give to Pennsylvania Life Insurance Company or its reinsurers any such information. A photographic copy of the authorization shall be valid as the original. This authorization is valid for 24 months from the date of signature. It may be revoked at any time by sending written request to the Executive Office of Pennsylvania Life Insurance Company. Revocation is subject to the rights of any person that acted in reliance on the authorization prior to receiving the revocation. **I the undersigned applicant acknowledge that I have read, or had read to me, the completed application. I realize that any false statement or misrepresentation made therein, that is material to the risk or hazard assumed, may result in loss of coverage under this policy.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Cash paid with application \$ \_\_\_\_\_.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Owner (if other than Proposed Insured)                      Signature of Proposed Insured

**Instructions to agents - This statement must be completed with application.**

1. Submit all applications and business transmittals within 7 days of application date.
2. Do not solicit business on any individual currently hospitalized or confined to a nursing home.
3. Do not solicit business on any individual you have reason to believe is suffering from a terminal illness.
4. All premium checks must be made payable to Pennsylvania Life Insurance Company.
5. The full initial premium must be submitted with application.

**Agent's Statement**

By signing below, I the agent, hereby certify that all the information contained on this application has been truly and accurately recorded as supplied by the Proposed Insured. To the best of my knowledge all the answers are complete and true, and the applicant is not currently hospitalized or confined to a nursing home, nor do I have reason to believe the applicant is suffering from a terminal illness. The applicant has read or had read to him/her the entire application. To the best of my knowledge and belief the applicant does  does not  own existing, in-force policies or contracts on the Proposed Insured. I personally did see  did not see  the applicant at the time of the application.

Agent Printed Name \_\_\_\_\_ Agent Signature \_\_\_\_\_

Agent Number: \_\_\_\_\_ Agent State ID Number: \_\_\_\_\_

*SERFF Tracking Number:* UNAM-125835736      *State:* Arkansas  
*Filing Company:* Pennsylvania Life Insurance Company      *State Tracking Number:* 40390  
*Company Tracking Number:* PL-LDBWL 09 - AR MR  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Senior Life - Level  
*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-125835736 State: Arkansas  
Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 40390  
Company Tracking Number: PL-LDBWL 09 - AR MR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Senior Life - Level  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

09/29/2008

**Comments:**

**Attachment:**

AR cert.pdf

We certify that these forms comply with the provision of 19 ss 10 b and all applicable requirements of the Department. We also certify that both the Life and Health Guaranty Association Notice and agent contact information will be delivered with the policy in compliance with Regulation 49 and Arkansas Insurance Code 23-79-138.

SERFF Tracking Number: UNAM-125835736 State: Arkansas  
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 40390  
 Company Tracking Number: PL-LDBWL 09 - AR MR  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Senior Life - Level  
 Project Name/Number: /

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Application	09/29/2008	PL-GLDBAPP 1-09 AR.pdf



**PENNSYLVANIA  
LIFE INSURANCE CO.**

HOME OFFICE: [Harrisburg, Pennsylvania]  
 EXECUTIVE OFFICE:  
 [P.O. Box 958465, Lake Mary, FL 32795-8465]  
 [(800) 934-8203]

**APPLICATION FOR INSURANCE**

<p><b>Proposed Insured</b> _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Social Security Number _____</p> <p>Birth Date _____ Age _____ Birth State _____ Sex _____ Marital Status _____ Occupation _____</p> <p>Height _____ Weight _____ Phone: Day (____) _____ Evening (____) _____</p>	<p style="text-align: center;">Complete only if Owner is not Proposed Insured</p> <p><i>Owner</i> _____</p> <p><i>Relationship</i> _____ <i>Birth date</i> _____</p> <p><i>Address</i> _____</p> <p><i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____</p> <p><i>Social Security/Tax ID Number</i> _____</p>
<p><b>Secondary Addressee Information</b> When the insured or owner is age 64 or older, a copy of any notification of possible lapse will be sent to this person.          Name &amp; Address: _____</p>	
<p>Send premium notices to: <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other (Give name/address in Special Requests)</p>	
<p>Face Amount \$ _____</p> <p>Plan _____</p> <p>Accidental Death <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Modal Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> PAC</p> <p style="padding-left: 100px;"><input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (Check one)</p> <p>Modal Premium Amount \$ _____</p> <p>Automatic Premium Loan <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Beneficiary of the Proposed Insured</b> (If split, please indicate percentages)</p> <p>Primary _____ Birth Date _____ Relationship _____</p> <p>Contingent _____ Birth Date _____ Relationship _____</p>	
<p>Does the applicant own existing, in-force policies or contracts on the Proposed Insured? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete the required replacement form.</p>	
<p>Do you now or have you within the last year used tobacco products in any form? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes," please explain: _____</p>	
<p><b>Section 1 - No Coverage Available</b></p> <p><b>If the applicant answers "Yes" to any question in this section, the Proposed Insured is not eligible for coverage.</b></p> <ol style="list-style-type: none"> <li>1. Is the Proposed Insured currently:             <ol style="list-style-type: none"> <li>a) hospitalized, bedridden, confined to a nursing facility, receiving hospice or home health care, confined to a wheel chair or awaiting an organ transplant? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>b) diagnosed with or being treated for a terminal illness? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol> </li> <li>2. Has the Proposed Insured ever been diagnosed with, treated for or been advised by a physician to be treated for:             <ol style="list-style-type: none"> <li>a) Alzheimer's Disease or other Dementia? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol> </li> <li>3. Has the Proposed Insured ever tested positive for exposure to the Human Immunodeficiency Virus or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>4. In the past 5 years, has the Proposed Insured been diagnosed with, treated for or been advised by a physician to be treated for:             <ol style="list-style-type: none"> <li>a) Congestive Heart Failure? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>b) Internal Cancer, Malignant Melanoma, or Leukemia? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol> </li> <li>5. Has the Proposed Insured had an application for life insurance declined in the past 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol>	
<p><b>Special Requests</b></p>	<p><b>Administrative Office Use Only:</b></p>

