

SERFF Tracking Number: ALSB-125763696 State: Arkansas  
Filing Company: Lincoln Benefit Life Company State Tracking Number: 40175  
Company Tracking Number: UL0820 SERIES  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: UL0820 Series  
Project Name/Number: UL0820 Series/UL0820 Series

## Filing at a Glance

Company: Lincoln Benefit Life Company

Product Name: UL0820 Series

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.101 External Indexed - Single

Life

Filing Type: Form

Implementation Date Requested:

State Filing Description:

SERFF Tr Num: ALSB-125763696 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40175

Co Tr Num: UL0820 SERIES

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Elizabeth Vassallo

Disposition Date: 11/06/2008

Date Submitted: 09/05/2008

Disposition Status: Approved

Implementation Date:

## General Information

Project Name: UL0820 Series

Project Number: UL0820 Series

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Corresponding Filing Tracking Number:

Filing Description:

UL0820 - Flexible Premium Adjustable Indexed Life Insurance Policy

UL0821 - Annual Reset Crediting Strategy with Guaranteed Interest Rider

UL0822 - Two Year Reset Crediting Strategy with Guaranteed Interest Rider

UL0823 - Three Year Reset Crediting Strategy with Guaranteed Interest Rider

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed 8/22/08, and pending with domicile state, Nebraska.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

*SERFF Tracking Number:* ALSB-125763696      *State:* Arkansas  
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UL0824 - Annual Reset Crediting Strategy Rider  
UL0825 - EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider  
UL0826 - Index Crediting Strategy Endorsement  
FAA127A-1- Application for Life Insurance – Part 1A  
FAA127B-1- Application for Life Insurance – Consent Form Part 1B  
FAA127C-1- Application for Life Insurance – Consent Form Part 1C  
FAA127TIA-1- Receipt and Temporary Insurance Agreement  
FIC344 – Application Supplement

Filed for Information: FAA127RPT-1- Agent Report

NAIC#: 008-65595

Dear Mr. Shields:

We submit the above-referenced life insurance forms for your review and approval. These are new forms and do not replace any previously approved forms. Upon approval, this forms with be marketed on a general basis through our licensed brokers/agents.

The required filing fee is being submitted via EFT.

The above referenced forms were submitted to Lincoln Benefit Life Company's state of domicile, Nebraska, on August 28, 2008.

#### Description of Policy Form

Form UL0820 is a Flexible Premium Adjustable Indexed Life Insurance Policy, which is an illustrated policy. This product offers the opportunity to have the policy cash value allocated between a fixed account and 5 indexed accounts. Premium payments may be allocated into one or any the accounts the applicant chooses. Transfers between accounts are allowed, subject to the limits outlined in the policy. Monthly deductions from the policy value are made for cost of insurance, monthly administrative charges, and the monthly policy fee.

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The policy uses the 2001 CSO Smoker Composite Mortality Tables, sex distinct, age last birthday, as the basis for guaranteed values. The minimum guaranteed interest rate in the fixed account is 2.0% annually for all policy years. In addition, the product design ensures that over the life of the policy, the interest earned across the combined indexed and fixed account values, is at least equal to the cumulative 2.0% annual return.

#### Description of General Use Forms

Form UL0821 is an indexed crediting strategy rider used to calculate interest for an indexed account after one full calendar year. This rider uses the Standard & Poor's 500® Composite Stock Price index. Funds allocated to this rider are guaranteed to earn interest at the annual interest rate of 2%.

Form UL0822 is an indexed crediting strategy rider used to calculate interest for an indexed account after two full calendar years. This rider uses the Standard & Poor's 500® Composite Stock Price index. Funds allocated to this rider are guaranteed to earn interest at the annual interest rate of 2%.

Form UL0823 is an indexed crediting strategy rider used to calculate interest for an indexed account after three full calendar years. This rider uses the Standard & Poor's 500® Composite Stock Price index. Funds allocated to this rider are guaranteed to earn interest at the annual interest rate of 2%.

Form UL0824 is an indexed crediting strategy rider used to calculate interest for an indexed account after one full calendar year. This rider uses the Standard & Poor's 500® Composite Stock Price index with no guaranteed interest.

Form UL0825 is an indexed crediting strategy rider used to calculate interest for an indexed account after one full calendar year. This rider uses the Morgan Stanley Capital International EAFE index. Funds allocated to this rider are guaranteed to earn interest at the annual interest rate of 2%.

Form UL0826 is an index crediting strategy endorsement, which establishes an indexed basis upon which cap rates will determined for all available indexed crediting strategy riders during the 1st seven policy years.

Application forms FAA127A-1, FAA127TIA-1, FAA127B-1, and FAA127C-1 will be used for businesses purchasing individual life insurance on the lives of employees and are eligible for guarantee issue or simplified issue underwriting. Upon approval, these applications will be used to apply for other life policies previously approved by your Department or

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developed in the future.

FAA127RPT-1 is being provided informational, as this is the agent report which will be provided with the above application forms for the agent to complete.

Form FIC344 is a supplement life insurance application used to select the indexed crediting strategy riders and premium allocations for use with form UL0820.

Previously approved forms that will be used with this policy include:

- UL0619 – Accelerated Death Benefit Rider
- LA 2008 – Life Application
- LA0400 – Life Application
- FAA73 – Life Application
- FAA73PQA – Application for Life Insurance, Part 2
- FAA73PQ – Application for Life Insurance, Part 2
- FAA73TIA – Receipt and Temporary Insurance Agreement
- LBL-1521, Rev. 7/98 – Amendment to Application
- LBL-1522, Rev. 7/98 – Amendment to Application
- LBL-2801 – Amendment to Application

No other new forms are anticipated being used with this policy.

These forms are being submitted in final print form. We reserve the right to change the paper size, stock, ink, color, font, border, typeface, margins, or company logo to allow for adaptation to computer printing. However we certify the font size will never be less than the minimum required by your state, and the contents will remain unaffected, other than as indicated in the statement of variability. Please note that some of the variable information was bracketed using Adobe Acrobat, therefore, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

In addition to the forms listed above, we have attached all supplemental information as required by your state.

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To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of your State, and includes nothing that has been previously objected to or disapproved by your Department.

Thank you for your time and consideration in regards to this filing. Should you have any questions, or require additional information to complete your review, please contact me directly.

## Company and Contact

### Filing Contact Information

Elizabeth Vassallo, evass@allstate.com  
 3100 Sanders Rd, Suite M2A (847) 402-2355 [Phone]  
 Northbrook, IL 60062 (847) 326-5224[FAX]

### Filing Company Information

Lincoln Benefit Life Company CoCode: 65595 State of Domicile: Nebraska  
 2940 South 84th Street Group Code: 8 Company Type:  
 Lincoln, NE 68506-4142 Group Name: State ID Number:  
 (800) 525-2799 ext. [Phone] FEIN Number: 47-0221457  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50/filing x 1 filing = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Benefit Life Company	\$50.00	09/05/2008	22308150

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/06/2008	11/06/2008

### 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	09/15/2008	09/15/2008	Elizabeth Vassallo	11/06/2008	11/06/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Application for Life Insurance Part 1A	Form	Elizabeth Vassallo	09/19/2008	09/19/2008
Index Crediting Strategy Endorsement	Form	Elizabeth Vassallo	09/12/2008	09/12/2008
Life Actuarial Memos	Supporting Document	Elizabeth Vassallo	09/12/2008	09/12/2008
Statement of Variability	Supporting Document	Elizabeth Vassallo	09/12/2008	09/12/2008

### Filing Notes

Subject	Note Type	Created By	Created	Date Submitted
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Note to Reviewer 11-3-08	Note To Reviewer	Elizabeth Vassallo	11/03/2008 11/03/2008
Note to Reviewer 10-29-08	Note To Reviewer	Elizabeth Vassallo	10/29/2008 10/29/2008
Objection Letter dated 9/15/08	Note To Filer	Linda Bird	10/29/2008 10/29/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	Life Actuarial Memos		No
Supporting Document	Life Actuarial Memos	Replaced	No
Supporting Document	Readability Certification		Yes
Supporting Document	Hedging Statement		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	No
Supporting Document	Response to 9-15-08 AR Objection		Yes
Form	Flexible Premium Adjustable Indexed Life Insurance Policy		Yes
Form	Annual Reset Crediting Strategy with Guaranteed Interest Rider		Yes
Form	Two Year Reset Crediting Strategy with Guaranteed Interest Rider		Yes
Form	Three Year Reset Crediting Strategy with Guaranteed Interest Rider		Yes
Form	Annual Reset Crediting Strategy Rider		Yes
Form	EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider		Yes
Form (revised)	Index Crediting Strategy Endorsement		Yes
Form	Index Crediting Strategy Endorsement	Replaced	Yes
Form (revised)	Application for Life Insurance Part 1A		Yes
Form	Application for Life Insurance Part 1A	Replaced	Yes
Form	Application for Life Insurance - Consent Form Part 1B		Yes
Form	Application for Life Insurance - Consent Form Part 1C		Yes
Form	Agent's Report		Yes
Form	Receipt and Temporary Insurance Agreement		Yes

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<b>Form</b>	Supplement to Life Insurance Application	Yes
<b>Rate</b>	COI Rates	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/15/2008  
Submitted Date 09/15/2008

Respond By Date

Dear Elizabeth Vassallo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Please supply the certifications required by the Disclosure and Advertising section, the Agent Education section and the Reserves section of the External-Indexed Contract Guidelines as well as a certification that the Guidelines have been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/06/2008  
Submitted Date 11/06/2008

Dear Linda Bird,

**Comments:**

### Response 1

Comments: Attached to a new component header is our cover letter response and 5 certifications

### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

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Please supply the certifications required by the Disclosure and Advertising section, the Agent Education section and the Reserves section of the External-Indexed Contract Guidelines as well as a certification that the Guidelines have been reviewed and that the company is in compliance.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Response to 9-15-08 AR Objection

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Elizabeth Vassallo







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**Amendment Letter**

Amendment Date:  
 Submitted Date: 09/19/2008

**Comments:**

A formatting error was discovered on application FAA127A-1. A corrected form is now attached.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
FAA127A-1	Application/Enrollment Form	Application for Life Insurance Part 1A	Initial				50	FAA127A-1.pdf

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 09/12/2008

**Comments:**

UL0826 form number fixed; revised SOV, revised UL0820 actuarial memo.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
UL0826	Policy/Contr	Index act/Fraternal Crediting Certificate: Strategy Amendment, Endorsement Insert t Page, Endorsement or Rider	Initial				44	UL0826.pdf

**Supporting Document Schedule Item Changes:**

**User Added -Name: Life Actuarial Memos**

- Comment:  
 UL0820 Exhibits I-V.pdf  
 UL0821 Actuarial Memo.pdf  
 UL0822 Actuarial Memo.pdf  
 UL0823 Actuarial Memo.pdf  
 UL0824 Actuarial Memo.pdf  
 UL0825 Actuarial Memo.pdf  
 UL0820 Actuarial Memo 9-11-08.pdf

**User Added -Name: Statement of Variability**

- Comment:  
 UL0820 et al CW SOV -final.pdf

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## Form Schedule

Lead Form Number: UL0820

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UL0820	Policy/Cont Flexible Premium ract/Fratern Adjustable Indexed al Life Insurance Policy Certificate	Initial		51	UL0820 Equity Indexed UL Policy.pdf
	UL0821	Policy/Cont Annual Reset ract/Fratern Crediting Strategy al with Guaranteed Certificate: Interest Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	UL0821 Annual Reset Crediting Strategy with Guaranteed Interest Rider.pdf
	UL0822	Policy/Cont Two Year Reset ract/Fratern Crediting Strategy al with Guaranteed Certificate: Interest Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	UL0822- 2 Yr Reset Crediting Strategy w- Guaranteed Interest Rider.pdf
	UL0823	Policy/Cont Three Year Reset ract/Fratern Crediting Strategy al with Guaranteed Certificate: Interest Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	UL0823 3 Yr Reset Crediting Strategy w- Guaranteed Interest Rider.pdf

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UL0824	Policy/Cont Annual Reset ract/Fratern Crediting Strategy al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	UL0824 Annual Reset Crediting Strategy Rider.pdf
UL0825	Policy/Cont EAFE Annual Reset ract/Fratern Crediting Strategy al with Guaranteed Certificate: Interest Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	UL0825 EAFE Annual Reset Crediting Strategy w- Guaranteed Interest Rider.pdf
UL0826	Policy/Cont Index Crediting ract/Fratern Strategy al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44	UL0826.pdf
FAA127A-1	Application/ Application for Life Enrollment Insurance Part 1A Form	Initial	50	FAA127A- 1.pdf
FAA127B-1	Application/ Application for Life Enrollment Insurance - Consent Form Form Part 1B	Initial	51	FAA127B- 1.pdf
FAA127C-1	Application/ Application for Life Enrollment Insurance - Consent Form Form Part 1C	Initial	53	FAA127C- 1.pdf
FAA127RP	Other Agent's Report	Initial	74	FAA127RPT-





# Lincoln Benefit Life Company

A Stock Company

Home Office: 2940 South 84<sup>th</sup> Street, Lincoln, Nebraska 68506-4142, {1-800-525-9287}

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## *Flexible Premium Adjustable Indexed Life Insurance Policy*

Insured:	{John Doe}		
Payment Class:	{Standard Nonsmoker}		
Issue Age:	{35}	Face Amount:	{\$100,000.00}
Sex:	{Male}	Issue Date:	{January 1, 2008}
Policy Number:	{SPECIMEN}	Monthly Activity Day:	{1st}

### THIS IS A LEGAL CONTRACT—READ IT CAREFULLY

Lincoln Benefit Life Company promises to pay the death benefit on death of the insured upon receipt of due proof of death of the insured, subject to the terms and conditions of this policy. Minimum initial payment is required for this policy to be in force. Premium payments are flexible for life. This policy does not pay dividends. The values of this policy may be affected by an external index, but this policy does not directly participate in any stock or equity.

