

SERFF Tracking Number: AEGB-125882959 State: Arkansas
 Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 40764
 Company Tracking Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107
 TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium
 Product Name: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107
 Project Name/Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107/TL07 0107 AR, L1160808WAR,
 ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: TL07 0107 AR, L1160808WAR, SERFF Tr Num: AEGB-125882959 State: ArkansasLH
 ABWP0500 00 300, AIR06 0107, MDI04 0107,
 RPR01 0107

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40764

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num: TL07 0107 AR,
 L1160808WAR, ABWP0500 00
 300, AIR06 0107, MDI04 0107,
 RPR01 0107

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Stephanie Mara

Disposition Date: 11/06/2008

Date Submitted: 11/04/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: TL07 0107 AR, L1160808WAR, ABWP0500 00 300,
 AIR06 0107, MDI04 0107, RPR01 0107

Status of Filing in Domicile: Authorized

Project Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300,
 AIR06 0107, MDI04 0107, RPR01 0107

Date Approved in Domicile: 10/31/2008

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: 11/06/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number: TL07 0107 AR, L1160808WAR,
 ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

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ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Filing Description:

TL07 0107 AR - Term to Age 95 Life Insurance Policy
L1160808WAR - Simplified Issued Life Application
ABWP0500 00 300 - Waiver of Premium Benefit Rider
AIR06 0107 - Additional Insured Term to Age 95 Life Insurance Rider
MDI04 0107 - Monthly Disability Income Rider
RPR01 0107 - Return of Premium Rider

November 4, 2008

Commissioner of Insurance
Arkansas Department of Insurance
1200 W. 3rd Street
Little Rock, AR 72201-1904

Re: WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO NAIC #468-91413

Form Numbers:

TL07 0107 AR – Term to Age 95 Life Insurance Policy – Nonparticipating
L1160808WAR – Life Application
ABWP0500 00 300 – Waiver of Premium Benefit Rider
RPR01 0107 – Return of Premium Rider
AIR06 0107 - Additional Insured Rider
MDI04 0107 – Monthly Disability Income Rider (2 year)

Dear Sir/Madam:

Please find attached copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to the Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures. These forms are also being filed for our sister companies of Monumental Life Insurance Company and Stonebridge Life Insurance Company.

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TOI: L041 Individual Life - Term *Sub-TOI:* L041.003 Single Life - Single Premium
Product Name: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107
Project Name/Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107/TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Term to Age 95 Life Insurance Policy – Nonparticipating - The policy contains a level death benefit. Guaranteed premiums remain level for an initial period of fifteen (15), twenty-five (25) or thirty (30) years thereafter, increasing annually up to age 95. The premium rates for this policy are unisex.

This policy is for general use and will be sold on an individual basis by licensed agents. This policy form will not be illustrated.

Form TL07 0107 AR was previously approved by your Department on March 21, 2008, for our sister company of Transamerica Life Insurance Company.

Life Application – Western Reserve Life Assurance Co. of Ohio uses technology that provides a robust online signature solution, including allowing agents to collect owners and insured's electronic signatures. The electronic application and signature process is only available to those who specifically consent to do business with Western Reserve Life Assurance Co. of Ohio electronically, and at any time, such consent can be revoked and the application can return to a hard copy application process.

The solution consists of an online module, integrated with the platform that allows users to pull up an electronic version of the filed and approved application, review its content, view all signatures required associated with the document, and, if there is no change or correction to the document as presented, apply an electronic signature for each signature required. Each signature will be captured separately. The E-Signature solution generates all of the documents for one application in separate documents, and each document contains its own metadata that is locked and bound after the signing ceremony is complete. If any document is changed during the course of the signing ceremony, any signatures captured for such document are effectively revoked, and the document must be resigned completely. Once the application is submitted to the carrier it can never be changed and is held at the carrier in a locked down status. All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal E-SIGN Act.

Form L 116 0108 AR was previously approved by your Department on February 6, 2008, for our sister company of Transamerica Life Insurance Company. Please note that we have assigned a company specific form number to our Western Reserve Life Assurance Co. of Ohio filing.

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ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Form MDI04 0107 was previously approved by your Department on March 21, 2008, for our sister company of Transamerica Life Insurance Company.

Should you have any questions or need any additional information, please do not hesitate to contact me. Thank you.

Sincerely,

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Stephanie Mara
Policy Analyst
Contract Development
Ph: (319) 355-8202 (collect)
Fax: 319-355-2501
smara@aegonusa.com

Company and Contact

Filing Contact Information

Stephanie Mara, Policy Analyst smara@aegonusa.com
4333 Edgewood Rd. NE (319) 355-8202 [Phone]
Cedar Rapids, IA 52499 (319) 355-2501[FAX]

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
4333 Edgewood Road NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:

SERFF Tracking Number: AEGB-125882959 State: Arkansas
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ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

(319) 398-7888 ext. [Phone]

FEIN Number: 43-1162657

SERFF Tracking Number: AEGB-125882959 *State:* Arkansas
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Disposition

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	20 Year ROP Spec Page		Yes
Form	Term to Age 95 Life Insurance Policy		Yes
Form	Simplified Issued Life Application		Yes
Form	Waiver of Premium Benefit Rider		Yes
Form	Additional Insured Term to Age 95 Life Insurance Rider		Yes
Form	Monthly Disability Income Rider		Yes
Form	Return of Premium Rider		Yes

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Form Schedule

Lead Form Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL07 0107 AR	Policy/Cont	Term to Age 95 Life ract/Fratern Insurance Policy al Certificate	Initial		50	TL07 0107 AR W.pdf
	L1160808 WAR	Application/	Simplified Issued Life Enrollment Application Form	Initial		52	L1160808WAR.pdf
	ABWP0500 00 300	Policy/Cont	Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	ABWP0500 00 300 W.pdf
	AIR06 0107	Policy/Cont	Additional Insured ract/Fratern Term to Age 95 Life al Insurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	AIR06 0107 W.pdf
	MDI04 0107	Policy/Cont	Monthly Disability ract/Fratern Income Rider al Certificate: Amendmen t, Insert	Initial		53	MDI04 0107 W.pdf



WESTERN RESERVE LIFE

ASSURANCE CO. OF OHIO

A Stock Company

Home Office located at: Columbus, Ohio

Administrative Office located at: 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499

(Hereafter called the Company, we, our or us) (319) 355-8511

INSURED: [JOHN DOE]

FACE AMOUNT: \$[100,000.00]

POLICY NUMBER: [110 01 SAMPLE]

POLICY DATE: [JANUARY 1, 2008]

OWNER(S): [JOHN DOE]

WE AGREE to pay the Proceeds of this Policy to the Beneficiary upon receiving due proof of the Insured's death and to provide You with the other rights and benefits of this Policy. These agreements are subject to the provisions of this Policy.

10 DAY RIGHT TO CANCEL – You may cancel this Policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the Policy to us or the agent before midnight of the tenth day after the day You receive it. Your Written Request given by mail and return of the Policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this Policy within thirty days after we receive notice of cancellation and the returned Policy.

Signed for us at our Home Office.

SECRETARY

PRESIDENT

This Policy is a legal contract between the Owner and the Company.

READ YOUR POLICY CAREFULLY

**TERM TO AGE 95 LIFE INSURANCE POLICY
CONVERSION PERIOD SPECIFIED ON THE POLICY SPECIFICATION PAGE
FACE AMOUNT PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NON-PARTICIPATING**

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POLICY SPECIFICATION PAGE

POLICY NUMBER: [110 01 SAMPLE]

INSURED: [JOHN DOE]

FACE AMOUNT: [\$100,000.00]

POLICY DATE: [JANUARY 1, 2007]

ISSUE AGE: [35]

EXPIRY DATE: [JANUARY 1, 2067]

OWNER(S): [JOHN DOE]

FIRST PREMIUM INCREASE DATE: [JANUARY 1, 2027]

PREMIUM CLASS: [NON-TOBACCO]

TYPE OF COVERAGE	AMOUNT	POLICY YEARS PREMIUM IS PAYABLE	GUARANTEED PREMIUM PAYMENTS (ANNUAL)
BASE POLICY LEVEL TERM INSURANCE TO AGE 95 Conversion allowed prior to the earlier of: First Premium Increase Date or Insured's Age 70	[\$100,000.00]	To Age 95	* \$ [222.00] *For the First 20 Policy Years
[Additional Insured Rider]	[\$100,000.00]	To Age 95	[\$192.00]
[Waiver of Premium Benefit Rider]		To Age 65	[\$64.00]
[Children's Benefit Rider]	[\$10,000.00]	To Age 25	[\$60.00]