6. Has the Proposed Insured ever been diagnosed with, treated for or been advised by a physician to be treated for:
- a) Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Chronic Asthma, Chronic Bronchitis or any other Chronic Respiratory Disorder? . . . . . Yes  No
- b) Parkinson's Disease, Kidney Disease, Kidney Failure, Cirrhosis, or other Liver Disease? . . . . . Yes  No
7. In the past 2 years, has the Proposed Insured been diagnosed with, treated for or been advised by a physician to be treated for Diabetes requiring insulin or Diabetic Coma?
- a) Heart Attack, Angina (chest pain), Stroke, Aneurysm or other Heart or Circulatory disorder? Yes  No
- b) Alcohol or Drug Dependency? . . . . . Yes  No
- c) Diabetes requiring insulin or Diabetic Coma? . . . . . Yes  No
8. Is the Proposed Insured currently Paralyzed or has the Proposed Insured had an Amputation due to disease or disorder? . . . . . Yes  No
9. In the past 12 months has the Proposed Insured used Oxygen Therapy to assist in breathing? Yes  No

I hereby apply for the insurance indicated above and I am submitting the first premium. The statements on the application are true to the best of my knowledge and belief. I understand that my policy will be effective on the date it is issued by the company except as stated in the conditional receipt. I personally completed the questions in Section 1 & 2 above.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, the Medical Information Bureau, a pharmaceutical database or any other organization, institution, or person that has any records or knowledge of me or my health or that of any member of my family to give to Pennsylvania Life Insurance Company or its reinsurers any such information. A photographic copy of the authorization shall be valid as the original. This authorization is valid for 24 months from the date of signature. It may be revoked at any time by sending written request to the Executive Office of Pennsylvania Life Insurance Company. Revocation is subject to the rights of any person that acted in reliance on the authorization prior to receiving the revocation. **I the undersigned applicant acknowledge that I have read, or had read to me, the completed application. I realize that any false statement or misrepresentation made therein, that is material to the risk or hazard assumed, may result in loss of coverage under this policy.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Cash paid with application \$ \_\_\_\_\_.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

**Graded Death Benefit Policies -**

If you have applied for the Graded Death Benefit policy, please note that the death benefit in the first 3 years is equal to the premiums plus interest. Also, an accidental death benefit is in effect during those 3 years.

**Instructions to agents - This statement must be completed with application.**

1. Submit all applications and business transmittals within 7 days of application date.
2. Do not solicit business on any individual currently hospitalized or confined to a nursing home.
3. Do not solicit business on any individual you have reason to believe is suffering from a terminal illness.
4. All premium checks must be made payable to Pennsylvania Life Insurance Company.
5. The full initial premium must be submitted with application.

**Agent's Statement**

By signing below, I the agent, hereby certify that all the information contained on this application has been truly and accurately recorded as supplied by the Proposed Insured. To the best of my knowledge all the answers are complete and true, and the applicant is not currently hospitalized or confined to a nursing home, nor do I have reason to believe the applicant is suffering from a terminal illness. The applicant has read or had read to him/her the entire application. To the best of my knowledge and belief the applicant does  does not  own existing, in-force policies or contracts on the Proposed Insured. I personally did see  did not see  the applicant at the time of the application.

Agent Printed Name \_\_\_\_\_ Agent Signature \_\_\_\_\_

Agent Number: \_\_\_\_\_ Agent State ID Number: \_\_\_\_\_