Please examine the application. We issued this policy based upon the answers in the application (copy included). If all answers are not complete and true, the policy may be affected.

#### Right to Examine the Policy

You may cancel this policy by returning it to Lincoln Benefit Life Company, or our agent, within 31 days after you receive it. Upon such delivery or mailing of the cancelled policy, the policy will be void as of the issue date. We will return all payments, less any policy debt and/or withdrawals, made for this policy to you. Return of the policy by mail is effective on being postmarked, properly addressed and postage prepaid.

	
Susan L. Lees Secretary	Lawrence W. Dahl President

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Other Terms of Your Policy .....	Page 17
Application .....	Insert
Riders (if any) .....	Insert

## Policy Data

Insured:	{John Doe}		
Payment Class:	{Standard Nonsmoker}		
Issue Age:	{35}	Face Amount:	{\$100,000.00}
Sex:	{Male}	Issue Date:	{1/01/2008}
Policy Number:	{Specimen}	Monthly Activity Day:	{1 <sup>st</sup> Day of the Month}

## Benefit Description

	Expiry Date
Flexible Premium Adjustable Indexed Life Insurance - {Death Benefit Option 1}	Life
{Annual Reset Crediting Strategy with Guaranteed Interest Rider (UL0821 series)}	
{Two Year Reset Crediting Strategy with Guaranteed Interest Rider (UL0822 series)}	
{Three Year Reset Crediting Strategy with Guaranteed Interest Rider (UL0823 series)}	
{Annual Reset Crediting Strategy Rider (UL0824 series)}	
{EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider (UL0825 series)}	
{Index Crediting Strategy Endorsement (UL0826 series)}	(1/1/2015)}
{Accelerated Death Benefit Rider (terminal illness)}	Life}

## Payment Information

Minimum Initial Payment	{\$199.50}
Planned {Annual} Payment	{\$1,200.00}

## Index Crediting Strategy Endorsement UL0826 Series

The index basis for each of index crediting strategy is as follows:

<u>Index Strategy</u>	<u>Index Basis</u>
{Annual Reset Crediting Strategy with Guaranteed Interest Rider(UL0821 series)}	{2.94%}
{Two Year Reset Crediting Strategy with Guaranteed Interest Rider (UL0822 series)}	{5.74%}
{Three Year Reset Crediting Strategy with Guaranteed Interest Rider (UL0823 series)}	{8.41%}
{Annual Reset Crediting Strategy Rider (UL0824 series)}	{4.83%}
{EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider (UL0825 series)}	{2.94%}

## Interest Rates

### Annual Interest Rates:

Fixed Account Minimum Guaranteed Annual Interest Rate	{2.00%}
Indexed Account Guaranteed Interest Rate	
{ Annual Reset Crediting Strategy with Guaranteed Interest Rider (UL0821 series)}	{2.00%}
{ Two Year Reset Crediting Strategy with Guaranteed Interest Rider (UL0822 series)}	{2.00%}
{ Three Year Reset Crediting Strategy with Guaranteed Interest Rider (UL0823 series)}	{2.00%}
{ Annual Reset Crediting Strategy Rider (UL0824 series)}	Not Available
{ EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider (UL0825 series)}	{2.00%}
Account Value Bonus Rate	{Not Available}
Loan Credited Rate	{2.00%}
Loan Interest Rate Charges	
On Preferred Loans	{2.00%}
On Standard Loans	{3.00%}

## Expense and Surrender Charges

### Expense Charges:

Maximum Monthly Policy Fee	{\$10.00}
Monthly Administrative Expense Charge (per \$1000 of initial face amount)	
Policy Year 1	{\$0.00}
Policy Year 2-10	{\$0.21}
Policy Year {11-20}	{\$0.25}
Policy Year {21+}	{\$0.13}
Partial Withdrawal Service Fee	{\$25.00}

### Surrender Charges:

<u>Policy Year</u>	<u>Amount of Charge</u>	<u>Policy Year</u>	<u>Amount of Charge</u>	<u>Policy Year</u>	<u>Amount of Charge</u>
1	{\$2000.00}	6	{\$1400.00}	11	{\$0.00}
2	{1900.00}	7	{1200.00}		
3	{1800.00}	8	{960.00}		
4	{1700.00}	9	{700.00}		
5	{1600.00}	10	{360.00}		

## Life Insurance Compliance Test

Life Insurance Compliance Test – {Cash Value Accumulation Test}

Attained Age	Applicable Percentage	Attained Age	Applicable Percentage
{35}	{471}	{68}	{170}
{36}	{455}	{69}	{166}
{37}	{439}	{70}	{163}
{38}	{424}	{71}	{159}
{39}	{410}	{72}	{155}
{40}	{396}	{73}	{152}
{41}	{383}	{74}	{149}
{42}	{370}	{75}	{146}
{43}	{358}	{76}	{143}
{44}	{346}	{77}	{140}
{45}	{335}	{78}	{138}
{46}	{324}	{79}	{135}
{47}	{313}	{80}	{133}
{48}	{303}	{81}	{131}
{49}	{294}	{82}	{129}
{50}	{284}	{83}	{127}
{51}	{275}	{84}	{125}
{52}	{267}	{85}	{123}
{53}	{258}	{86}	{122}
{54}	{250}	{87}	{120}
{55}	{243}	{88}	{119}
{56}	{236}	{89}	{118}
{57}	{229}	{90}	{117}
{58}	{222}	{91}	{116}
{59}	{216}	{92}	{115}
{60}	{210}	{93}	{114}
{61}	{204}	{94}	{112}
{62}	{198}	{95}	{111}
{63}	{193}	{96}	{110}
{64}	{188}	{97}	{108}
{65}	{183}	{98}	{106}
{66}	{179}	{99}	{104}
{67}	{175}	{100 and above}	{100}

## Table of Guaranteed Values

<u>End of Year</u>	<u>Annual Planned Premium</u>	<u>Surrender Value</u>	<u>Death Benefit</u>
{1}	{\$1200}	{\$0}	{\$100,000}
{2}	{1200}	{0}	{100,000}
{3}	{1200}	{663}	{100,000}
{4}	{1200}	{1516}	{100,000}
{5}	{1200}	{2375}	{100,000}
{6}	{1200}	{3337}	{100,000}
{7}	{1200}	{4303}	{100,000}
{8}	{1200}	{5308}	{100,000}
{9}	{1200}	{6329}	{100,000}
{10}	{1200}	{7424}	{100,000}
{11}	{1200}	{8788}	{100,000}
{12}	{1200}	{9792}	{100,000}
{13}	{1200}	{10,799}	{100,000}
{14}	{1200}	{11,814}	{100,000}
{15}	{1200}	{12,834}	{100,000}
{16}	{1200}	{13,854}	{100,000}
{17}	{1200}	{14,869}	{100,000}
{18}	{1200}	{15,872}	{100,000}
{19}	{1200}	{16,857}	{100,000}
{20}	{1200}	{17,815}	{100,000}
{Age 60}	{1200}	{22,117}	{100,000}
{Age 65}	{1200}	{24,999}	{100,000}
{Age 70}	{1200}	{25,206}	{100,000}
{Age 100}	{**}	{**}	{**}
{Age 121}	{**}	{**}	{**}

The values above reflect the cumulative guaranteed value and are calculated assuming payment of Annual Planned Premiums (as shown above), the benefits shown on Page 3 at time of issue, the guaranteed cost of insurance, the maximum charges for these benefits and the fixed account minimum guaranteed interest rate.

The surrender values above reflect surrender charges shown on page 3A. The surrender charge will be waived if you request a full surrender of this policy and this policy is not being exchanged for another policy under Section 1035 of the Internal Revenue Code.

{Note: Based on annual planned premiums, fixed account minimum guaranteed interest rate and guaranteed cost of insurance, the policy will expire without value on {10/01/2053} unless premiums larger than the planned premium are paid. (Systems Note: This sentence will **not** print if a premium is paid which keeps the policy in force for the insured's lifetime.)}

{\*\*Coverage has expired without value.}

## Guaranteed Maximum Monthly Cost of Insurance

<u>Policy</u>	<u>Rate</u>	<u>Policy</u>	<u>Rate</u>
<u>Year</u>	<u>Per \$1000</u>	<u>Year</u>	<u>Per \$1000</u>
{1}	{0.10333}	{53}	{12.41583}
{2}	{0.10917}	{54}	{13.63833}
{3}	{0.11583}	{55}	{14.91917}
{4}	{0.12417}	{56}	{16.19000}
{5}	{0.13250}	{57}	{17.43917}
{6}	{0.14333}	{58}	{18.74500}
{7}	{0.15583}	{59}	{20.12167}
{8}	{0.17083}	{60}	{21.57167}
{9}	{0.18917}	{61}	{23.01000}
{10}	{0.21000}	{62}	{24.41250}
{11}	{0.23083}	{63}	{25.90500}
{12}	{0.25250}	{64}	{27.49583}
{13}	{0.27083}	{65}	{29.19333}
{14}	{0.28500}	{66}	{30.81333}
{15}	{0.30333}	{67}	{32.24667}
{16}	{0.32583}	{68}	{33.77083}
{17}	{0.35500}	{69}	{35.39167}
{18}	{0.39167}	{70}	{37.11250}
{19}	{0.43417}	{71}	{38.94083}
{20}	{0.48583}	{72}	{40.88083}
{21}	{0.54333}	{73}	{42.94000}
{22}	{0.60500}	{74}	{45.12417}
{23}	{0.66250}	{75}	{47.43917}
{24}	{0.71917}	{76}	{49.89167}
{25}	{0.78500}	{77}	{52.49000}
{26}	{0.86667}	{78}	{55.23917}
{27}	{0.96583}	{79}	{58.14833}
{28}	{1.08167}	{80}	{61.22333}
{29}	{1.20583}	{81}	{64.47167}
{30}	{1.33667}	{82}	{67.89833}
{31}	{1.47083}	{83}	{71.51250}
{32}	{1.60583}	{84}	{75.31750}
{33}	{1.74667}	{85}	{79.30583}
{34}	{1.89500}	{86}	{0.00000}
{35}	{2.05750}		
{36}	{2.24500}		
{37}	{2.47583}		
{38}	{2.74500}		
{39}	{3.02667}		
{40}	{3.33000}		
{41}	{3.66250}		
{42}	{4.03667}		
{43}	{4.47250}		
{44}	{4.97667}		
{45}	{5.54000}		
{46}	{6.16833}		
{47}	{6.85000}		
{48}	{7.56833}		
{49}	{8.35167}		
{50}	{9.22417}		
{51}	{10.19667}		
{52}	{11.26417}		

## Definitions

When these words are used in this policy, they have the meaning stated:

**Application** - The application that was signed by you requesting this policy.

**Company (we, us, our)** - Lincoln Benefit Life Company.

**Excess Indexed Interest** – Interest credited to the indexed segment on the indexed segment maturity date.

**Face Amount** - The initial death benefit, shown on the Policy Data pages, adjusted for any changes in accordance with the terms of this policy.

**Fixed Account** – The portion of the policy value receiving fixed interest crediting.

**In Force** - The coverage provided by this policy is in effect.

**Increase Age** - The age of the insured as of the effective date of an increase in face amount, determined by the insured's last birthday.

**Indexed Accounts** – The portion of the policy value receiving interest determined by an index crediting strategy.

**Index Crediting Strategy** – The method used to calculate interest for an indexed account, as described in the applicable index crediting strategy rider. We reserve the right at our sole discretion to add, substitute or eliminate any current or future index crediting strategies we make available.

**Index Investment Date** – The date on which premium or policy value is allocated to an indexed account, as shown in the applicable index crediting strategy rider.

**Indexed Segment** – A portion of an indexed account representing the value allocated to each indexed account on a specific index investment date. An indexed segment ends on the indexed segment maturity date.