Total Guaranteed Annual Premium on Policy Date..... \$ [538.00]

SCHEDULE OF TOTAL PREMIUMS

<u>Policy Year</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Years 1-20	\$ [538.00]	\$[269.00]	\$ [134.50]	\$ [44.83]

**GUARANTEED PREMIUM SCHEDULE
ANNUAL PREMIUMS FOR POLICY BENEFITS**

POLICY NUMBER: 110 01 SAMPLE

INSURED: JOHN DOE

POLICY YEAR	**BASE POLICY	***BASE POLICY PLUS ADDITIONAL BENEFITS	POLICY YEAR	**BASE POLICY	***BASE POLICY PLUS ADDITIONAL BENEFITS
21	\$1,474.00	\$3,042.00	41	\$10,027.00	\$20,024.00
22	1,607.00	3,308.00	42	11,136.00	22,242.00
23	1,747.00	3,588.00	43	12,327.00	24,624.00
24	1,894.00	3,882.00	44	13,568.00	27,106.00
25	2,056.00	4,206.00	45	14,899.00	29,768.00
26	2,239.00	4,512.00	46	16,719.00	33,408.00
27	2,446.00	4,926.00	47	18,793.00	37,556.00
28	2,689.00	5,412.00	48	21,183.00	42,336.00
29	2,971.00	5,976.00	49	23,933.00	47,836.00
30	3,296.00	6,626.00	50	27,010.00	53,990.00
31	3,651.00	7,272.00	51	30,384.00	60,738.00
32	4,037.00	8,044.00	52	34,013.00	67,996.00
33	4,443.00	8,856.00	53	37,896.00	75,762.00
34	4,875.00	9,720.00	54	41,984.00	83,938.00
35	5,339.00	10,648.00	55	46,333.00	92,636.00
36	5,870.00	11,710.00	56	50,975.00	101,920.00
37	6,552.00	13,074.00	57	55,991.00	111,952.00
38	7,196.00	14,362.00	58	61,524.00	123,018.00
39	8,032.00	16,034.00	59	67,798.00	135,566.00
40	8,986.00	17,942.00	60	75,586.00	151,142.00

**INCLUDES ANNUAL POLICY FEE OF \$[90.00]

***BASE POLICY PLUS ADDITIONAL BENEFITS COLUMN INCLUDES PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER, IF ELECTED.

DEFINITIONS

When we use the following words, this is what we mean:

AGE - The Insured's age at the Insured's last birthday, unless we state otherwise.

BENEFICIARY - The person to receive the Proceeds in the event of the Insured's death.

EXPIRY DATE - The date on which coverage under this Policy expires. The Expiry Date is the Policy Anniversary following the Insured's 95th birthday and is shown on the Policy Specification Page.

FACE AMOUNT - The amount upon which death Proceeds are determined. The Face Amount is shown on the Policy Specification Page.

FIRST PREMIUM INCREASE DATE - The first day on which Your premium will increase. Your premium will increase on the First Premium Increase Date and each anniversary thereafter when a premium is due.

INDEBTEDNESS - Any due and unpaid premium.

IN FORCE - The period of time the Insured's life remains insured under the terms of this Policy.

INSURED - The person whose life is insured under this Policy as shown on the Policy Specification Page.

LAPSE OR LAPSED - A premium is in default, and the Insured's life is no longer insured under the terms of this Policy.

MONTHLY ANNIVERSARY DATE - The day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Date will be the first day of the following month.

OWNER - The Owner (also called "You" or "Your") as shown in the application and on the first page of this Policy, unless subsequently changed as provided for in this Policy. The Owner is the Insured unless otherwise stated.

POLICY ANNIVERSARY - The same day and month as Your Policy Date for each succeeding year Your Policy remains In Force.

POLICY DATE - The date coverage under this Policy becomes effective and the date from which Policy Anniversaries and premium due dates are determined.

POLICY YEAR - The twelve month period directly preceding the Policy Anniversary.

PROCEEDS - The amount we are obligated to pay under the terms of this Policy when the Insured dies.

REINSTATE - To restore coverage after the Policy has Lapsed.

TERMINATE - The Insured's life is no longer insured under any of the terms of this Policy.

WRITTEN REQUEST - A request in writing signed by You on a form agreeable to us.

GENERAL PROVISIONS

THE CONTRACT - This Policy is issued in consideration of the application(s) and the payment of premiums as provided for in this Policy.

This Policy, any endorsement(s), amendments(s), and the copy of the application(s) attached to it contain the entire contract between You and us. Any statements made in the application(s) either by You or by the Insureds will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made either by You or by the Insureds will not be used to void this Policy nor defend against a claim under this Policy unless the statement is contained in the application(s) or any amendments thereto.

No change or waiver of any of the provisions of this Policy will be valid unless made in writing by us and signed by an officer of the Company. No agent or other person has the authority to change or waive any provision of this Policy.

Any extra benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy unless we state otherwise in the rider.

SUICIDE EXCLUSION - If the Insured, whether sane or insane, dies by suicide within two (2) years from the Policy Date, our liability will be limited to an amount equal to the premiums paid for this Policy.

INCONTESTABILITY - We cannot contest this Policy, except for fraud or non-payment of premium, after it has been In Force during the lifetime of the Insured for two (2) years after the later of:

1. The Policy Date; or
2. The effective date of Reinstatement of this Policy.

ASSIGNMENT - You may assign this Policy. The assignment must be in writing and filed at our Administrative Office. We assume no responsibility for the validity or effect of any assignment of this Policy or of any interest in it. Any Proceeds which become payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

MISSTATEMENT OF AGE - If the Age of the Insured has been misstated, the benefits will be those which the premiums paid would have purchased for the correct Age.

BENEFICIARY - When we receive due proof of the Insured's death, we will pay the Proceeds of this Policy to the Beneficiary or Beneficiaries who are named in the application(s) for this Policy unless You subsequently change the Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in Your last change of Beneficiary request as provided for in this Policy.

If a Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Proceeds. If no Beneficiary survives the Insured, we will pay the Proceeds of this Policy to You, if living, otherwise to Your estate.

CHANGE OF OWNER OR BENEFICIARY - If You have reserved the right to change the owner or Beneficiary, You can file a Written Request with us to make such a change. If You have not reserved the right to change the Beneficiary, the written consent of the irrevocable Beneficiary will be required.

Your Written Request will not be effective until it is recorded in our Administrative Office records. After it has been so recorded, it will take effect as of the date You signed the request. However, if the Insured dies before the request has been so recorded, the request will not be effective as to those Proceeds we have paid before Your request was recorded in our Administrative Office records.

PREMIUMS - Your first premium is due as of the Policy Date, and is payable in advance. All premiums after the first premium are payable on or before the date they are due and must be mailed to us at our Administrative Office. If You would like a receipt for a premium payment, we will give You one, signed by a Company officer, upon request.

PAYMENT INTERVALS - The frequency of the premium payments are shown on the Policy Specification Page. Interruption of premium payments will cause this Policy to enter a grace period. Premiums may be paid annually, semi-annually, quarterly or monthly. The mode of payment may be changed at any Policy Anniversary by written agreement.

GRACE PERIOD - This Policy has a thirty one -day (31) day grace period. This means that if a premium is not paid on or before the date it is due, You may pay that premium during the thirty-one (31) day period immediately following the due date. The Insured's life will continue to be insured during this thirty-one (31) day period. If the premium is not paid within the thirty-one (31) day Grace Period, the Policy will Terminate.

If the Insured dies during this period, we will deduct a premium for the thirty-one (31) day Grace Period from the Proceeds of this Policy. This thirty-one (31) day Grace Period does not apply to the first premium payment.

REINSTATEMENT - If a premium is not received before the end of the thirty-one (31) day Grace Period, this Policy will Terminate and no further premium payments may be made.

However, even if this Policy Terminates, during the lifetime of the Insured, this Policy may be Reinstated if it was Terminated because a grace period ended without sufficient premium payments. Any Reinstatement must be done within five (5) years from the end of a grace period. We will require:

1. Your Written Request to Reinstatate this Policy;
2. The Insured's written consent to Reinstatement;
3. Evidence of insurability satisfactory to us;
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is six percent (6%) per annum, compounded annually; and
5. Payment of any Indebtedness.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living. If all the conditions for Reinstatement are satisfied, coverage under this Policy will be effective as though it had continued In Force from the lapse date to the date of Reinstatement.