**Insured** - The person whose life is covered by this policy as shown on the Policy Data pages.

**Issue Age** - The age of the insured at the time this policy was issued (issue date) determined by the insured's last birthday.

**Issue Date** - The date the policy is issued, as shown on the Policy Data pages. It is used to determine policy years and policy months in the policy.

**Minimum Initial Payment** - The minimum payment that must be paid to issue the policy.

**Monthly-Automatic Payment** - A method of making payments each month automatically; for example, by bank draft or salary deduction.

**Monthly Activity Day** - The day of the month on which deductions are made. This date is shown on the Policy Data pages. If a month does not have that day, the deduction will be made on the last day of that month.

**Net Surrender Value** - The amount you would receive upon surrender of this policy, equal to the surrender value less any policy debt.

**Payment Class** - The class into which the insured is placed, determined by our guidelines for providing insurance coverage.

**Policy Anniversary** - The same day and month as your issue date for each subsequent year your policy remains in force.

**Policy Data** - The pages of this policy that identify specific information about the insured and the benefits.

**Policy Debt** - The sum of all unpaid policy loans and accrued interest.

**Policy Month** - A one-month period beginning on the same day of the month as the issue date of the policy.

**Policy Value** – The sum of the fixed account value and all indexed account values.

**Policy Year** - A twelve-month period beginning on a policy anniversary.

**Rider** - An additional benefit we are providing.

**Surrender Value** – The greater of the policy value or cumulative guaranteed value, less any applicable surrender charges.

**You, Your** - The person(s) having the rights of ownership defined in the policy.

## **Death Benefit**

If the insured dies while this policy is in force, we will pay the death benefit when we have received due proof of death, subject to the terms and conditions of this policy and any applicable state requirements. The death benefit will be reduced by any outstanding policy debt.

### **Death Benefit Option**

While the insured is alive, you may choose between two death benefit options.

If you select Option 1, the death benefit will be the greater of:

- a. The face amount on the date of death; or
- b. The percentage shown in the Life Insurance Compliance Test section on the Policy Data pages for the insured's attained age at time of death multiplied by the greater of the policy value or the cumulative guaranteed value.

If you select Option 2, the death benefit will be the greater of:

- a. The face amount plus the greater of the policy value or cumulative guaranteed value on the date of death; or
- b. The percentage shown in the Life Insurance Compliance Test section on the Policy Data pages for the insured's attained age at time of death multiplied by the greater of the policy value or the cumulative guaranteed value.

The initial death benefit option selected by you is stated in the application. If no death benefit option is selected at the time of application, the death benefit option will be Option 1.

### **Change of Death Benefit Option**

At any time after the first policy year, you may request a change in the death benefit option by making a written request in a form satisfactory to us. If you ask to change from Option 2 to Option 1, the face amount will be increased by the amount of the policy value. If you ask to change from Option 1 to Option 2, the face amount will be decreased by the amount of the policy value.

The change will take effect on the monthly activity day after the date we receive the written request. We will provide to you an endorsement showing the actual start date of the death benefit option change and the new face amount. We reserve the right to limit the frequency of the death benefit option changes made under this policy.

If this policy is in force on the policy anniversary following the insured's 100<sup>th</sup> birthday and Option 2 has been selected, the death benefit option will change to Option 1.

### **Change of Face Amount**

At any time after the first policy year, you may request either of the following changes by making a written request in a form satisfactory to us. The change will take effect on the monthly activity day after the date we approve the request:

1. Increasing the face amount. You must submit a new application for an increase in face amount. We will require due proof that the insured is still insurable. An increase will take effect on the monthly activity day after the date we approve the increase. The cost of insurance for the increase will be based on the payment class we determine. We reserve the right to limit the amount of any increases made under this policy. The minimum increase amount is \$10,000. An increase is not allowed after the maximum issue age. The face amount may not be increased more than once in any 12-month period.
2. Decreasing the face amount. A decrease will take effect on the monthly activity day after the date we approve the request. A decrease in face amount will first be applied against the most recent increase successively and finally to the initial face amount. The face amount in effect after any decrease must be at least \$100,000.

## **Beneficiary**

Subject to the terms and conditions of this policy, the beneficiary will receive the death benefit when the insured dies and we have received due proof of death. The beneficiary is as stated in the application unless changed.

The two classes of beneficiaries are primary beneficiaries and contingent beneficiaries. Primary and contingent beneficiaries are individually and collectively referred to in this policy as "beneficiaries." The beneficiaries will receive the death benefit in the following order:

1. Primary beneficiary
2. Contingent beneficiary.

The primary beneficiary is the beneficiary(ies) who is first entitled to receive benefits under this policy upon the death of the insured. In order to receive the death benefit, the beneficiary must be living on the earlier of:

1. The day we receive due proof of the insured's death, or
2. The 15<sup>th</sup> day past the insured's death.

If the beneficiary does not survive the insured in accordance with these requirements, we will pay the death benefit as if the beneficiary were not living when the insured dies. If none of the named beneficiaries are living when the insured dies, the death benefit will be paid to you, if living, otherwise to your estate.

We will pay the death benefit to the beneficiaries according to the most recent written instructions we have accepted from you. We will pay the death benefit in equal shares to the named beneficiaries in the same class who are to share the funds if we do not receive any written instructions. If there is more than one beneficiary in a class and one of the beneficiaries predeceases the insured, the death benefit will be paid in equal shares to the surviving beneficiaries in that class.

You may change or add beneficiaries during the insured's lifetime by written request in a form satisfactory to us, unless you have designated an irrevocable beneficiary. You must file the request with us. Upon acceptance, the change will take effect on the date you signed the request, subject to any action we have taken before we accepted the change.

If you name one or more irrevocable beneficiaries, no change in the beneficiaries and no changes that affect policy values may be made without their consent. Inadvertent acceptance by us of beneficiary changes not consented to by the irrevocable beneficiaries shall not change the irrevocable beneficiaries.

No beneficiary has any rights in this policy until the insured dies.

## **Ownership**

The insured is the owner if no other person is named in the application as owner. The owner controls the policy during the lifetime of the insured. Unless you provide otherwise, as owner, you may exercise all rights granted by the policy without the consent of anyone else. If the last named owner dies before the insured, then any contingent owner is the new owner. If no owner named in this policy is living, then the owner will be the estate of the last named owner.

You may name a new owner by written request in a form satisfactory to us. We may establish a limit on the maximum number of owners. You must file the request with us. Upon acceptance, it is effective as of the date you signed the request, subject to any action we have taken before we accepted it.

### **Assignment**

You may assign this policy or an interest in it to another. You must make this request in writing in a form satisfactory to us and file the assignment with us. No assignment is binding on us until we accept it. When we accept it, your rights and those of the beneficiary will be subject to the assignment. We are not responsible for the validity of any assignment you make.

## **Premium Payment**

### **Payments**

Premiums for this policy are referred to as payments. The planned payment and minimum initial payment are shown on the Policy Data pages.

Payments are flexible. This means you may change the amount of planned payments and the time between payments. However, if we determine that a payment increases the difference between the death benefit and the policy value, we will return such payment to you or, at our discretion, request evidence of insurability. If we determine a payment exceeds the amount we can accept due to underwriting limits, we will return such payment to you. You may submit an application for an increase in face amount subject to the conditions in the Change of Face Amount provision of this policy.

We will send you a reminder notice if you pay annually.

Payments are payable to us. The amount you pay will affect the policy value. If you pay too little, the policy will lapse subject to the grace period.

### **Allocation of Premium**

We will invest the premium in the fixed account and each indexed account you select. You must specify your allocations on the application in whole percents from 0% to 100%. The total allocation must equal 100%. All premium will be initially allocated to the fixed account on the date payments are received at our home office. The percentage allocated to each indexed account will be transferred to the indexed account on

the next index investment date. If a payment is received on the index investment date, the premium will be allocated immediately into the indexed accounts. You may request in writing a change in the allocation percentages for new payments at any time. Any change will be effective when we receive it.

We reserve the right to allocate all premium payments to the fixed account during the Right to Examine the Policy period.

### **Grace Period**

If on any monthly activity day the policy value, less policy debt, is less than the monthly deduction for the current policy month, you will be given a grace period of 61 days. This policy will be in force during the grace period. If you do not make sufficient payment by the end of the grace period, the policy will lapse. If the insured dies during the grace period, we will deduct any due and unpaid monthly deductions and policy debt owed from the death benefit.

We will send a written notice to the most recent address we have for you at least 30 days prior to the day coverage lapses.

### **Reinstatement**

If this policy terminates prior to the death of the insured and the policy has not been surrendered, this policy may be reinstated provided you:

1. Make your request within five years of the date the policy entered the grace period;
2. Give us the proof we require that the insured is still insurable in the same payment class that the policy was issued;
3. Make a payment sufficient to cover the unpaid monthly deductions for the grace period, and to keep the policy in force for three policy months from the date of reinstatement; and
4. Pay or ask us to reinstate any policy debt as described in the Loan Interest provision.

The policy value on the reinstatement date will reflect the policy value at the time of termination and payments applied at the time of reinstatement. The cumulative guaranteed value on the reinstatement date will reflect the cumulative guaranteed value at the time of termination and payments applied at the time of reinstatement. All policy value will be allocated to the fixed account. Allocation and transfers can then be made according to the contract terms. Upon your request, the policy debt on the reinstatement date will equal the policy debt at the time of termination. Surrender charges will continue to be assessed based on the original policy issue date.

The effective date of reinstatement will be the date we approve the request for reinstatement. When this policy is reinstated, a new two-year contestable period will apply with respect to statements made in the application for reinstatement. The contestable period is explained in the Incontestability provision of this policy.

## **Policy Value**

The policy value is the sum of the values in each indexed account and the fixed account.

Charges are deducted on monthly activity days. If there is enough value in the unloaned fixed account to pay the entire monthly deduction, the entire monthly deduction will be charged against the fixed account. If there is not enough unloaned fixed account value to pay the entire monthly deduction, then the deduction will be assessed in proportion to the values in the unloaned fixed account and each indexed account. Within each indexed account, the deductions will be first assessed to the indexed segment associated with the most recent premium payment. If that indexed segment is depleted, the indexed segment associated with the next most

recent premium payment will be assessed the remainder of the deductions, continuing in a similar manner until all of the deductions have been charged.

The issue date is the first monthly activity day. The policy value on the issue date is equal to the premium received on that date.

### **Fixed Account Value**

On each monthly activity day after the issue date, the value in the fixed account is:

1. The value of the fixed account as of the prior monthly activity day, minus
2. The monthly deduction charged against the fixed account for the prior policy month, plus
3. One month's interest on Item 1 minus Item 2 of this section, plus
4. Premium and transfers allocated to the fixed account since the prior monthly activity day with interest, plus
5. Any account value bonus, minus
6. Any transfers from the fixed account to an indexed account since the prior monthly activity day with interest, minus
7. Partial withdrawals taken since the prior monthly activity day with interest.

On any other day after issue that is not a monthly activity day, the value in the fixed account is a daily accumulation with interest of the prior monthly activity day's value, less the monthly deduction for the current month, plus premiums and transfers to the fixed account, less withdrawals and transfers from the fixed account.

### **Indexed Account Value**

On each monthly activity day after the issue date, the value in each indexed account is:

1. The value of the indexed account as of the prior monthly activity day, minus
2. Any monthly deduction charged against the indexed account for the prior policy month, plus
3. One month's guaranteed interest on the index crediting strategy on Item 1 minus Item 2 of this section, plus
4. Any excess indexed interest credited to the indexed account since the prior monthly activity day, plus
5. Any transfers from the fixed account to the indexed account since the prior monthly activity day, plus
6. Premium received and allocated to the indexed account since the prior monthly activity day, plus
7. Any transfers from the indexed account to the fixed account since the prior monthly activity day, minus
8. Partial withdrawals and loans taken since the prior monthly activity day.

On any other day after issue that is not a monthly activity day, the value in each indexed account is the daily accumulation with guaranteed index interest of the prior monthly activity day's value, less the monthly deduction for the current month, plus premiums, plus any excess indexed interest credited and transfers to the indexed account, less withdrawals and transfers from the indexed account.

### **Excess Indexed Interest**

Excess indexed interest in each indexed segment is calculated on an indexed segment maturity date. This amount is equal to:

1. The indexed segment value on the index investment date less all monthly deductions, withdrawals, and policy loans taken from the indexed segment since the index investment date, multiplied by the index increase, minus
2. All guaranteed interest credited to the segment since the index investment date.

The excess indexed interest shall be no less than zero.

Any amount deducted from an indexed segment between the index investment date and the indexed segment maturity date, due to a partial withdrawal, face amount decrease, or policy loan will not receive the excess indexed interest that might have been credited had such deductions not occurred. Any premium received on the indexed segment maturity date will not receive any excess indexed interest payable on that indexed segment maturity date. If the policy terminates prior to an indexed segment maturity date, no excess indexed interest will be credited to the value of that indexed segment.