NONPARTICIPATING - This Policy will not share in our surplus distributions.

CONVERSION PRIVILEGE - While this Policy is In Force, You may convert it to a new policy. The conversion may be made during the conversion period described on the Policy Specification Page, if no premium is in default. The following conditions apply:

1. The face amount of the new policy may not exceed the amount of insurance under this Policy on the date of conversion.
2. The face amount of the new policy will not be less than the minimum amount we issue. There will always be a plan available in an amount to which You may convert.
3. You must send us a Written Request for the conversion.
4. The new policy is on any Life plan written by us that is eligible for conversion, other than term Insurance.
5. Premiums for the new policy may be the same class of risk as for this Policy or a similar class of risk, if the same class is not available on the new plan, and for the Insured's Age as of the date of the new policy.
6. The new policy is dated as of the date of conversion. Coverage under this Policy Terminates when coverage under the new policy begins.
7. If premiums are being waived under a rider attached to this Policy at the time of conversion, the premiums under the new policy will not be waived.
8. No evidence of insurability will be required if all of the conditions listed above are met.

If the Policy is converted in accordance with the conversion conditions listed above and if the Policy has passed its second Policy Anniversary, the Incontestability and Suicide provisions in the new policy shall not apply. Otherwise the Incontestability and Suicide Provisions shall remain in effect for the two (2) year period beginning on the Policy Date of this Policy.

TERMINATION - The Policy will Terminate and all coverage on the Insured's life shall end on the earliest of the following dates or events:

1. The Expiry Date, as set out on the Policy Specification Page; or
2. The date the Policy Terminates, as set out in a grace period provision; or
3. The date You request termination; or
4. The date this Policy is surrendered or converted; or
5. The date of the Insured's death.

PAYMENT OF PROCEEDS

SETTLEMENT OPTIONS - You may, during the Insured's lifetime, request that we pay the Proceeds under one of the following settlement options. We will also use any other method of payment that is agreeable to You and us, including a lump sum payment. In the event a death claim arises under this Policy, settlement shall be made as outlined in the Interest From Date of Death provision.

OPTION 1 -Interest Payments-

(Payment of interest on the Proceeds at such times and for a period that is agreeable to You and us.) Withdrawal of Proceeds may be made in amounts of at least \$100.00. At the end of the period, any remaining Proceeds will be paid in either a single sum or under any other method we approve.

OPTION 2 -Payments for a Specified Period-

(Monthly payments for a specified number of years.) The amount of each monthly payment for each \$1,000.00 of Proceeds applied under this option is shown in Option 2 Table. The monthly payments for any period not shown will be furnished upon request.

Option 2 Table

PAYMENTS FOR A SPECIFIED PERIOD	
Number of Years Payable	Amount of Monthly Payments
5	\$17.49
10	9.18
15	6.42
20	5.04
25	4.22
30	3.68

OPTION 3 -Life Income-

(Monthly payments for the life of the person who is to receive the income.) We will require satisfactory proof of the person's Age . Payments can be guaranteed for Life, ten (10) or twenty (20) years, or as the "Guaranteed Return of Policy Proceeds." The amount of each monthly payment for each \$1,000.00 of Proceeds applied under this option is shown in Option 3 Table. The monthly payments for any ages not shown will be furnished upon request.

Option 3 Table

LIFE INCOME					
MONTHLY INCOME PAYMENTS					
Guaranteed For Life AGE			Guaranteed For 10 Years AGE		
	50	\$3.13		50	\$3.12
	55	3.45		55	3.43
	60	3.87		60	3.83
	65	4.43		65	4.35
	70	5.22		70	5.05
Guaranteed Return of Policy Proceeds AGE			Guaranteed For 20 Years AGE		
	50	\$3.03		50	\$3.09
	55	3.29		55	3.36
	60	3.62		60	3.69
	65	4.05		65	4.07
	70	4.59		70	4.45

OPTION 4 -Payments of Specified Amount-
(Monthly payments of a specified amount until the Proceeds and interest are fully paid.)

OPTION 5 -Joint and Survivor Life Income-
(Monthly payments during the joint lifetime of two (2) persons and continued during the lifetime of the survivor.) We will pay the amount retained, with interest, in equal monthly payments, as shown in the Option 5 Table. The monthly payment for other Age combinations will be furnished upon request.

Option 5 Table

JOINT AND SURVIVOR LIFE INCOME				
MONTHLY PAYMENTS FOR EACH \$1,000 OF AMOUNT RETAINED				
AGE OF PRIMARY PAYEE *	AGE OF OTHER PAYEE*			
	15 Years Less than Primary Payee's	10 Years Less than Primary Payee's	5 Years Less than Primary Payee's	Same as Primary Payee's
50	\$2.47	\$2.59	\$2.70	\$2.81
55	2.62	2.76	2.91	3.06
60	2.80	2.99	3.17	3.37
65	3.04	3.27	3.52	3.79
70	3.34	3.65	4.00	4.37
* Age nearest birthday.				

OTHER SETTLEMENT OPTIONS - The Proceeds will be paid in any other manner agreed to by us.

INTEREST FROM DATE OF DEATH - If the Proceeds under this Policy are not paid within thirty (30) days after we receive due proof of the death of the Insured, we will pay interest on the Proceeds from the date of death to the date of payment. The interest rate will be 8 percent (8%) per annum.

In the event of the death of the Insured, the Proceeds payable under this Policy shall include the refund of all premiums, if any, paid beyond the month in which the death occurs. If the refund of premiums is not paid within thirty (30) days after we receive due proof of the death of the Insured, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than two percent (2%).

CONDITIONS - Proceeds of less than \$1,000.00 shall be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$20.00.

A corporation may receive payments under a life income option only if the payments are based on the life of the Insured, or a surviving spouse or dependent of the Insured.

If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining Proceeds will be paid following the death of the person receiving the payments.

A Beneficiary may select a settlement option only after the Insured's death. However, You may provide that the Beneficiary will not be permitted to change the settlement option You have selected.

PROCEEDS EXEMPT FROM THE CLAIMS OF CREDITORS - To the extent permitted by law, no payment of Proceeds or interest we make will be subject to the claims of any creditor. Also, if You provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, we will make those payments to a trustee we name. The trustee will apply those payments for the maintenance and support of the person You named to receive the payments.

BASIS FOR PAYMENT OF PROCEEDS - Options 1 through 5 are based on a guaranteed interest rate of two percent (2.0%) using the "2000 Annuity Table with projection".

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SUMMARY OF POLICY BENEFITS

DEATH PROCEEDS- The amount payable to the Beneficiary is the total of the following amounts determined on the date of the Insured's death:

- PLUS - The Face Amount of this Policy;
- PLUS - Any additional insurance on the Insured's life provided by an extra benefit rider;
- PLUS - The part of any premium paid which applies to a period after the Insured's death;
- MINUS - Any Indebtedness.

EXTRA BENEFIT RIDERS - The extra benefits, if any, listed on the Policy Specification Page are fully described in the extra benefit riders that are attached to this Policy.

YOUR RIGHTS - During the Insured's lifetime and unless otherwise provided in this Policy, You have the exclusive right to assign this Policy and to exercise every right, privilege and option this Policy grants or that we allow. Some of Your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the Policy after lapse.
- To receive Policy proceeds as income.
- To convert the Policy.

To exercise any of these rights, or to apply for the Proceeds or any benefits under this Policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.



WESTERN RESERVE LIFE
ASSURANCE CO. OF OHIO

A Stock Company

Home Office located at: Columbus, Ohio

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

**TERM TO AGE 95 LIFE INSURANCE POLICY
CONVERSION PERIOD SPECIFIED ON THE POLICY SPECIFICATION PAGE
FACE AMOUNT PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NON-PARTICIPATING**

Please examine this Policy and the attached copy of the application(s) carefully. Contact Your agent if you desire additional services or information.

If You change Your address, please notify us at the Administrative Office giving Your full name and Policy number.

Your Policy is a valuable asset. For Your own protection, let us advise You regarding any suggestion to Terminate or replace this Policy.

ACKNOWLEDGMENT OF PROPOSED OWNER AND INSURED(S)—Each of the undersigned hereby certifies and represents as follows: The statements and answers given on this application are true and correct. I acknowledge and agree (A) that this application and any amendments shall be the basis for any insurance issued; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) except as provided in the Conditional Receipt, if issued with the same proposed Insured(s) as on this application, no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the proposed Owner must have personally received and accepted the policy during the lifetime of all proposed Insured(s) and while all proposed Insured(s) are in good health; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete, and the insurance will not take effect if the facts have changed. Unless otherwise stated the undersigned applicant is the premium payor and Owner of the policy applied for.

I authorize MIB Group, Inc. and its members or affiliates, my employer or former employer, any consumer reporting agency or governmental agency, medical provider, or any insurer or reinsurer to provide medical or personal information about me that is reasonably required for the purposes stated in this authorization to Western Reserve Life Assurance Co. of Ohio, its administrators, representatives or its reinsurers. I understand the information obtained by use of the authorization will be used by Western Reserve Life Assurance Co. of Ohio to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by Western Reserve Life Assurance Co. of Ohio to any person or organization except to reinsurers, MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize. This authorization will expire 30 months from the date signed. A copy of this authorization shall be as valid as the original. Either my authorized representative or I may receive a copy of this authorization upon request.

The Company shall have sixty days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the applicant or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Group, Inc. Pre-Notification, (3) Notice of Insurance Information Practices, and (4) Disclosure for Accelerated Terminal Illness Benefit, if required. I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

I also understand that I will not receive any insurance coverage for any money paid with this application unless a policy is issued except in accordance with the terms of the Conditional Receipt.

Please make checks payable to Western Reserve Life Assurance Co. of Ohio. Do not make checks payable to the agent or leave the payee space blank on your check.

Amount paid with application: \$ _____ **Best time for a personal history interview:** _____ a.m./p.m. **Okay to contact at work?** Yes No

FRAUD WARNING: 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.

Dated at _____ this _____ day of _____, _____
 City State Month Year

 Signature of proposed Primary Insured

 Signature of proposed Owner (if other than proposed Primary Insured)

 Signature of Parent or Legal Guardian
 (if proposed Primary Insured is Under 18 years of age)

 Signature of Additional Insured

TAX NOTICE AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under current federal tax laws, the Company is required to obtain your Taxpayer Identification Number (e.g., a social security or employer identification number, or "TIN") and certification that you are not subject to backup withholding. Please review the following certification and sign accordingly.

Under penalties of perjury, I certify that (1) the TIN listed in this application is my correct TIN; (2) I have not been notified that I am subject to backup withholding or I am not subject to backup withholding because I am an exempt recipient; and (3) I am a U.S. Person (U.S. citizen/legal resident). If not a U.S. Person, I have completed the appropriate Form W-8BEN. The IRS does not require your consent to any provision of this form other than this certification.

Signature of proposed Owner _____ **Date** _____

AGENT INFORMATION & SIGNATURE

Signature of Agent ()	(Print First and Last Name) ()	Agent #
Telephone Number	Agent Fax #	Agent E-mail Address
Split Agent Signature (If Applicable) ()	(Print First and Last Name) ()	Agent #
Telephone Number	Agent Fax #	Agent E-mail Address
• Did you ask all questions on the application in the presence of the proposed Insured, record the answers as given, and witness all signatures? If not, please provide details.		Yes <input type="checkbox"/> No <input type="checkbox"/>
• Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? (If yes, submit the state required forms.)		Yes <input type="checkbox"/> No <input type="checkbox"/>

CONDITIONAL RECEIPT

(Detach and leave with applicant only if money is submitted with application. **If within the past 12 months any proposed Insured has been treated for or experienced heart trouble, stroke or cancer, no payment may be accepted with the application.** Do not accept money unless all required signatures below are obtained.)

PLEASE READ THIS CAREFULLY

No coverage will become effective prior to the delivery of the policy applied for unless and until all conditions of this receipt have been fulfilled exactly. No agent or field representative is authorized to waive or modify any of the provisions of the Conditional Receipt.

Make all checks payable to the Company. Do not make checks payable to the agent or leave the payee blank or you may jeopardize the insurance for which you have applied.

Received from _____, the sum of \$ _____ for the insurance application dated _____, with _____ as the proposed Insured(s). The policy you applied for will not become effective unless and until a policy contract is delivered to you and all other conditions of coverage are met. However, subject to the conditions and limitations of this Receipt, conditional insurance under the terms of the policy applied for may become effective as of the later of (1) the date of application and (2) the date of the last medical examination, tests, and other screenings required by the Company, if any (the "Effective Date"). Such conditional insurance will take effect as of the Effective Date, so long as all of the following requirements are met:

1. Each person proposed to be insured is found to have been insurable as of the Effective Date, exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;
2. As of the Effective Date, all statements and answers given in the application must be true;
3. The payment made with the application must not be less than the full initial premium for the mode of payment chosen in the application, must be received at our Administrative Office within the lifetime of the proposed Insured to whom the conditional coverage would apply and, if in the form of check or draft, must be honored for payment;
4. All medical examinations, tests, and other screenings required of the proposed Insured by the Company are completed and the results received at our Administrative Office within 60 days of the date the application was completed; and
5. All parts of the application, any supplemental application, questionnaires, addendum and/or amendment to the application are signed and received at our Administrative Office.

Any conditional coverage provided by this Receipt will terminate on the earliest of: (a) 60 days from the date the application was signed; (b) the date the Company either mails notice to the applicant of the rejection of the application and/or mails a refund of any amounts paid with the application; (c) when the insurance applied for goes into effect under the terms of the policy applied for; or (d) the date the Company offers to provide insurance on terms that differ from the insurance for which you have applied.

If one or more of this Receipt's conditions have not been met exactly, or if a proposed Insured dies by suicide, the Company will not be liable except to return any payment made with the application.

If the Company does not approve and accept the application for insurance within 60 days of the date you signed the application, the application will be deemed to be rejected by the Company and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment(s) you have made upon return of this Receipt to the Company.

The aggregate amount of conditional coverage provided under this Receipt, if any, and any other conditional receipt issued by the Company shall be limited to the lesser of the amount(s) applied for or \$500,000 of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

Authorization (Signatures Required)

I certify that I have read and reviewed the Conditional Receipt and the Acknowledgment of the applicant and proposed Insured in the application. The terms and conditions of the Conditional Receipt have been explained to me fully by the agent and I understand them.

Dated at _____ on _____
City State Date Signature of Agent or Authorized Company Rep

Signature of proposed Insured Signature of Applicant (if other than proposed Insured)

DETACH AND LEAVE THIS PAGE WITH APPLICANT

NOTICE TO PERSONS APPLYING FOR INSURANCE REGARDING INVESTIGATIVE REPORT

To proposed Insured: In connection with this application, an investigative consumer report may be prepared about you. Such reports are part of the process of evaluating risks for life and health insurance. Typically, this report will contain information about your character, general reputation, personal characteristics and mode of living. The information in the report may be obtained by talking with you or members of your family, business associates, financial sources, neighbors, and others you know. You may ask to be interviewed in connection with the preparation of any such report. Also, we may have the report updated if you apply for more coverage.

Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

MIB GROUP, INC. (MIB) PRE-NOTIFICATION

To proposed Insured and other persons proposed to be insured, if any. Information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make a brief report on this information to MIB Group, Inc., a non-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may, upon request, supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02122; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

NOTICE OF INSURANCE INFORMATION PRACTICES

To proposed Insured: Personal information may be collected from persons other than the individual(s) proposed for coverage. Such information as well as other personal or privileged information subsequently collected by us or our agent may in certain circumstances be disclosed to third parties without authorization. Upon request, you have the right to access your personal information and ask for corrections. You may obtain a complete description of our Information Practices by writing to Western Reserve Life Assurance Co. of Ohio, Attn: Director of Underwriting, [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499].

PLEASE PROVIDE A COPY OF THIS NOTICE TO THE PROPOSED INSURED IF NOT A HOUSEHOLD MEMBER.



A Stock Company
Home Office located at: Columbus, Ohio
Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

WAIVER OF PREMIUM BENEFIT RIDER

This extra benefit Rider, attached to and made a part of the Policy, provides as described below, waiver of premium in the event of total and permanent disability of the Insured.

We agree to waive payment of premiums for the Policy and any Riders when we receive proof of the following:

1. The Insured is totally and permanently disabled;
2. The disability began while this Rider was in force;
3. The disability has lasted continuously for at least 6 (six) months during the Insured's lifetime; and
4. The disability commenced prior to the Policy anniversary following the Insured's 65th birthday.

PREMIUMS TO BE WAIVED

We will waive the premium payments while the Insured is totally and permanently disabled. Premiums waived will be in the same frequency of payment as when disability began. No premium will be waived for the due date which is more than one year prior to our receipt at the home office of written notice and proof of the Insured's disability. If the premiums for the Policy are being waived under any Rider, we will waive the premiums for this Rider.