### **Interest Rate**

Interest on the fixed account is credited daily. The guaranteed minimum interest rate used to compute fixed account values is shown on the Policy Data pages. The fixed account minimum guaranteed interest rate is an effective annual rate compounded daily. We may credit an interest rate greater than the minimum stated.

Any guaranteed interest for each indexed account is credited daily. The guaranteed interest rate used for each index crediting strategy is shown on the Policy Data pages. The indexed account guaranteed interest rate is an effective annual rate compounded daily.

### **Index Crediting Strategy**

We will offer one or more index crediting strategies. The index crediting strategies available at issue are attached by rider to this policy. An index crediting strategy is defined by the method used to calculate interest for an indexed account. The index crediting strategies to which you may allocate on the issue date are shown on the Policy Data pages. If we make additional index crediting strategies available to you, we will notify you in writing. Each index crediting strategy creates a new indexed account.

### **Account Value Bonus**

If an account value bonus rate is shown on the Policy Data pages, an account value bonus will be paid on each policy anniversary. The amount of the account value bonus paid will equal the policy value prior to this account value bonus payment multiplied by the account value bonus rate. The account value bonus will be paid into the fixed account.

### **Administrative Expense Charge**

The monthly administrative expense charge is equal to the administrative expense charge rate shown on the Policy Data pages for the appropriate policy year, multiplied by the initial face amount, divided by 1,000. The applicable charge varies by the issue age, sex, payment class, policy year and face amount of the insured.

A monthly administrative expense charge will also be assessed for each increase in face amount for the policy years following the effective date of each increase. The applicable charge is equal to the amount of increase multiplied by a rate, which varies based on the attained age, sex, payment class, policy year and face amount of the insured, divided by 1,000. The applicable charge will be stated on the endorsement sent to you when your policy's face amount is increased.

### **Monthly Deductions**

The monthly deduction is the sum of:

1. A monthly policy fee, not to exceed the maximum monthly policy fee shown on the Policy Data pages;
2. The monthly administrative expense charge;
3. The monthly cost of insurance for the policy; and
4. The monthly cost of any riders attached to the policy.

The monthly policy fee and monthly administrative expense charge are zero on and following the policy anniversary following the insured's attained age 100.

### **Cost of Insurance**

The cost of insurance is determined as follows:

1. Divide the death benefit as of the prior monthly activity day by 1.0032737. The calculation of the death benefit, when used solely for determining the cost of insurance, shall use policy value and not the cumulative guaranteed value.
2. Subtract the policy value as of the prior monthly activity day.
3. Multiply the result by the current cost of insurance rate divided by 1,000. The cost of insurance rate is based on multiple factors, including, but not limited to, the insured's sex, issue age, policy year, payment class and face amount. We may change the cost of insurance rates for any reason at any time, but they will never be more than the guaranteed maximum rates shown on the Policy Data pages.

The cost of insurance charge is zero on and following the policy anniversary following the insured's attained age 121.

### **Account Transfers**

You may transfer amounts between each indexed account and/or the fixed account. Transfers from an indexed account to any other account can only occur on the indexed segment maturity date for that specific indexed segment. Transfers from the fixed account to an indexed account can only occur on an index investment date.

If you elect to transfer an indexed account value to a new index crediting strategy or to the fixed account, we must receive written notice from you at our home office, in a form satisfactory to us, at any time before the indexed segment maturity date for a specific indexed segment. You must specify your transfer amount, in a whole percent from 0% to 100%.

If we do not receive notification from you, you will be deemed to have elected to apply the indexed account value of the expiring indexed segment to establish a new indexed segment offering the same index crediting strategy. The amount in the new indexed segment will continue to earn interest in accordance with the index crediting strategy. If the index crediting strategy is no longer available, the indexed account value will be transferred to the fixed account unless you elect to transfer the indexed account value to another then currently available index crediting strategy.

## **Cumulative Guaranteed Value**

The cumulative guaranteed value is the value that, if greater than the policy value, is used instead of the policy value at the time of death or surrender in the calculation of the death benefit or the surrender value to be paid.

The cumulative guaranteed value on the issue date is equal to the premium received on that date.

On each monthly activity day after the issue date, the cumulative guaranteed value is:

1. The cumulative guaranteed value as of the prior monthly activity day, minus
2. The monthly deduction for the prior policy month with the cost of insurance calculated by the method set forth in the Cost of Insurance provision but using the cumulative guaranteed value as of the prior monthly activity day in lieu of the policy value, plus
3. Premium received since the prior monthly activity day, plus
4. One month's interest on the items above based on the fixed account guaranteed minimum interest rate shown on the Policy Data pages, minus
5. Partial withdrawals taken since the prior monthly activity day.

On any other day after issue that is not a monthly activity day, the cumulative guaranteed value is the prior monthly activity day's value plus premiums, less withdrawals.

## **Surrender Value**

The net surrender value of this policy is the amount we will pay you if you ask us to terminate this policy. It is equal to the greater of Item 1 or Item 2 below, less the surrender charge, less any policy debt.

1. The policy value; or
2. The cumulative guaranteed value.

If the surrender charge is greater than Item 1 or Item 2, the surrender value is zero.

We may defer the payment of the net surrender value for up to six months after your request. If we defer the payment of the net surrender value for more than 30 days after receipt of your written request, we will pay interest in accordance with any applicable state laws.

### **Surrender Charge**

The maximum surrender charges we will assess, based on the face amount at issue, are shown on the Policy Data pages.

We will waive the surrender charges under the following conditions:

1. You request a full surrender of this policy; and
2. This policy is not being exchanged for another policy under Section 1035 of the Internal Revenue Code.

Full surrender charges will apply in determining the maximum amount available for withdrawal.

## **Continuation of Coverage**

If you stop making payments, this policy and any riders will remain in effect as long as the policy value, less surrender charges and less policy debt, covers the monthly deductions. This provision does not continue any riders beyond their scheduled termination dates.

## **Partial Withdrawal**

You may request a partial withdrawal of your policy value, less surrender charges and less policy debt, by writing to us. The partial withdrawal service fee, as shown on the Policy Data pages, will be assessed on each partial withdrawal.

You may specify how much of your partial withdrawal will be deducted from each indexed account or from the fixed account. If no allocation is specified, the partial withdrawal will be deducted from the fixed account and the indexed accounts in proportion to the values in each account.

The policy value will be reduced by the amount of any partial withdrawal and the partial withdrawal service fee. If a portion of your withdrawal is taken from an indexed account, the amount withdrawn will reduce the indexed segment associated with the most recent premium payment first, followed by each subsequent indexed segment associated with the next most recent premium payment until the specified withdrawal amount is attained.

If your policy has death benefit Option 1, the face amount will also be reduced by the amount of any partial withdrawal. The minimum partial withdrawal amount is \$250 and the maximum partial withdrawal amount may not reduce the policy value, less surrender charges and less policy debt, below \$500.

We may defer the payment of any partial withdrawal for up to six months after your request. We will continue to credit interest during this time.

## **Basis of Values**

Minimum surrender values and guaranteed cost of insurance rates are based on the 2001 CSO Smoker Composite Mortality Table, age last birthday, male or female, as applicable. The minimums are not less than those required by the state in which the application is signed. The surrender value at all times reflects the payments that you have made and the time elapsed in the policy year.

## **Loans**

You may have a loan if you assign this policy to us as sole security. Policy debt on this policy has priority over the claims of any other person. The minimum loan amount is \$250. Any new loan that you request, when added to any outstanding policy debt, may not reduce the excess of the policy value to an amount less than \$500.

The loan will be drawn from the fixed account. If there is not enough value for the entire loan in the fixed account, the necessary amount to fulfill the loan request will be transferred from the indexed accounts to the fixed account in proportion to the values in each account. If a transfer is taken from an indexed account, the value will come from the indexed segment associated with the most recent premium payment first, followed by each subsequent indexed segment associated with the next most recent premium payment until the specified loaned amount is attained.

If your policy debt exceeds the policy value, this policy will terminate except as provided in the Grace Period provision. As provided by the Grace Period provision we must mail a notice to you at least 30 days before the policy terminates.

We reserve the right to defer the payment of any loan for six months after your request, unless the loan is to pay a premium to us.

## **Loan Interest**

An amount equal to your policy value less all premiums paid may be taken as a preferred loan. The annual loan interest rate charged for preferred loans is shown on the Policy Data pages. A standard loan is the amount that may be borrowed from the remaining policy value less surrender charges. The annual loan interest rate for standard loans is shown on the Policy Data pages. Upon expiration of the initial surrender charge period, all new and existing loans will be charged the interest rate for preferred loans. The initial surrender charge period expires when the surrender charge amount becomes zero as shown on the Policy Data pages of your policy.

Interest on policy loans accrues daily and is due at the end of each policy year. Any interest not paid when due becomes part of the policy loan and will bear interest at the rates described in this provision. The amount of the policy value equal to the policy loan will be credited interest at the annual rate shown on the Policy Data pages, regardless of the rate credited to the unloaned policy value.

## **Loan Repayment**

As long as the policy remains in force, the policy debt may be repaid in whole or in part without penalty at any time while the insured is living. The repayment will be allocated according to your current premium allocation. If a percentage of your repayment is made to an indexed account, it will be allocated on the next available index investment date. If you do not repay the policy debt, we will deduct the policy debt from the amounts we pay pursuant to the terms of this policy.

## **Other Terms of Your Policy**

### **Our Contract With You**

This policy, including any endorsements and riders, and the signed application are your entire contract with us. We issued it based upon your application and the payment made by you. A copy of the application is included.

We will not use any statements, except those made in the application, to challenge any claim or to void any liability under this policy. The statements made in the application will be treated as representations and not as warranties.

Only our officers have authority to change this policy. No agent may do this. Any change must be written.

### **When Protection Starts**

This policy is in force beginning on the date when all the following conditions are satisfied:

1. The insured is living;
2. All underwriting requirements have been completed; and
3. The minimum initial payment has been received.

### **Termination**

This policy will terminate upon the earliest of the following events:

1. Surrender of the policy; or
2. End of the grace period; or
3. Death of the insured.

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

If the insured's age or sex shown on the application has been misstated, we will adjust the death benefit to the amount that the most recent cost of insurance charge made would have purchased at the correct age and sex.

### **Incontestability**

We will not contest this policy after it has been in force during the lifetime of the insured for two years from the issue date unless one of the following exceptions occurs:

1. Any increase in face amount: This contestable period with respect to the increase amount will be measured during the lifetime of the insured for two years from the effective date of the increase.
2. Reinstatement of this policy or any riders: This contestable period will be measured during the lifetime of the insured for two years from the reinstatement date.
3. An attached or subsequently issued rider has a separate incontestability provision. This contestable period will be measured in accordance with the incontestability provision provided in the rider.

We may contest this policy at any time for the failure to make sufficient payments to cover the monthly deductions required to keep this policy and its riders in force.

### **Suicide or Self-Destruction**

If the insured dies by suicide while sane or by self-destruction while insane within two years from the issue date of the policy:

1. We will only pay an amount equal to the payments made less any policy debt and partial withdrawals; and
2. The policy will terminate.

If the insured dies by suicide while sane or by self-destruction while insane within two years of the effective date of any increase in face amount, our liability with respect to the increase will be limited to the cost of insurance for the increase.

### **Payment Class Change**

You may request in writing a change in payment class while the policy is in force. The written request for a change in payment class must be submitted in a form satisfactory to us. The reclassification will be subject to our underwriting requirements in effect at the time the payment class change request is received. Upon approval, we will provide written confirmation of this change to the most recent address we have on record for you.

### **Additional Coverage**

You may request in writing that additional coverage(s) provided by rider(s) be added to this policy after the issue date of the policy. The addition of any rider will be subject to its availability with this policy at the time the request is received. The written request to add additional rider(s) must be submitted in a form satisfactory to us. The rider(s) may be subject to additional underwriting requirements in effect at the time the rider(s) request is received. Upon approval, we will send the requested rider(s) to the most recent address we have on record for you.

## **Annual Report**

Each year we will send you an annual report following the policy anniversary. Each report will provide information on various transactions that took place during the policy year just completed, as well as information on the current status of the policy. This information will include items such as:

1. The policy value as of the end of the current and prior year.
2. Payments and withdrawals made during the year.
3. The monthly deductions and expense charges made during the year.
4. Interest credited to the policy value during the year.
5. The current death benefit.
6. The current surrender value.
7. The amount of policy debt.

## **Illustrations**

You may request an additional illustration at any time during the policy year. We may charge you a fee, not to exceed \$25, for any additional illustrations. We will inform you of the current charge before sending the illustration.

## **Conformity With State Law**

This policy is subject to the laws of the state where the application was signed. If any part of the policy does not comply with the law, we will consider that part of the policy modified to comply with applicable state law.