When you claim waiver of premiums, you are to pay premiums for at least 6 (six) months or until we approve the claim. If we waive a premium that has been paid, we will refund it, or include it in the proceeds payable under the Policy.

If total and permanent disability begins in the grace period of an unpaid premium, we will not waive that premium.

No Premiums will be waived for periods of Total Disability during which you are not under the normal and customary care of a physician. Physician means a duly licensed or certified practitioner of the healing arts, other than yourself or a member of your immediate family, who is legally licensed to diagnose and treat any sickness or injury within the scope of his practice. No Premiums will be waived after Total Disability ceases.

Separate periods of Total Disability beginning while this benefit is in force will be considered as one continuous disability period unless such separate periods are:

1. due to unrelated causes; or
2. due to the same or related causes, but are separated by at least 6 (six) months during which the Insured has returned to work on a continuous basis.

Benefits under the Policy will be the same as if the premiums waived had been paid in cash. This Rider will not affect the Nonforfeiture Options in the Policy, if any.

No benefits will be payable if premiums are being waived by another Rider attached to the Policy.

DEFINITION OF TOTAL AND PERMANENT DISABILITY

Disability shall be considered to be total when the Insured is unable to gainfully perform the major duties of his or her regular occupation.

During the first two years of disability, occupation means the Insured's occupation at the time disability began. The Insured's occupation includes attending school or college as a full time student.

After the first two years of disability, occupation means any occupation for which the Insured is reasonably suited by education, training or experience.

Such total disability shall be presumed to be permanent (but only for the purpose of determining the commencement of liability hereunder) when it is present and has existed continuously for not less than 6 (six) consecutive months. If the total disability begins while the Insured is retired or temporarily unemployed, the word "occupation" means the last regular occupation at which the Insured was gainfully employed on a full time basis before the injury or sickness started.

NOTICE AND PROOF

Before we waive any premium, we must receive at our home office written notice and due proof of total and permanent disability. The notice and proof must reach us:

1. While the Insured is living; and
2. While the Insured is totally and permanently disabled; and
3. Not later than one year after the due date of any premium that is to be waived.

However, these time limits will not apply if we are satisfied that notice (or proof) was given as soon as reasonably possible.

At reasonable intervals, we can require due proof that the total and permanent disability is continuing. If proof is not given, we will stop waiving premiums. After the first two years of total and permanent disability, we will not ordinarily require proof more often than once a year.

As part of due proof, we can require, at our expense, that the Insured be examined by a physician of our choice.

You have the obligation to inform us immediately if you are no longer disabled or if you return to work.

DISABILITIES NOT COVERED

We will not waive premiums if the Insured's disability results from:

1. War, declared or undeclared, or
2. The Insured's military service for any country at war, or
3. Intentionally self-inflicted injury; or
4. Bodily injury or disease occurring before the effective date of this Rider, which was not disclosed on the application.

THE CONTRACT

In this Rider "Policy" means the Policy in which you have requested that this Rider be included. "Page 3" means page 3 of the Policy.

The premiums for this Rider will be included in the total premium as shown on page 3 of the Policy.

This Rider is issued in consideration of the application and the payment of premiums as provided.

The Insured is the person shown as the Insured on page 3 for this Rider.

This Rider is a part of the Policy. All provisions of the Policy which are not inconsistent with the provisions of this Rider apply to this Rider.

RIDER DATE

Rider months, years and anniversaries are measured from the Rider date. The Rider date is the Policy date unless a different Rider date is shown in the Policy or an endorsement attached to the Policy. When used in the Rider, "date of issue" means the Rider date.

INCONTESTABILITY

This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the date of issue of this Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The Policy anniversary following the Insured's 65th birthday.
2. The date this Rider or the Policy lapses for failure to pay a premium.
3. The date we receive your written request to terminate this Rider.
4. The date the Policy terminates, expires, or is converted.
5. The date a Nonforfeiture Option under the Policy, if any, becomes effective.

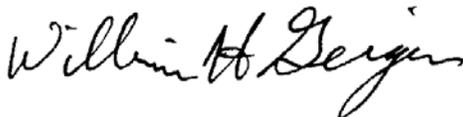
Any premium on the Policy falling due on or after the termination of this Rider shall automatically be reduced by the premium for this Rider.

You may terminate this Rider by written request.

Our acceptance of a premium, for any period after the date of termination of this Rider, shall create no liability to us, nor will it constitute a waiver of the termination. Any premium, which has been accepted by us, will be refunded.

Termination will not effect any claim which may be made because of total and permanent disability which began prior to termination.

Signed for us at our Home Office.



SECRETARY



PRESIDENT



A Stock Company
Home Office located at: Columbus, Ohio
Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

ADDITIONAL INSURED TERM TO AGE 95 LIFE INSURANCE RIDER

This Rider, attached to and made a part of the Policy, provides term life insurance on the Additional Insured to age ninety-five (95), as described below.

We agree to pay the Death Benefit to your Beneficiary when we receive due proof at our Administrative Office of the following:

1. The death of the Additional Insured under this Rider; and
2. The Additional Insured's death occurred while this Rider was in force.

ADDITIONAL INSURED - Means the person named as the Additional Insured on the Policy Specification Page of the Policy to which this Rider is attached.

ADDITIONAL INSURED'S AGE - Means the Additional Insured's Age at the Additional Insured's last birthday, unless we state otherwise.

EXPIRY DATE - Means the earliest of (a) the Rider anniversary after the Additional Insured attains Age ninety-five (95) or (b) the Rider anniversary after the Insured attains Age ninety-five (95).

DEATH BENEFIT - The death benefit payable for this Rider is shown on the Policy Specification Page.

TERMINATION - This Rider will terminate on the earliest of the following dates:

1. The Expiry Date of this Rider or the Policy.
2. The date the Rider or Policy lapses for failure to pay a premium.
3. The date the Policy is terminated, exchanged, converted or surrendered.
4. The death of the Additional Insured or the Insured.
5. The date the conversion option under the Policy, if any, becomes effective.
6. The date a nonforfeiture option under the Policy, if any, becomes effective.
7. The date you terminate this Rider by written request.

Our acceptance of a premium, for any period after the date of termination of this Rider, shall create no liability to us, nor will it constitute a waiver of the termination of the Rider, and any premium so accepted by us will be refunded.

THE POLICY - In this Rider, Policy means the policy to which you have requested that this Rider be attached.

This Rider is issued in consideration of the application and the payment of premiums as provided.

The amount of insurance under this Rider and the premium-paying period are shown on the Policy Specification Page of the Policy.

If premiums are being waived on the Policy, then the waiver also applies to this Rider.

This Rider is a part of the Policy. All provisions of the Policy which are not inconsistent with the provisions of this Rider apply to this Rider.

RIDER DATE - Rider months, years and anniversaries are measured from the Rider Date. The Rider Date is the Policy Date unless a different Rider Date is shown in the Policy, or in an endorsement attached to the Policy.

SUICIDE - If the Additional Insured, whether sane or insane, dies by suicide within two (2) years from the Rider Date, our liability will be limited to an amount equal to the premiums paid for this Rider.

If the Rider or Policy is reinstated, this Section will be reinstated. A new two (2) year period shall apply beginning on the date of reinstatement. If the Additional Insured, whether sane or insane, dies by suicide within two (2) years from the reinstatement date, our liability for this Rider will be limited to an amount equal to the premiums paid for this Rider from the date of reinstatement.

INCONTESTABILITY - This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the Rider Date.

REINSTATEMENT - If a Rider premium is not received before the end of the thirty-one (31) day Grace Period as outlined in the Policy, this Rider will terminate and no further Rider premium payments may be made.

However, even if the Rider terminates, during the lifetime of the Additional Insured, the Rider can be reinstated if it was terminated because a Grace Period ended without sufficient payment. Any reinstatement must be completed within five (5) years from the end of the grace period. We will require:

1. Your Written Request to reinstate this Rider;
2. The Additional Insured's written consent to reinstate;
3. Evidence of insurability satisfactory to us; and
4. Payment of all overdue Rider premiums with interest from the due date of each premium. The interest rate is six percent (6%) per annum, compounded annually.

NON-PARTICIPATION - This Rider will not share in our surplus earnings.

BASIS OF COMPUTATION - The 2001 CSO, (Nonsmoker and Smoker), Age Last Birthday tables were used as the basis for computation. Reserves are not less than the required minimum reserves.