## **Nonparticipating**

This policy does not share in our profits or surplus earnings. We will pay no dividends on this policy.

## **Compliance With Federal Laws**

The two requirements below are intended to maintain the status of this policy as life insurance under the current Internal Revenue Code:

First, the amount of payments that you may pay is limited by law. We will conduct a test no less frequently than annually, and return any excess payments, with interest, within 60 days of the end of the policy year in which the excess payments were paid.

Second, the death benefit payable may not be less than the applicable percentage of the greater of your policy value or the cumulative guaranteed value. This percentage is based on the attained age as shown in the Life Insurance Compliance Test section on the Policy Data pages. In no event may the greater of your policy value or the cumulative guaranteed value exceed the net single premium which would have to be paid at such time to fund future benefits under the policy.

We will conduct a test monthly and increase the death benefit, subject to our then current underwriting limits, to be equal to the applicable percentage of your policy value or the cumulative guaranteed value, if necessary. If we determine a payment exceeds the amount we can accept without evidence of insurability or due to underwriting limits, we will return that amount of payments necessary so that the death benefit will be equal to the applicable percentage of your policy value or the cumulative guaranteed value after returning the amount. You may submit an application for an increase in face amount subject to the conditions in the Change of Face Amount provision of this policy.

If it is necessary for us to return payments to you under the preceding paragraph, we will return them within 60 days of the end of the policy year in which they were paid.

We reserve the right to amend the policy to comply with:

1. Requirements of the Internal Revenue Code;
2. Any regulations or rulings issued under the Internal Revenue Code; and
3. Any other requirements imposed by the Internal Revenue Service.

We will give you a copy of any such amendment.

### **Settlement**

The death benefit, less any outstanding policy debt, or the net surrender value in the event you withdraw it, will be paid in one sum or applied to any settlement option we then provide. The one sum payment may be paid by a single payment or to a Secure Access account, if available. When we pay the proceeds, we may ask that this policy be returned to us. No surrenders or partial withdrawals are permitted after payments under a settlement option have started. Once payment is made under a settlement option, the settlement option cannot be changed.

Settlement options will include:

1. We will pay a selected monthly income until the proceeds, with interest, are exhausted.
2. We will pay a monthly income, based upon the amount of proceeds, interest rate and the age and sex of the person or persons receiving the funds, for a selected period or the lifetime of the person or persons to whom the funds are being paid. This option will not be available to a non-natural entity.

We guarantee that the rate of interest will not be less than 2%. We may pay interest in excess of the guaranteed rate. We will issue a supplementary contract setting forth the benefits to be paid and the rights of the beneficiary. Each election must include at least \$5,000 of policy proceeds and must result in installment payments of not less than \$50.

The following tables contain the guaranteed monthly payment per \$1,000 of policy proceeds applied, which were calculated using the Annuity 2000 Mortality Tables and an annualized effective interest rate of 2%. For ages, guaranteed payment periods, combinations of sex, payment frequencies and annualized effective interest rates not shown in these examples, payment factors will be calculated on a basis consistent with the factors shown. The adjusted age of the beneficiary is used to determine the appropriate monthly payment factor to apply for the selected settlement option. The adjusted age is the actual age of the beneficiary(ies) on the settlement date, subtracted by two, reduced by one year for each six full calendar years between January 1, 2000 and the settlement date.

Life Income with Guaranteed Payment Period:

<b>Monthly Installment</b>						
<b>Beneficiary's Adjusted Age</b>	<b>10 Year Certain</b>		<b>15 Year Certain</b>		<b>20 Year Certain</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
55	\$3.86	\$3.58	\$3.80	\$3.55	\$3.70	\$3.49
56	3.95	3.65	3.88	3.62	3.77	3.56
57	4.04	3.73	3.96	3.69	3.84	3.62
58	4.13	3.82	4.04	3.77	3.90	3.69
59	4.23	3.90	4.13	3.85	3.97	3.76
60	4.34	4.00	4.22	3.93	4.04	3.83
61	4.45	4.09	4.31	4.02	4.11	3.90
62	4.56	4.20	4.41	4.11	4.18	3.98
63	4.69	4.31	4.51	4.21	4.25	4.05
64	4.82	4.42	4.61	4.31	4.31	4.13
65	4.95	4.54	4.71	4.41	4.38	4.20
66	5.09	4.67	4.81	4.52	4.45	4.28
67	5.24	4.80	4.92	4.63	4.51	4.35
68	5.39	4.95	5.03	4.74	4.57	4.42
69	5.54	5.10	5.13	4.85	4.62	4.49
70	5.71	5.26	5.24	4.97	4.68	4.56
71	5.87	5.42	5.34	5.09	4.73	4.62
72	6.04	5.60	5.44	5.20	4.77	4.68
73	6.22	5.78	5.54	5.32	4.81	4.74
74	6.39	5.96	5.63	5.43	4.85	4.79
75	6.57	6.16	5.72	5.54	4.88	4.83
76	6.75	6.36	5.80	5.65	4.91	4.87
77	6.93	6.56	5.88	5.75	4.94	4.90
78	7.11	6.77	5.96	5.84	4.96	4.93
79	7.29	6.97	6.02	5.92	4.98	4.95
80	7.46	7.17	6.08	6.00	4.99	4.97
81	7.63	7.37	6.14	6.07	5.00	4.99
82	7.79	7.57	6.18	6.13	5.01	5.00
83	7.95	7.75	6.23	6.18	5.02	5.01
84	8.09	7.93	6.26	6.23	5.03	5.02
85	8.23	8.09	6.29	6.27	5.03	5.03
86	8.35	8.24	6.32	6.30	5.04	5.03
87	8.47	8.37	6.34	6.33	5.04	5.04
88	8.57	8.49	6.36	6.35	5.04	5.04
89	8.67	8.60	6.38	6.37	5.04	5.04
90	8.76	8.70	6.39	6.38	5.04	5.04

Guaranteed Payment Period:

<b>No. of Years</b>	<b>Monthly Payment</b>	<b>No. of Years</b>	<b>Monthly Payment</b>
1	\$84.09	11	8.42
2	42.46	12	7.80
3	28.59	13	7.26
4	21.65	14	6.81
5	17.49	15	6.42
6	14.72	16	6.07
7	12.74	17	5.77
8	11.25	18	5.50
9	10.10	19	5.26
10	9.18	20	5.04

## **FLEXIBLE PREMIUM ADJUSTABLE INDEXED LIFE INSURANCE POLICY**

**Lincoln Benefit Life Company promises to pay the death benefit on death of the insured upon receipt of due proof of death of the insured, subject to the terms and conditions of this policy. Minimum initial payment is required for this policy to be in force. Premium payments are flexible for life. This policy does not pay dividends. The values of this policy may be affected by an external index but this policy does not directly participate in any stock or equity.**

**LINCOLN BENEFIT LIFE COMPANY**  
**{1-800-525-9287}**

**Annual Reset Crediting Strategy with Guaranteed Interest Rider**

**General**

1. The “policy” is the policy to which this rider is attached.
2. This rider is made a part of the policy on the policy issue date.
3. There is no charge for this rider.
4. This rider provides a crediting strategy used to calculate interest for an indexed account.
5. This rider is subject to all terms and conditions of the policy, except as provided in this rider.

**Cap**

The cap is the maximum increase in the index percentage used to calculate the index increase. We will declare the cap for each indexed segment on the index investment date on a basis which does not discriminate unfairly between any class of policies. The cap will never be less than 3.0%.

**Guaranteed Interest Rate**

The guaranteed interest rate is the interest rate used to calculate guaranteed interest for an index account. The guaranteed interest rate for this strategy is shown in the Policy Data pages.

**Participation Rate**

The participation rate is the percentage used to calculate the index increase for an indexed account. The minimum participation rate is 100%.

**Index Increase**

The index increase is the index value on the indexed segment maturity date, divided by the index value on the index investment date, minus one, multiplied by the participation rate. If the index increase for an index segment is greater than the cap, the index increase will equal the cap.

**Index**

The index is the Standard and Poor’s 500® Composite Stock Price Index, which does not reflect dividends paid on the stocks underlying the index. If the publication of the index is discontinued, or the calculation of the index is changed substantially, we will substitute a suitable index and notify you in writing.

**Indexed Segment Maturity Date**

The indexed segment maturity date is the date on which the indexed segment matures and any excess indexed interest is credited to the maturing indexed segment value. The indexed segment maturity date will be one full calendar year from the index investment date of that indexed segment.

**Index Investment Date**

The index investment date is the date on which premium or a portion of policy value is allocated to an indexed segment. This date will be the 15<sup>th</sup> day of each calendar month. If an index investment date occurs on a day when the index does not trade, the index value used will be the index value at close of the previous trading day.

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	Susan L. Lees Secretary	Lawrence W. Dahl President	

**LINCOLN BENEFIT LIFE COMPANY**  
**{1-800-525-9287}**

**Two Year Reset Crediting Strategy with Guaranteed Interest Rider**

**General**

1. The “policy” is the policy to which this rider is attached.
2. This rider is made a part of the policy on the policy issue date.
3. There is no charge for this rider.
4. This rider provides a crediting strategy used to calculate interest for an indexed account.
5. This rider is subject to all terms and conditions of the policy, except as provided in this rider.

**Cap**

The cap is the maximum increase in the index percentage used to calculate the index increase. We will declare the cap for each indexed segment on the index investment date on a basis which does not discriminate unfairly between any class of policies. The cap will never be less than 6.0%.

**Guaranteed Interest Rate**

The guaranteed interest rate is the interest rate used to calculate guaranteed interest for an index account. The guaranteed interest rate for this strategy is shown in the Policy Data pages.

**Participation Rate**

The participation rate is the percentage used to calculate the index increase for an indexed account. The minimum participation rate is 100%.

**Index Increase**

The index increase is the index value on the indexed segment maturity date, divided by the index value on the index investment date, minus one, multiplied by the participation rate. If the index increase for an index segment is greater than the cap, the index increase will equal the cap.

**Index**

The index is the Standard and Poor’s 500® Composite Stock Price Index, which does not reflect dividends paid on the stocks underlying the index. If the publication of the index is discontinued, or the calculation of the index is changed substantially, we will substitute a suitable index and notify you in writing.

**Indexed Segment Maturity Date**

The indexed segment maturity date is the date on which the indexed segment matures and any excess indexed interest is credited to the maturing indexed segment value. The indexed segment maturity date will be two full calendar years from the index investment date of that indexed segment.

**Index Investment Date**

The index investment date is the date on which premium or a portion of policy value is allocated to an indexed segment. This date will be the 15<sup>th</sup> day of each calendar month. If an index investment date occurs on a day when the index does not trade, the index value used will be the index value at close of the previous trading day.

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	Susan L. Lees Secretary	Lawrence W. Dahl President	

**LINCOLN BENEFIT LIFE COMPANY**  
**{1-800-525-9287}**

**Three Year Reset Crediting Strategy with Guaranteed Interest Rider**

**General**

1. The “policy” is the policy to which this rider is attached.
2. This rider is made a part of the policy on the policy issue date.
3. There is no charge for this rider.
4. This rider provides a crediting strategy used to calculate interest for an indexed account.
5. This rider is subject to all terms and conditions of the policy, except as provided in this rider.

**Cap**

The cap is the maximum increase in the index percentage used to calculate the index increase. We will declare the cap for each indexed segment on the index investment date on a basis which does not discriminate unfairly between any class of policies. The cap will never be less than 9.0%.

**Guaranteed Interest Rate**

The guaranteed interest rate is the interest rate used to calculate guaranteed interest for an index account. The guaranteed interest rate for this strategy is shown in the Policy Data pages.

**Participation Rate**

The participation rate is the percentage used to calculate the index increase for an indexed account. The minimum participation rate is 100%.

**Index Increase**

The index increase is the index value on the indexed segment maturity date, divided by the index value on the index investment date, minus one, multiplied by the participation rate. If the index increase for an index segment is greater than the cap, the index increase will equal the cap.

**Index**

The index is the Standard and Poor’s 500® Composite Stock Price Index, which does not reflect dividends paid on the stocks underlying the index. If the publication of the index is discontinued, or the calculation of the index is changed substantially, we will substitute a suitable index and notify you in writing.

**Indexed Segment Maturity Date**

The indexed segment maturity date is the date on which the indexed segment matures and any excess indexed interest is credited to the maturing indexed segment value. The indexed segment maturity date will be three full calendar years from the index investment date of that indexed segment.

**Index Investment Date**

The index investment date is the date on which premium or a portion of policy value is allocated to an indexed segment. This date will be the 15<sup>th</sup> day of each calendar month. If an index investment date occurs on a day when the index does not trade, the index value used will be the index value at close of the previous trading day.

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	Susan L. Lees Secretary	Lawrence W. Dahl President	

**LINCOLN BENEFIT LIFE COMPANY**  
**{1-800-525-9287}**

**Annual Reset Crediting Strategy Rider**

**General**

1. The “policy” is the policy to which this rider is attached.
2. This rider is made a part of the policy on the policy issue date.
3. There is no charge for this rider.
4. This rider provides a crediting strategy used to calculate interest for an indexed account.
5. This rider is subject to all terms and conditions of the policy, except as provided in this rider.

**Cap**

The cap is the maximum increase in the index percentage used to calculate the index increase. We will declare the cap for each indexed segment on the index investment date on a basis which does not discriminate unfairly between any class of policies. The cap will never be less than 3.0%.

**Participation Rate**

The participation rate is the percentage used to calculate the index increase for an indexed account. The minimum participation rate is 100%.

**Index Increase**

The index increase is the index value on the indexed segment maturity date, divided by the index value on the index investment date, minus one, multiplied by the participation rate. If the index increase for an index segment is greater than the cap, the index increase will equal the cap.

**Index**

The index is the Standard and Poor’s 500® Composite Stock Price Index, which does not reflect dividends paid on the stocks underlying the index. If the publication of the index is discontinued, or the calculation of the index is changed substantially, we will substitute a suitable index and notify you in writing.

**Indexed Segment Maturity Date**

The indexed segment maturity date is the date on which the indexed segment matures and any excess indexed interest is credited to the maturing indexed segment value. The indexed segment maturity date will be one full calendar year from the index investment date of that indexed segment.

**Index Investment Date**

The index investment date is the date on which premium or a portion of policy value is allocated to an indexed segment. This date will be the 15<sup>th</sup> day of each calendar month. If an index investment date occurs on a day when the index does not trade, the index value used will be the index value at close of the previous trading day.



Susan L. Lees  
Secretary



Lawrence W. Dahl  
President



**LINCOLN BENEFIT LIFE COMPANY**  
**{1-800-525-9287}**

**EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider**

**General**

1. The “policy” is the policy to which this rider is attached.
2. This rider is made a part of the policy on the policy issue date.
3. There is no charge for this rider.
4. This rider provides a crediting strategy used to calculate interest for an indexed account.
5. This rider is subject to all terms and conditions of the policy, except as provided in this rider.

**Cap**

The cap is the maximum increase in the index percentage used to calculate the index increase. We will declare the cap for each indexed segment on the index investment date on a basis which does not discriminate unfairly between any class of policies. The cap will never be less than 3.0%.

**Guaranteed Interest Rate**

The guaranteed interest rate is the interest rate used to calculate guaranteed interest for an index account. The guaranteed interest rate for this strategy is shown in the Policy Data pages.

**Participation Rate**

The participation rate is the percentage used to calculate the index increase for an indexed account. The minimum participation rate is 100%.

**Index Increase**

The index increase is the index value on the indexed segment maturity date, divided by the index value on the index investment date, minus one, multiplied by the participation rate. If the index increase for an index segment is greater than the cap, the index increase will equal the cap.

**Index**

The index is the MSCI EAFE® maintained by Morgan Stanley Capital International which does not reflect dividends paid on the stocks underlying the index. EAFE acronym stands for "Europe, Australasia, and Far East". If the publication of the index is discontinued, or the calculation of the index is changed substantially, we will substitute a suitable index and notify you in writing.

**Indexed Segment Maturity Date**

The indexed segment maturity date is the date on which the indexed segment matures and any excess indexed interest is credited to the maturing indexed segment value. The indexed segment maturity date will be one full calendar year from the index investment date of that indexed segment.

**Index Investment Date**

The index investment date is the date on which premium or a portion of policy value is allocated to an indexed segment. This date will be the 15<sup>th</sup> day of each calendar month. If an index investment date occurs on a day when the index does not trade, the index value used will be the index value at close of the previous trading day.

{	<i>Susan L. Lees</i>	<i>Lawrence W. Dahl</i>	}
	Susan L. Lees Secretary	Lawrence W. Dahl President	

# LINCOLN BENEFIT LIFE COMPANY

{1-800-525-9287}

## Index Crediting Strategy Endorsement

The word 'policy', as used in this endorsement, means the policy to which this endorsement is attached.

This endorsement is attached to and made part of your policy as of the policy issue date.

### Description

This endorsement establishes the minimum basis upon which cap will be determined for all index crediting strategies for any payments paid as of the policy issue date. The minimum basis applies to any portion of the initial payment that is:

1. Allocated to an indexed segment that matures during the first seven years;
2. Transferred to an indexed segment that matures during the first seven policy years; or
3. Renewed from a maturing indexed segment to another indexed segment that matures during the first seven policy years.

The terms of this endorsement are only applicable to premiums received as of the policy issue date.

### Definitions

**Index Basis** - the reference in setting the cap on each index investment date for any indexed segment that matures during the first seven policy years.

**Option** - a derivative security that gives the buyer the right, but not the obligation, to buy or sell an underlying asset at a specific price on or before a certain date. The option characteristics and value depend on the characteristics and value of the underlying security.

### Benefit

Your policy has one or more index crediting strategies available. The index basis for each index crediting strategy is shown on the Policy Data pages.

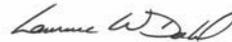
We will determine the option or combination of options that are needed to replicate the index crediting strategy. Two business days prior to each index investment date, we will obtain market quotes for these options either from the Chicago Board Options Exchange® (CBOE®) or an over the counter dealer if such options are not quoted on the CBOE®.

We will set the indexed account cap for the next index investment date such that the market price of the options, as a percentage of the value of the indexed segment, is greater than or equal to the index basis. The cap will never be less than the guaranteed minimum cap stated in the applicable indexed crediting strategy rider.

Except as amended by this endorsement, the policy remains unchanged.



Susan L. Lees  
Secretary



Lawrence W. Dahl  
President

# Application for Life Insurance - Part 1A

LINCOLN BENEFIT LIFE  
AN ALLSTATE COMPANY

## Underwriting Method:

- Guaranteed Issue (Include Consent Form 1B)  
 Simplified Issue (Include Consent Form 1C)

Lincoln Benefit Life Company  
P.O. Box 80469, Lincoln, NE 68501-0469  
Toll-Free Fax: 1-866-525-9287

Employer (employer includes any affiliates): \_\_\_\_\_

### A. Owner Data - Complete all of the following if information is available

1. **Owner:**
  - a.  Employer
  - b.  Proposed Insured
  - c.  Trust (Give name of Trust, Address and Trust Taxpayer ID No.)
  - d.  Other \_\_\_\_\_
2. **Owner Name(s):** \_\_\_\_\_
  - a. Name of Trustee(s) (if applicable): \_\_\_\_\_
  - b. Date of Trust (if applicable): \_\_\_\_\_
3. **Owner Address (No. & Street):** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
4. **If the Owner is a Corporation, is it publicly traded?:**  Yes  No
5. **If the Owner is a Bank, provide FDIC Certificate number:** \_\_\_\_\_
6. **Taxpayer ID No.:** \_\_\_\_\_
7. **Nature of Business:** \_\_\_\_\_
8. **Business Phone No.:** \_\_\_\_\_

### B. Program Sponsor Data (If different than Owner)

1. **Name(s):** \_\_\_\_\_
2. **Program Sponsor Address (No. & Street):** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
3. **Primary Contact (include name and telephone number):** \_\_\_\_\_
4. **Taxpayer ID No.:** \_\_\_\_\_
5. **Nature of Business:** \_\_\_\_\_

### C. Proposed Insured Data - Complete Consent Form 1B (for Guaranteed Issue) or 1C (for Simplified Issue) for each Insured.

1.
  - a. Have all Proposed Insureds been actively at work on a full-time basis for the Employer or its affiliate(s) during the 90 days prior to the effective date of the program? "Actively at work" means working full time at a rate of at least 30 hours per week with no hospitalization and no absence due to illness or accident of more than 3 consecutive business days or a cumulative total of 5 days.  
 Yes  No **If "No," give detailed explanation in Remarks section.**
  - b. Are any Proposed Insureds actively at work for another employer?  
 Yes  No **If "Yes," give detailed explanation (including name and address of employer) in Remarks section.**
2. Are any Proposed Insureds currently receiving or applying to receive disability compensation?  Yes  No
3. Is every Proposed Insured and Beneficiary a citizen of and resident of the United States?  Yes  No  
**If No, please list country of citizenship on Insured's Consent Form 1B Section A Question 6 or 1C Section A Question 8.**

## D. Policy Information

1. a. **Policy Type:**  Product Plan \_\_\_\_\_  
 Flexible Premium Fixed Life Insurance  Flexible Premium Variable Life Insurance  
 Other \_\_\_\_\_
- b. **IRC §7702 Test Election** (If applicable):  Guideline Premium  Cash Value Accumulation
- c. **Total Face Amount:** \$ \_\_\_\_\_
- d. **Premium:** Initial \$ \_\_\_\_\_ Planned Modal Premium \$ \_\_\_\_\_
- e. **Mode (May vary by product):**  Annually  Semi-Annually  Quarterly  Monthly Automatic  Other \_\_\_\_\_
- f. **Death Benefit Option:**  Option 1  Option 2  Option 3 (if applicable)
- g. **Riders:** \_\_\_\_\_
2. **Beneficiary Designation:**
- a.  **Employer** - If the Employer is the beneficiary, by signing this application, the Employer certifies, represents and warrants that:
- (i) The Employer has a lawful and substantial economic interest in the life, health and bodily safety of each Proposed Insured; and
  - (ii) The services of each Proposed Insured are such that the Employer expects to realize either:
    - A substantial pecuniary gain through the continued life of the Proposed Insured; or
    - A substantial pecuniary loss in the event of the Proposed Insured's death.
- b.  **As designated by Proposed Insured on Application Consent Form 1B, Section D or Consent Form 1C, Section D**
- c.  **Other** \_\_\_\_\_ (if more space is required, please use the Remarks section)

## E. Premium Payment Information

1. **Premium Payer**
- Owner  
 Proposed Insured  
 Other (Name) \_\_\_\_\_
2. **Mailing Address for Billing**
- Owner's address  Proposed Insured's home \_\_\_\_\_  
 Proposed Insured's business  Other \_\_\_\_\_
3. **Is the initial premium included with this application**  Yes  No If "Yes" amount included with this application: \$ \_\_\_\_\_

## F. Replacement

1. Does anyone proposed for this insurance now have any life insurance or annuity (includes personal, business or group life):
- a. in force or application(s) pending in any company? (if Yes, list below)  Yes  No
- b. which have been or will be replaced, changed or borrowed against because of this application (circle applicable policy numbers)?  Yes  No
- c. which will be part of a 1035 exchange because of this application? (1035 exchange of an annuity to life insurance is not allowed)  Yes  No
- If a, b, or c is answered "Yes," give details below and submit appropriate replacement form and policy illustrations.

Person Covered	Company Name	Face Amount	Date Applied	Policy Number	Plan Type

If more space is needed, please use Remarks section or submit additional sheets.

## G. Variable Life Information (If applicable)

1. Has the Owner received a prospectus or Private Placement Offering Memorandum for the policy(ies) being applied for?  Yes  No
- a. If "Yes," give date shown on the prospectus or Private Placement Offering Memorandum: \_\_\_\_\_
2. **Does the Owner understand that:**
- a. the death benefit and the duration of insurance may be variable or fixed under specific conditions?  Yes  No
- b. the variable account value of the policy may increase or decrease in accordance with the experience of the Separate Account (there are no minimum guarantees as to the variable account value)?  Yes  No
- c. the fixed account value of the policy earns interest at a rate no less than a minimum specified rate?  Yes  No
3. In view of the above, does the Owner believe that this policy will meet his/her insurance needs and financial objectives?  Yes  No



## J. Declarations

1. This is part of an application for life insurance. The application includes this Part 1A, the Consent Form 1B or 1C (which has been or which will be completed by the Proposed Insured), any Part 2 that may be required, and any amendments or supplements to any Part or Consent Form. To the best of the knowledge and belief of the person(s) signing below, all statements in this application are complete and true and were truly recorded. Each person signing below adopts all the statements made in the application and agrees to be bound by them.
2. I (the undersigned) declare that all answers written on this application are full and correct to the best of my knowledge and belief. Except in [ Maine, Missouri, New Jersey, Oregon, and South Carolina, ] Lincoln Benefit Life Company is not presumed to know any information not in this application.
3. Lincoln Benefit Life Company may add to or correct the application on an addendum page immediately following the application. Any changes are agreed to if the policy issued is accepted by me (us), but written agreement will be obtained from me for any change in insurance amount, plan, benefits, payment class or age at issue. [ (In West Virginia, Pennsylvania, New Hampshire and Maryland written consent will be obtained for any changes.)]
4. Insurance will start only as provided in the Receipt and Temporary Insurance Agreement issued in connection with this application. If no receipt is issued or if insurance under it has stopped and not started again, no insurance will start by reason of the application until the policy is delivered and the first premium paid in full. No insurance will start if at that time the health of all proposed insureds is not as described in the application.
5. I acknowledge that I have read and understand this application, including the IMPORTANT INFORMATION REGARDING MEDICAL EXAMS, NOTICE REGARDING MIB, INSURANCE INFORMATION PRACTICES, NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND OTHER IMPORTANT INFORMATION. I ACKNOWLEDGE RECEIPT OF THESE NOTICES.
6. Only an officer of Lincoln Benefit Life Company may change this application or waive a right or requirement. No agent may do this.
7. ALL QUESTIONS WERE ASKED OF ME AND, IF APPLICABLE, THE ADDITIONAL/JOINT INSURED AND PARENTS OF ANY CHILDREN LISTED ON THIS APPLICATION. I (WE) HAVE READ ALL INFORMATION BEFORE SIGNING.
8. **For employer owned policies:** I acknowledge that Internal Revenue Code Section 101(j) may limit the death benefits that may be excluded from Gross Income. I understand that neither Lincoln Benefit Life Company, or any of its officers, directors, employees or representatives can provide me with tax advice and that I must rely on the advice of my own independent tax or legal advisor.
9. By signing below, I understand that I am acknowledging and agreeing to all of the statements and representations made in the application. I accept and adopt as true all the statements in this application made by the Proposed Insured.