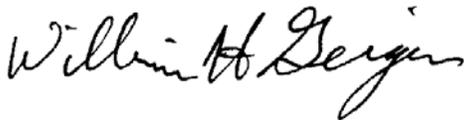
PREMIUMS FOR THIS RIDER - The premiums for this Rider will be included in the total premium as shown on the Policy Specification Page of the Policy. If this Rider is terminated, the total premium for the Policy will be reduced by the amount of premium for this Rider. Premiums for this Rider will increase on the First Premium Increase Date and every Policy Anniversary thereafter.

CONVERSION OPTION - While this Rider is in force, you may convert it to a new policy. The conversion may be made prior to the earlier of the Additional Insured's Age seventy (70) or the First Premium Increase Date on the Policy, if no premium is then in default. The following conditions apply:

1. The face amount of the new policy does not exceed the amount of insurance under this Rider on the date of conversion.
2. The face amount of the new policy may not be less than the minimum amount we issue. There will always be a plan available in an amount to which you may convert.
3. You must send us a Written Request for the conversion.
4. The new policy is on any life insurance plan written by us that is eligible for conversion, other than term insurance.
5. Premiums for the new policy will be for the same class of risk or a similar class of risk, if the same class is not available on the new policy. Premiums will be based on the Additional Insured's Age as of the date of the new policy.
6. The new policy is dated as of the date of conversion. Coverage under this Rider terminates when coverage under the new policy begins.
7. If premiums are being waived under a Rider attached to this Policy at the time of conversion, the premiums under the new policy will not be waived.
8. No evidence of insurability will be required if all of the conditions listed above are met.

If the Rider is converted in accordance with the conversion conditions listed above and if the Rider has passed its second Rider anniversary, the Incontestability and Suicide provisions in the new policy shall not apply. Otherwise, the Incontestability and Suicide provisions shall remain in effect for the remainder of the two (2) year period beginning on the Rider Date.

Signed for us at our Home Office.



SECRETARY



PRESIDENT



A Stock Company
Home Office located at: Columbus, Ohio
Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

MONTHLY DISABILITY INCOME RIDER

We agree to pay the Monthly Disability Income Benefit shown on the Policy Specification Page of your Policy, for a Maximum Benefit Period of up to two (2) years while the Total Disability continues, when we receive proof of the following:

1. That the Insured is Totally Disabled;
2. That the disability began while this Rider was In Force;
3. That the disability lasts continuously for at least ninety (90) days while covered under this Rider; and
4. That the disability began prior to the Policy anniversary following the Insured's 65th birthday.

OWN OCCUPATION - Means an occupation of the same type you were performing when you became disabled. Your Own Occupation is not limited to the specific job you were performing when you became disabled or to work at the same location or for the same employer. If you are not working when you became disabled, your Own Occupation means any occupation for which you are or may become reasonably qualified by education, training or prior experience.

PHYSICIAN - A duly licensed or certified practitioner of the healing arts, other than yourself or a member of your immediate family, who is legally licensed to diagnose and treat any sickness or injury within the scope of their practice.

WAITING PERIOD - A continuous period of ninety (90) days at the beginning of each period of Total Disability. It begins the day the Insured is first treated by a Physician after disability starts. Once the ninety (90) day period is satisfied, we will pay benefits retroactive to the day the Insured is first treated by a Physician after disability starts.

MAXIMUM BENEFIT PERIOD - The longest period of time we will pay Total Disability benefits during each continuous Total Disability. The Maximum Benefit Period is two (2) years.

TOTAL DISABILITY - An Insured's continuous and complete inability to gainfully perform the duties of his or her Own Occupation. To be considered Totally Disabled for purposes of this Rider, the Insured must be under the regular care of a Physician appropriate for the medical condition causing the Total Disability.

SEPARATE PERIODS OF TOTAL DISABILITY - Separate Periods of Total Disability beginning while this Rider is In Force will be considered as one continuous disability period unless such separate periods are:

1. Due to unrelated causes; or
2. Due to the same or related causes, but are separated by at least six (6) months during which the Insured has returned to work on a continuous basis.

One ninety (90) day Waiting Period and Maximum Benefit Period of two (2) years will apply to each continuous period of Total Disability. The ninety (90) day Waiting Period may not be satisfied during any period for which Total Disability benefits are being paid under this Rider.

CONCURRENT DISABILITIES - If a disability is caused by more than one (1) injury or sickness, we will pay benefits as if the disability was caused by only one (1) primary injury or sickness.

NOTICE AND PROOF - Before we pay the Monthly Disability Income Benefit, we must receive at our Administrative Office written notice and due proof of the Total Disability. The Notice and Proof must reach us:

1. While the Insured is living;
2. While the Insured is Totally Disabled; and
3. Before the Policy anniversary following the Insured's 65th birthday.

In any event, the Notice and Proof must be given no later than one (1) year from the time Notice and Proof is otherwise required.

At reasonable intervals, we can require due proof that the disability is continuing. If proof is not given, we will stop paying the Monthly Disability Income Benefit. As part of due proof, we can require that the Insured be examined by a doctor or doctors of our choice at our expense. You have the obligation to inform us immediately if you are no longer disabled or if you return to work.

DISABILITIES NOT COVERED - We will not pay the Monthly Disability Income Benefit for a disability that results from:

1. Suicide, attempted suicide, or self-inflicted injury while sane or insane.
2. War or any act of war, whether declared or undeclared.
3. Active participation in a riot or insurrection.
4. Serving in the military forces of any country, including non-military units supporting such forces.
5. Commission of a felony or being engaged in an illegal activity or occupation.
6. Travel or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
7. An accident while under the influence of alcohol or drugs other than those taken in accordance with Physician instructions.
8. Normal pregnancy or childbirth except for complications of pregnancy. Complications of pregnancy means any disease, disorder, or condition whose diagnoses are distinct from pregnancy but are adversely affected by or caused by pregnancy, and which:
 1. Requires Physician prescribed supervision; and
 2. If not related to pregnancy, would be covered by the provision of this Rider.
9. A pre-existing condition during the first twenty-four (24) months following the Rider Date. A pre-existing condition means:
 1. A condition for which the Insured received medical care, treatment, services, medications, diagnosis, diagnostic tests or consultation in the two (2) year period preceding the Rider Date; or
 2. A condition which produced symptoms in the two (2) year period preceding the Rider Date.
10. Any exclusion as stated in the attached Special Exceptions Rider, if applicable.

PREMIUM - We reserve the right to change the premium rates applicable to this Rider after the first Policy year. In the event of a change in the premium rates, such change will apply on a class basis and only to premium becoming due on or after the effective date of such a change in premium. A written notice will be sent to you at least thirty (30) days, or such other notice period required by your state, prior to any change of premium. In no event will the premium be greater than five (5) times the premium for this Rider shown on the Policy Specification Page of your Policy.

THE POLICY- In this Rider, Policy means the policy to which you have requested that this Rider be attached.

This Rider is issued in consideration of the application and payment of premiums as provided.

The Insured is the person shown as the Insured for this Rider on the Policy Specification Page of your Policy.

If a Waiver of Premium Rider is included in the Policy, that Rider will also apply to the premium payable for this Rider.

This Rider is a part of the Policy. Except as stated in this Rider, all other Policy provisions apply.

RIDER DATE - Rider months, years and anniversaries are measured from the Rider Date. The Rider Date is the Policy Date unless a different Rider Date is shown in the Policy, or an endorsement attached to the Policy.

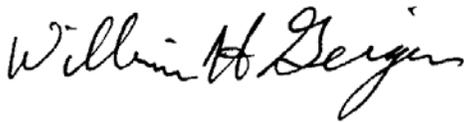
INCONTESTABILITY - This Rider is subject to the incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the Rider Date and shall be extended for any period of Total Disability for which a claim is submitted under this Rider if such period commences during the first two (2) years following the Rider Date.

TERMINATION - This Monthly Disability Income Rider shall terminate on the earliest of the following dates:

1. On the Policy anniversary following the Insured's 65th birthday, unless the Insured is Totally Disabled. If the Insured is Totally Disabled at such time, the Monthly Disability Income Benefits shall continue until the Maximum Benefit Period is reached. No benefit will be payable after the Policy Anniversary following the Insured's 67th birthday.
2. The date this Rider or the Policy lapses for failure to pay a premium, except as provided in the grace period provision of the Policy.
3. The date the Policy becomes paid up, expires, matures as an endowment or otherwise terminates.
4. The date a Nonforfeiture Option under the Policy, if any, becomes effective.
5. Your written request to terminate this Rider.