• Not FDIC, NCUA/NCUSIF insured • Not insured by any federal government agency • Not a deposit • No bank guarantee • May lose value

### **SUBSTITUTE FORM W-9: Under penalties of perjury, I certify that:**

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Signature of Owner

Signature of Employer (If other than Owner, if applicable)

Print Owner Name & Title

Print Employer Name & Title (if applicable)

Signature of Program Sponsor (if other than Owner)

Signature of Agent

Agent Number

Print Program Sponsor Name & Title

Signed and Dated at:

On:

(City, State)

(Date - MM/DD/YYYY)

*Please leave this page with the customer*

### **K. Important Information Regarding Medical Exams**

As part of the underwriting process we may ask for medical tests or exams to be completed at our expense. Common tests may include a paramed exam, which will consist of questions about your medical history and measurement of your body height, weight, blood pressure, and pulse. Blood and urine specimens are also generally collected. Undressing is not required for any of these tests.

In some instances, an EKG (electrocardiogram) may be required. An EKG is a recording of the electrical impulses in the heart. You will be asked to lay down with your shirt unbuttoned so the EKG leads can be placed on your chest.

If you have any questions about the specific tests that will be required of you, please feel free to contact your agent.

### **L. Notice Regarding MIB**

Information regarding your insurability will be treated as confidential. Lincoln Benefit Life Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or healthy insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of this 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 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Lincoln Benefit Life Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

### **M. Insurance Information Practices**

We will rely primarily on the information you give us. We may also get information from other sources, such as doctors, or other medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to gather information and send us an investigative consumer report as explained in the Notice Under the Fair Credit Reporting Act below. You may ask to be interviewed as part of the preparation of any such report.

In certain limited circumstances, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about and to see and copy items of personal information about you that appear in our files, including information contained in the investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to Underwriting Department, Lincoln Benefit Life Company, P.O. Box 80469, Lincoln, NE 68501.

### **N. Notice Under the Fair Credit Reporting Act**

In compliance with the Fair Credit Reporting Act, you are hereby notified that an investigative report may be made. This would be by personal interviews with neighbors, friends, associates, or other persons. This will concern the character, general reputation, personal characteristics, and mode of living (except as may be related to sexual orientation) of any person proposed for insurance. You may obtain additional information concerning the nature and scope of this investigation, and a written summary of your rights under the Fair Credit Reporting Act by contacting our Home Office. Our address is Lincoln Benefit Life Company, P.O. Box 80469, Lincoln, Nebraska 68501. Upon your written request, you will be informed whether or not an investigation was made by us. If so, you will receive the name and address of the consumer reporting agency involved. You may inspect and review a copy of the Investigative Consumer Report by contacting the consumer reporting agency.

### **O. Important Information**

**For applicants in Arkansas, the District of Columbia, Kentucky, Louisiana, Maine, Ohio, Pennsylvania, and Tennessee:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For applicants in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FOR APPLICANTS IN FLORIDA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**For applicants in New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

**For applicants in New Mexico:** 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 civil fines and criminal penalties.

**For Applicants in Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

# Application for Life Insurance - Consent Form 1B

{Lincoln Benefit Life Company, Lincoln, NE 68501}

Employer Name \_\_\_\_\_

## TO BE COMPLETED FOR GUARANTEED ISSUE ONLY

### A. Proposed Insured Data (Must be completed in full)

1. Name of Proposed Insured				2. Sex <input type="checkbox"/> M <input type="checkbox"/> F		3. Social Security Number/Tax I.D. No.	
4. Proposed Insured's Street Address		City	State	Zip	5. Date of Birth	6. Country of Citizenship if not U.S.	
7. Proposed Insured's Place of Work Street Address		City	State	Zip	8. Home Phone:	9. Work Phone	

### B. Consent to Insure (Complete only if Employer or Employer Trust is the Policy Owner)

Please check one:

- Yes. I consent to my employer/trust purchasing a life insurance policy for a face amount not to exceed \$\_\_\_\_\_ on my life. I agree and understand that:
  - The employer/trust will pay all the premiums, have all the rights of ownership, and may be the beneficiary of the policy. I agree that my administration, estate, heirs and assigns have no rights to any policy proceeds; and
  - The employer/trust or their successors will continue to be the owner and may be the beneficiary of the policy(ies) after the end of my employment with the employer or its successors.
- No. I do not consent to my employer purchasing a life insurance policy on my life.

### C. Personal Information Regarding the Proposed Insured

#### 1. Work Status: (Please Complete)

- Are you currently engaged in active, full-time work for the employer (of at least 30 hours per week) in a normal capacity?  Yes  No
  - During the 90 days just prior to the date you signed this Consent Form 1B, have you been hospitalized or otherwise absent from work due to illness or accident (not including vacations or holidays) for either more than 3 consecutive days or more than a total of 5 days?  Yes  No
- If "Yes," please explain. \_\_\_\_\_

#### 2. Nicotine Usage: (Please Complete)

- Do you currently use tobacco or nicotine of any form?  Yes  No
- If "Yes," what type(s)? \_\_\_\_\_
- If the answer to question a. is "No," have you used tobacco or nicotine of any form within the last 12 months?  Yes  No
- If "Yes," please give type(s) of tobacco or nicotine used and date last used.
- \_\_\_\_\_
- \_\_\_\_\_

### D. Beneficiary Information

Employer (If beneficiary is employer, check box and proceed to Section E.)

18. Beneficiary (First, Middle, Last)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Primary Insured	Birth Date/Date of Trust (MM/DD/YYYY)	SSN/TIN	% Share (if not equal)
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				

Employer Name \_\_\_\_\_

Proposed Insured \_\_\_\_\_

**D. Beneficiary Information (continued)**

18. Beneficiary (First, Middle, Last)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Primary Insured	Birth Date/Date of Trust (MM/DD/YYYY)	SSN/TIN	% Share (if not equal)
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				

**E. Remarks** (attach additional page if necessary)

Question #	Explanation

**F. Acknowledgements and Signature**

I agree that all statements in this application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them. I also agree that the statements and answers in this form may be relied upon by the Insurer in determining the pricing and the issuance of any insurance policy issued on my life and that the form may be attached to and made a part of any such insurance policy.

SIGN HERE

\_\_\_\_\_  
Owner's Signature (Required)

\_\_\_\_\_  
Date (Required) MM/DD/YYYY

\_\_\_\_\_  
Proposed Insured's Signature (Required)

\_\_\_\_\_  
Print Proposed Insured's Name

\_\_\_\_\_  
Date (Required) MM/DD/YYYY

\_\_\_\_\_  
Employer's Signature (If applicable)

\_\_\_\_\_  
Date MM/DD/YYYY

# Application for Life Insurance - Consent Form 1C

Lincoln Benefit Life Company, Lincoln, NE 68501

Employer Name \_\_\_\_\_

## TO BE COMPLETED FOR SIMPLIFIED ISSUE ONLY

### A. Proposed Insured Data (Must be completed in full)

1. Name of Proposed Insured		2. Sex <input type="checkbox"/> M <input type="checkbox"/> F		3. Social Security Number/Tax I.D. No.	
4. Street Address		City	State	Zip	
5. Date of Birth	6. Age	7. Place of Birth	8. Country of Citizenship if not U.S.	9. Height ____ft. ____in.	10. Weight _____lbs.
11. Home Phone Number	12. Occupation and Duties		13. Annual Income	14. Drivers License # / State of Issue	

### B. Consent to Insure (Complete only if Employer or Employer Trust is the Policy Owner)

Please check one:

1.  Yes. I consent to my employer/trust purchasing a life insurance policy for a face amount not to exceed \$ \_\_\_\_\_ on my life. I agree and understand that:
- a. The employer/trust will pay all the premiums, have all the rights of ownership, and may be the beneficiary of the policy. I agree that my administration, estate, heirs and assigns have no rights to any policy proceeds; and
  - b. The employer/trust or their successors will continue to be the owner and may be the beneficiary of the policy(ies) after the end of my employment with the employer or its successors.
2.  No. I do not consent to my employer purchasing a life insurance policy on my life.

### C. Personal Information Regarding the Proposed Insured

1. During the 90 days just prior to the date you signed this Consent Form 1C, have you been actively and continuously at work for the employer on a full-time basis (at least 30 hours per week) except vacations, normal non-working days, and other absences totaling not more than 5 days?  Yes  No  
If "no," please include details: \_\_\_\_\_

2. In the past 10 years, have you been diagnosed with, or sought treatment or advice for:
- a. Heart, blood, or circulatory disorder, anemia, chest pain, hypertension, cancer or tumor of any kind?  Yes  No
  - b. Stomach, intestinal, liver, brain, kidney, lung, muscular, congenital, nervous or emotional disorder, diabetes, asthma, bronchitis, or paralysis?  Yes  No
3. Have you ever received treatment from a member of the medical profession for AIDS (Acquired Immune Deficiency Syndrome)?  Yes  No
4. Have you been under medical observation or treatment, had surgery or been hospitalized in the last 5 years?  Yes  No

If "yes" to any of questions 2-4, please give details, including name of condition, date diagnosed, treatment, names and addresses of physicians and medical facilities: \_\_\_\_\_

5. Personal Physician — Full Address, Date and Reason Last Seen: \_\_\_\_\_

6. Have you:
- a. In the last 5 years, smoked cigarettes or used tobacco or nicotine in any form?  Yes  No  
(If yes, provide all types of tobacco and date last used.) Type: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_
  - b. Ever been treated for or arrested for the use or possession of alcohol, narcotics, or mind altering drugs not prescribed by a physician, or have you used illegal drugs or narcotics?  Yes  No
  - c. Ever been convicted of a felony? If so, when? Date: \_\_\_\_\_  Yes  No
  - d. In the past three years, participated in scuba or sky diving, hang gliding, racing of any kind, or have you flown as a pilot or crew member or have the intent to do so? (If yes, complete the appropriate questionnaire.)  Yes  No
  - e. In the past three years have you received 2 or more driving citations, had a license suspension, or been convicted of driving under the influence of drugs or alcohol? If yes, Drivers License number: \_\_\_\_\_  Yes  No

Employer Name \_\_\_\_\_

Proposed Insured \_\_\_\_\_

- 7. Has a medical exam and/or necessary lab work or other required tests been scheduled to obtain this insurance?  Yes  No
- 8. Have you traveled outside the U.S. in the past 2 years, or do you plan to do so in the next 2 years?  Yes  No
- 9. Have you ever had an application for life or health insurance rated, postponed, or declined?  Yes  No  
If yes, explain (Company & Reason):

If "yes" to any of questions 6-9, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Beneficiary Information**

Employer (If beneficiary is employer, check box and proceed to Section E.)