Our acceptance of a premium, for any period after the date of termination of this Rider, shall create no liability to us, nor will it constitute a waiver of the termination. Any premium for this Rider that has been accepted by us and that applies to a period after the date of termination of the Rider shall be refunded.

Signed for us at our Home Office.



SECRETARY



PRESIDENT



A Stock Company
Home Office located at: Columbus, Ohio
Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

RETURN OF PREMIUM RIDER

This Rider, attached to and made a part of the Policy, provides a Return of Premium Benefit, as described below.

We agree to pay to the Owner a portion of the total premiums paid for the Policy and any riders when the Policy Terminates. The amount we will pay equals the benefit as defined in the Table of Rider Values on the Policy Specification Page of the Policy to which this Rider is attached.

TERMINATION – This Rider will terminate on the earliest of the following dates or events:

1. Payment of the Endowment Benefit; or
2. The date the Policy lapses for failure to pay a premium; or
3. The date You request termination by a Written Request; or
4. The date of surrender, termination, or conversion of the Policy; or
5. The date of the Insured's death; or
6. When any Nonforfeiture Option goes into effect.

Our acceptance of a premium, for any period after the date of termination of this Rider, shall create no liability to us, nor will it constitute a waiver of the termination. Any premium, which has been accepted by us, will be refunded.

You may terminate this Rider by Written Request. If this Rider has terminated, you can not reinstate it.

THE POLICY - In this Rider, Policy means the policy to which you have requested that this Rider be attached.

This Rider is issued in consideration of the application and the payment of premiums as provided.

If premiums are being waived on the Policy, then the waiver also applies to this Rider.

This Rider is a part of the Policy. All provisions of the Policy which are not inconsistent with the provisions of this Rider apply to this Rider.

RIDER DATE – Rider months, years, and anniversaries are measured from the Rider Date. The Rider Date is the Policy Date.

PREMIUMS – The premiums for this Rider will be included in the total premium as shown on the Policy Specification Page of the Policy and must be paid with the Policy premium. Premiums for this Rider are payable to the age shown for this Rider on the Policy Specification Page. If this Rider is terminated, the total premium for the Policy will be reduced by the amount of premium for this Rider.

GRACE PERIOD – Your grace period is defined in Your Policy except as provided for in the Automatic Premium Loans or Nonforfeiture Options provisions of this Rider. In addition, if any loan interest due (that has not been paid in cash by the end of the thirty-one (31) day Grace Period) exceeds the Net Rider Value, Your Policy will Lapse, except as provided for in the Nonforfeiture Options provisions. (See Loan Repayment provision.)

REINSTATEMENT – Your Reinstatement provision is defined in Your Policy except, we will not Reinstatement the Policy if it was surrendered for its Net Rider Value. For us to consider Reinstatement, we will also require payment of any Indebtedness with interest. If any loans existed when the Policy Lapsed or the Policy was changed to Extended Level Term Insurance or Reduced Paid-Up Insurance, You may repay Your outstanding loans with interest or these outstanding loans with interest will be reinstated with Your Policy. Interest will be compounded annually from the date of Lapse at the loan interest rate of 7.4% in advance.

CONVERSION PRIVILEGE – Conversion cannot be made if the Policy coverage is currently continued as Extended Level Term Insurance or Reduced Paid-Up Insurance. Any Net Rider Value available at time of conversion will be credited as premium for the new policy.

DEFINITIONS

When we use the following words in this Rider, this is what we mean:

ENDOWMENT DATE – The date on which we will pay the Endowment Benefit as described in the Rider Value Endowment Benefit section of this Rider and is shown on the Table of Rider Values.

LAPSE OR LAPSED – This occurs when premium is in default or unpaid loan interest due exceeds the Net Rider Value, resulting in the Insured's life no longer being insured under the terms of the Policy. If there is remaining Net Rider Value at the end of the Grace Period, it will be applied under the Nonforfeiture Options provision.

LOAN – A loan secured by this Rider, including loan interest.

LOAN VALUE – The maximum amount which may be borrowed under the Rider Loan provision.

NET RIDER VALUE – The Net Rider Value is the Rider Value minus any outstanding Loan.

RIDER VALUE – The amount available to You under the terms of this Rider (see Rider Value Endowment Benefit section). This amount is available for Loans as described in the Rider Loan provision.

RIDER VALUE ENDOWMENT BENEFIT

RIDER VALUE – This Rider provides Rider Value benefits. The Rider Values at the end of certain Policy years are shown in the Table of Rider Values. The Rider Value will exclude any premium amount paid by us on Your behalf under any Waiver of Premium benefit. There is no Rider Value after the Endowment Date.

NET RIDER VALUE – You may use Your Net Rider Value to purchase Reduced Paid-Up Insurance or Extended Level Term Insurance, or You may receive the Net Rider Value upon surrender of the Rider.

SURRENDER OF RIDER – You may surrender this Rider for its Net Rider Value by returning this Rider to Us with a request for surrender during the lifetime of the Insured. In such case, this Rider will end on the date we receive Your request. Except for payment of its Net Rider Value, this Rider will then provide no further benefit or value.

NONFORFEITURE OPTIONS – If the Policy Lapses as provided in the Policy's Grace Period provision, this Rider may have a Net Rider Value (see Table of Rider Values). We will require Your Written Request and the return of the Policy if You select one (1) of the three (3) available options below. If we do not receive Your written instructions by the end of the Grace Period, the Policy will automatically go to the Extended Level Term Insurance option (if available), otherwise Reduced Paid-Up Insurance.

1. Rider Surrender – This Rider may be surrendered for its Net Rider Value.
2. Reduced Paid-Up Insurance – You may use the Net Rider Value to continue Your Policy coverage as a nonparticipating paid-up endowment at Age 95, at the net single premium rate for the Insured's attained Age. The face amount of the paid-up endowment will be equal to or less than the current Face Amount at the time You elect this option, payable under the same conditions as the Policy.

3. Extended Level Term Insurance – Under this option, You may use the Net Rider Value to continue Your Policy coverage as Extended Level Term Insurance. The face amount will be the same as the Face Amount of the Policy minus any outstanding Loans at the time of Lapse. The Extended Level Term Insurance will begin at the earlier of the Lapse date or when you elect this option and continue for a period of time based on the net single premium rate and the Insured's attained Age. At the end of that duration, the insurance will Terminate and there will be no Net Rider Value remaining.

ENDOWMENT BENEFIT – The Endowment Benefit is equal to the Net Rider Value on the Endowment Date. We will pay the Endowment Benefit to You on the Endowment Date if the Insured is living and this Rider is still In Force. The Rider terminates upon payment of the Endowment Benefit.

RIDER LOAN – When this Rider has a Rider Value, we will make a Loan subject to the following conditions:

1. The Loan Value is the Rider Value of the Rider at the end of the Policy Year in which the Loan is made minus:
 - a. Any existing Loan(s);
 - b. Interest on the amount of any existing Loan(s) and the proposed Loan to the end of the Policy Year; and
 - c. Premiums payable under the Policy to the end of the Policy Year.
2. We will charge interest on the total Loan balance each year, in advance, on the Policy Anniversary. The Loan interest rate is 7.4% in advance. If you do not pay the interest when it is due, we will add the amount of interest to the Loan. We will charge interest on this amount at the same interest rate being charged on the Loan.
3. If the Insured dies, we will deduct the outstanding Loan from the death benefit before we pay the death benefit to the Beneficiary.
4. The Loan will be secured by that portion of the Rider Value equal to the amount of the Loan.

LOAN REPAYMENT – You may repay part or all of any outstanding Loan balance at any time while the Insured is living.

If You wish to make a Loan repayment, You must tell us that the payment You send us is for that purpose. Unless Your payment is clearly marked as a Loan repayment, we will apply it first to any premium due. Any remaining balance will then be applied as a Loan repayment. When we receive a Loan repayment, we will apply it to the portion of the Rider Value that secures the Loan.

The Policy will not automatically Lapse if you do not repay a Loan. However, the Policy may Lapse if the Net Rider Value is not large enough to cover any loan interest due that is not paid in cash. (See Grace Period Provision for additional details.)

AUTOMATIC PREMIUM LOANS – If this provision is made effective as described below, any premium which remains unpaid at the end of a grace period will be paid by automatic Loan subject to the following conditions:

1. If the Loan Value of this Rider is insufficient to pay a quarterly Policy premium, no automatic Loan will be made. If there is any Net Rider Value remaining, we will apply it to the applicable Nonforfeiture Option. If there is no Net Rider Value, the Policy will Lapse.
2. If on a Policy Anniversary, two (2) or more premiums due immediately before that anniversary have been paid by automatic premium Loan, we may change the frequency of premium payment to annual provided the Loan Value of this Rider is sufficient to pay the next annual Policy premium.
3. The automatic premium Loan is subject to the Policy Loan provision.

This provision will only be effective if You send in a Written Request to our Administrative Office. This provision may later be made ineffective by sending in a subsequent Written Request to our Administrative Office.

DEFERRAL OF RIDER VALUE AND LOAN PAYMENT

We reserve the right to defer payment of the Net Rider Value for up to six (6) months after we receive Your Written Request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is thirty (30) days or more.

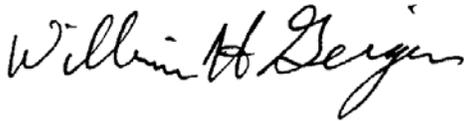
We may delay making a Loan to you for up to six (6) months after we receive Your Written Request for the Loan. We will not delay any loan made to pay premiums due to us on the Policy.

BASIS USED FOR CALCULATIONS – The Reduced Paid-Up Insurance and Extended Level Term Insurance options are based on:

- 2001 CSO Nonsmoker and Smoker Ultimate Tables;
- Age Last Birthday;
- Maximum Interest Rate permissible by the Standard Nonforfeiture Law;
- Death occurring at the end of the Policy Year.

Rider Values will equal or exceed those required by the state in which the Policy is delivered. A detailed statement of the method used to compute those values has been filed with the insurance department of that state.

Signed for us at our Home Office.



SECRETARY



PRESIDENT

SERFF Tracking Number: AEGB-125882959 State: Arkansas
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 40764
Company Tracking Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium
Product Name: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107
Project Name/Number: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107/TL07 0107 AR, L1160808WAR,
ABWP0500 00 300, AIR06 0107, MDI04 0107, RPR01 0107

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/31/2008

Comments:

Attachments:

23-79-138 cert W.pdf
Bulletin 11-83 Cert W.pdf
Flesch Score W - TL07, L116, ABWP, RPR, AIR, MDI04.pdf
GuarantyAssocCert - Regulation 49 W.pdf
Regulation 19 Cert W.pdf

Review Status:

Satisfied -Name: 20 Year ROP Spec Page

11/04/2008

Comments:

Attachment:

20 Year ROP Unisex Spec Page.pdf

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499

STATE OF ARKANSAS

RE: TL07 0107 AR, L1160808WAR, ABWP0500 00 300, RPR01 0107, AIR06 0107, MDI04 0107

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

Hereby certified on this 29th day of October, 2008.

By: Cheryl Bock

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE:

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

Hereby certified on this day of

By:

**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
FLESCH READABILITY CERTIFICATION**

<u>Form Number (may vary by state)</u>	<u>Flesch Score</u>
TL07 0107	50.0
L1160808W	52.4
ABWP0500 00 300	53.8
RPR01 0107	51.0
AIR06 0107	50.0
MDI04 0107	52.7

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE:

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice be given to each policy owner at the time of issue.

Hereby certified on this day of

By:

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

RE:

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Hereby certified on this day of October 29, 2008

By:

POLICY SPECIFICATION PAGE

POLICY NUMBER: [110 01 SAMPLE]

INSURED: [JOHN DOE]

FACE AMOUNT: [\$100,000.00]

POLICY DATE: [JANUARY 1, 2007]

ISSUE AGE: [35]

EXPIRY DATE: [JANUARY 1, 2067]

OWNER(S): [JOHN DOE]

FIRST PREMIUM INCREASE DATE: [JANUARY 1, 2027]

PREMIUM CLASS: [NON-TOBACCO]

TYPE OF COVERAGE	AMOUNT	POLICY YEARS PREMIUM IS PAYABLE	GUARANTEED PREMIUM PAYMENTS (ANNUAL)
BASE POLICY LEVEL TERM INSURANCE TO AGE 95 Conversion allowed prior to the earlier of: First Premium Increase Date or Insured's Age 70	[\$100,000.00]	To Age 95	* \$ [222.00] *For the First 20 Policy Years
[Children's Benefit Rider]	[\$10,000.00]	To Age 25	[\$60.00]
[Waiver of Premium Benefit Rider]		To Age 65	[\$32.00]
[Return of Premium Rider]			[\$386.22]

Total Guaranteed Annual Premium on Policy Date..... \$ [700.22]

SCHEDULE OF TOTAL PREMIUMS

<u>Policy Year</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Years 1-20	\$ [700.22]	[\$350.11]	\$ [175.06]	\$ [58.35]

**GUARANTEED PREMIUM SCHEDULE
ANNUAL PREMIUMS FOR POLICY BENEFITS**

POLICY NUMBER: 110 01 SAMPLE

INSURED: JOHN DOE

POLICY YEAR	**BASE POLICY	***BASE POLICY PLUS ADDITIONAL BENEFITS	POLICY YEAR	**BASE POLICY	***BASE POLICY PLUS ADDITIONAL BENEFITS
21	\$1,474.00	\$1,566.00	41	\$10,027.00	\$10,027.00
22	1,607.00	1,699.00	42	11,136.00	11,136.00
23	1,747.00	1,839.00	43	12,327.00	12,327.00
24	1,894.00	1,986.00	44	13,568.00	13,568.00
25	2,056.00	2,148.00	45	14,899.00	14,899.00
26	2,239.00	2,271.00	46	16,719.00	16,719.00
27	2,446.00	2,478.00	47	18,793.00	18,793.00
28	2,689.00	2,721.00	48	21,183.00	21,183.00
29	2,971.00	3,003.00	49	23,933.00	23,933.00
30	3,296.00	3,328.00	50	27,010.00	27,010.00
31	3,651.00	3,651.00	51	30,384.00	30,384.00
32	4,037.00	4,037.00	52	34,013.00	34,013.00
33	4,443.00	4,443.00	53	37,896.00	37,896.00
34	4,875.00	4,875.00	54	41,984.00	41,984.00
35	5,339.00	5,339.00	55	46,333.00	46,333.00
36	5,870.00	5,870.00	56	50,975.00	50,975.00
37	6,552.00	6,552.00	57	55,991.00	55,991.00
38	7,196.00	7,196.00	58	61,524.00	61,524.00
39	8,032.00	8,032.00	59	67,798.00	67,798.00
40	8,986.00	8,986.00	60	75,586.00	75,586.00

**INCLUDES ANNUAL POLICY FEE OF \$[60.00]

***BASE POLICY PLUS ADDITIONAL BENEFITS COLUMN INCLUDES PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER, IF ELECTED.

TABLE OF RIDER VALUES

POLICY NUMBER: [110 01 SAMPLE]

ISSUE AGE: [35]

ENDOWMENT DATE: [JANUARY 1, 2027]

If all the premiums due have been paid to the Anniversary Date, the Rider Values will be:

END OF POLICY YEAR	*RIDER VALUE	*EXTENDED LEVEL TERM INSURANCE		*PAID-UP INSURANCE
		YEARS	DAYS	
1	\$-	0	0	\$-
2	-	0	0	-
3	-	0	0	-
4	-	0	0	-
5	-	0	0	-
6	126.04	0	318	732.00
7	343.11	2	49	1,910.00
8	672.21	3	250	3,590.00
9	1,260.40	6	36	6,458.00
10	2,100.66	8	321	10,330.00
11	3,003.94	11	4	14,183.00
12	3,949.24	12	248	17,908.00
13	5,006.57	14	62	21,809.00
14	6,077.91	15	97	25,437.00
15	7,247.28	16	84	29,148.00
16	8,514.68	17	38	32,919.00
17	9,761.07	17	269	36,290.00
18	11,091.48	18	111	39,674.00
19	12,505.93	18	288	43,060.00
20	14,004.40	19	75	46,443.00
21 & LATER	0	0	0	0

The Years and Days columns reflect the period for which Extended Level Term Insurance will be In Force at the end of the applicable Policy Year for the Face Amount of the Policy at time of Lapse. The Reduced Paid-Up insurance amount is the amount of reduced paid-up insurance that the Net Rider Value will purchase at the end of the applicable policy year.

*The Rider Values, Extended Term Insurance, and Reduced Paid-Up Insurance will be affected by the addition or deletion of riders, rider loans, and/or receipt of Waiver of Premium benefits.