18. Beneficiary (First, Middle, Last) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Primary Insured	Birth Date/Date of Trust (MM/DD/YYYY)	SSN/TIN	% Share (if not equal)
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				

**E. Remarks** (attach additional page if necessary)

Question #	Explanation

**F. Permit to Obtain and Disclose Certain Data**

- A. Lincoln Benefit Life Company, its reinsurers, consumer reporting agencies, and other parties acting on Lincoln Benefit Life Company's behalf may get data about my health, medical history, prescription medication history, and related information, mode of living (except as may be related directly or indirectly to sexual orientation), avocations, finances, credit history, driving record, and any criminal record. I understand that the information obtained by use of this authorization will be used to determine eligibility for insurance and/or benefits, or for Lincoln Benefit Life Company to determine its obligations under the policy issued in connection with this application.
- B. Any doctor, practitioner, medical or medically related facility, laboratory, Pharmacy Benefit Managers, the Veterans Administration, the Medical Information Bureau, Inc. (MIB, Inc.), viatical settlement company, employer, consumer reporting agency, creditor, government agency, insurance or reinsurance company or any other person or entity which has such data about me may give such data to Lincoln Benefit Life Company and its reinsurers when this Permit or a copy of it is shown. All sources but the MIB, Inc., may give such data to agents or agencies acting on behalf of Lincoln Benefit Life Company. The information as provided herein pursuant to the authorization will not be redisclosed unless authorized by me or otherwise required by law. Covered entities, as defined by the Health Insurance Portability and Accountability Act of 1996, may not condition treatment, payment, enrollment, or eligibility for benefits on whether this Permit is signed.
- C. Any request by Lincoln Benefit Life Company for medical records is on my behalf; the information must be provided within any requirements imposed by applicable statutes governing patient access to medical records.
- D. Data about mental illness, alcoholism, sexually transmitted diseases, and the use of drugs is to be included.
- E. Lincoln Benefit Life Company or its reinsurers may make a brief report about me to the MIB, Inc.
- F. This Permit is good for 24 months after it is signed.
- G. Lincoln Benefit Life Company may obtain an investigative consumer report ("inspection report") on me.
  - I want to be interviewed if such a report is obtained.
- H. I have read this Permit and know I may request a copy of it. I may revoke this Permit by writing to Lincoln Benefit Life Company. I also have received the Disclosures and Notices.

**G. Acknowledgements and Signature**

\_\_\_\_\_  
Owner's Signature (Required)

\_\_\_\_\_  
Date (Required) MM/DD/YYYY

\_\_\_\_\_  
Proposed Insured's Signature (Required)

\_\_\_\_\_  
Print Proposed Insured's Name

\_\_\_\_\_  
Date (Required) MM/DD/YYYY

\_\_\_\_\_  
Employer's Signature (If applicable)

\_\_\_\_\_  
Date MM/DD/YYYY

SIGN HERE

# Agent Report

Lincoln Benefit Life Company, Lincoln, NE 68501

By signing this application as the writing Representative, I CERTIFY THAT, except as otherwise provided in the answer to Question 1 of the enclosed application's Replacement section, the applicant does not own any existing life insurance or annuity and replacement of existing life insurance or annuity is not involved in this transaction. This also certifies that I have complied with all applicable state replacement laws and regulations, and, in my professional judgment, any replacement is in the best interest of the policyholder.

I hereby certify that to the best of my knowledge and belief the information provided in this report and by the Proposed Insured(s) in the application is complete, accurate, and correctly recorded; and there is nothing adversely affecting the insurability of the Proposed Insured(s) other than as indicated in the application. I also certify that I gave all required forms on or before the date the application was taken.

SIGN HERE

\_\_\_\_\_  
Signature of Writing Agent

\_\_\_\_\_  
Date (MM/DD/YYYY)

Writing Agent Printed Name		LBL Agent Number*	Split %
Phone (     )	Fax (     )	E-Mail Address	
Partnering Agent Printed Name		LBL Agent Number*	Split %
Phone (     )	Fax (     )	E-Mail Address	
<i>*In Florida, please provide FL License Number</i>			

# Receipt and Temporary Insurance Agreement - (Referred to as "Agreement")

{Lincoln Benefit Life Company, Lincoln, NE 68501}

**GIVE THE APPLICANT ONE COPY OF THIS FORM FOR EACH PROPOSED INSURED FOR WHOM PAYMENT IS SUBMITTED**

## A. Receipt

- All checks must be made payable to Lincoln Benefit Life Company. Do not make checks payable to the agent or leave the payee blank.
- For Simplified Issue only: Do not submit money or give receipt if Consent Form 1C (required) AND Section C Question 1 is answered "No," or Question 2A and/or Question 3 is answered "Yes" or not answered.
- Do not submit money if the amount of insurance applied for on any one life exceeds {\$1,000,000.}

\$ \_\_\_\_\_ has been received from \_\_\_\_\_ (Payer Name) as a payment for the life insurance on \_\_\_\_\_ (Proposed Insured's Name) applied for on this date, except as limited in the Amount of Insurance section below.

**IMPORTANT: NO INSURANCE WILL TAKE EFFECT EXCEPT AS DESCRIBED BELOW**

## B. When Temporary Insurance Starts

If payment of at least one-twelfth of the annual premium for the policy applied has been accepted by us and the application for insurance, including the required consent forms, has been completed on or before the date of this Agreement, temporary insurance under the Agreement will start on the later of: (1) the date of the Agreement, or (2) the date when all medical exams have been completed and/or lab specimens (blood, urine, or oral fluid) provided.

## C. When Temporary Insurance Will Stop

Temporary insurance under this Agreement will stop on the first of the dates below:

1. The date we write to the Owner that we have stopped considering the application. We have the absolute right to stop.
2. The date we advise the Owner that a medical exam is required. Insurance under this Agreement will start again when the last of such medical requirements is done. We have the absolute right to require such medical exams and lab specimens.
3. The date we agree to issue the coverage as applied for in the application. The insurance will then be provided by the policy.
4. The date we offer to issue insurance other than as applied for in the application.

We will refund all payments for which this Agreement was given if we stop considering the application.

## D. Amount of Insurance

If temporary insurance under this Agreement is in effect, it will have the same benefits, provisions, and limitations and be for the same amount as the plan applied for.

**We will provide no more than a combined total of {\$1,000,000} of temporary life insurance and accidental death benefit on any one life under this and any other Temporary Insurance Agreements, regardless of the face amount of insurance applied for.**

## E. Conditions Under Which There Is No Coverage

1. No coverage starts under this Agreement, and we will pay only a refund of the payment made with this application, if the Proposed Insured has:
  - a. During the past 90 days NOT been actively and continuously at work for the employer on a full time basis (at least 30 hours per week) except vacations, normal non-working days, and other absences totaling not more than 5 days.
  - b. In the past 10 years been diagnosed with or sought treatment or advice for heart, blood, or circulatory disorders, anemia, chest pain, hypertension, cancer, or tumor of any kind.
  - c. Ever received treatment from a member of the medical profession for AIDS (Acquired Immune Deficiency Syndrome).
2. No insurance coverage starts under this Agreement if, in the answers in the application, there is any fraud or misrepresentation material to our acceptance of the risk. If there is fraud and/or material misrepresentation, we will only pay a refund of the payment made with this application.
3. No insurance coverage starts under this Agreement if the Proposed Insured dies by suicide while sane or self-destruction while insane. In this event, we will only pay a refund of the payment made for the Proposed Insured.
4. No insurance coverage starts under this Agreement if no payment is received, if a check or draft given as a payment is not honored by the bank or, in case of a credit card payment, the charge is refused by the credit card issuer.

**No one can waive or change any of the terms of this Agreement.**

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

\_\_\_\_\_  
Date of Agreement (MM/DD/YYYY)

# SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

Proposed Primary Insured Name \_\_\_\_\_

Plan of Insurance/Product Type \_\_\_\_\_

## 1. PREMIUM ALLOCATIONS

You may allocate your net premium (in whole percentages only and they must equal 100%) among the six account options:

\_\_\_\_\_ % Fixed Account

\_\_\_\_\_ % Annual Reset Crediting Strategy (S&P 500 Index, 0% annual guaranteed interest rate)

\_\_\_\_\_ % Annual Reset Crediting Strategy with Guaranteed Interest (S&P 500 Index, 2% annual guaranteed interest rate)

\_\_\_\_\_ % Two Year Reset Crediting Strategy with Guaranteed Interest (S&P 500 Index, 2% annual guaranteed interest rate)

\_\_\_\_\_ % Three Year Reset Crediting Strategy with Guaranteed Interest (S&P 500 Index, 2% annual guaranteed interest rate)

\_\_\_\_\_ % EAFE Annual Reset Crediting Strategy with Guaranteed Interest (MSCI EAFE Index, 2% annual guaranteed interest)

100 % TOTAL

## 2. DISCLOSURES/SIGNATURES

**For Applicants in Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, and Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Applicants in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Applicants in District of Columbia, Tennessee, Washington and Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

**For Applicants in Florida:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

**For Applicants in New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**I UNDERSTAND THAT:**

I am purchasing a flexible premium adjustable life insurance policy with equity indexed interest issued by Lincoln Benefit Life Company. This policy contains charges and fees. The premiums can be allocated to a fixed account or any indexed account. Each indexed account is credited an interest rate based on the performance of an index, subject to a participation rate and a cap.

**THE AMOUNT AND DURATION OF THE DEATH BENEFIT MAY VARY UNDER SPECIFIED CONDITIONS. POLICY VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE INDEXED ACCOUNTS. ILLUSTRATIONS OF BENEFITS, INCLUDING DEATH BENEFITS, POLICY VALUES, AND CASH SURRENDER VALUES ARE AVAILABLE UPON REQUEST.**

The undersigned represent that all statements and answers on this Supplement to Application are made part of the application and that such are complete and correctly recorded to the best of my/our knowledge and belief.

**SIGN HERE**

Proposed Insured Signature \_\_\_\_\_

Date \_\_\_\_\_  
(MM/DD/YYYY)

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_  
(MM/DD/YYYY)

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_  
(MM/DD/YYYY)

Agent Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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SERFF Tracking Number: ALSB-125763696 State: Arkansas  
 Filing Company: Lincoln Benefit Life Company State Tracking Number: 40175  
 Company Tracking Number: UL0820 SERIES  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
 Adjustable Life  
 Product Name: UL0820 Series  
 Project Name/Number: UL0820 Series/UL0820 Series

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	COI Rates	LU0820	New		UL0820 COI Rates.pdf

Form UL0820 Series  
 Annual COI rates per \$1000  
 Male Preferred Nonsmoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.86	0.26	0.31	0.45	0.57	0.55	0.57	0.58	0.60	0.58	0.56	0.53	0.50	0.53	0.53	0.69	0.76	0.82	0.94	0.96	0.99	1.03	1.06	1.11	1.17	1.22
19	0.84	0.24	0.29	0.43	0.55	0.53	0.55	0.57	0.58	0.56	0.54	0.50	0.49	0.52	0.53	0.69	0.75	0.85	0.96	0.99	1.02	1.06	1.11	1.17	1.22	1.31
20	0.82	0.22	0.27	0.40	0.53	0.52	0.54	0.55	0.56	0.54	0.51	0.49	0.47	0.51	0.53	0.71	0.77	0.87	1.00	1.02	1.06	1.11	1.17	1.22	1.31	1.39
21	0.79	0.18	0.22	0.36	0.50	0.49	0.52	0.53	0.54	0.52	0.50	0.48	0.47	0.51	0.54	0.73	0.80	0.90	1.03	1.06	1.11	1.17	1.22	1.31	1.39	1.47
22	0.76	0.15	0.19	0.33	0.48	0.47	0.49	0.51	0.52	0.51	0.49	0.47	0.47	0.51	0.55	0.75	0.83	0.93	1.07	1.11	1.17	1.22	1.31	1.39	1.47	1.57
23	0.73	0.11	0.16	0.31	0.46	0.46	0.48	0.50	0.51	0.50	0.49	0.47	0.47	0.52	0.57	0.78	0.86	0.97	1.11	1.17	1.22	1.31	1.39	1.47	1.57	1.60
24	0.70	0.08	0.14	0.30	0.45	0.45	0.48	0.50	0.51	0.51	0.49	0.48	0.49	0.54	0.60	0.81	0.90	1.02	1.18	1.23	1.31	1.39	1.47	1.56	1.60	1.66
25	0.65	0.05	0.12	0.29	0.44	0.45	0.48	0.49	0.52	0.52	0.51	0.50	0.51	0.57	0.63	0.85	0.95	1.08	1.23	1.31	1.39	1.47	1.55	1.60	1.66	1.72
26	0.65	0.05	0.12	0.30	0.47	0.49	0.52	0.56	0.58	0.60	0.60	0.59	0.62	0.69	0.75	0.96	1.15	1.30	1.52	1.59	1.62	1.65	1.64	1.66	1.67	1.71
27	0.64	0.04	0.13	0.30	0.49	0.52	0.57	0.61	0.65	0.69	0.70	0.71	0.73	0.82	0.88	1.08	1.34	1.54	1.79	1.88	1.85	1.79	1.76	1.72	1.72	1.75
28	0.66	0.04	0.13	0.30	0.51	0.57	0.62	0.68	0.72	0.78	0.80	0.82	0.86	0.95	1.02	1.22	1.56	1.77	2.09	2.15	2.04	1.96	1.87	1.80	1.76	1.84
29	0.67	0.04	0.15	0.30	0.53	0.61	0.68	0.75	0.80	0.89	0.92	0.95	0.99	1.08	1.16	1.35	1.78	2.03	2.36	2.39	2.26	2.12	2.02	1.91	1.86	1.98
30	0.68	0.03	0.14	0.31	0.56	0.66	0.75	0.82	0.89	1.00	1.03	1.07	1.11	1.21	1.30	1.47	1.99	2.25	2.60	2.67	2.47	2.32	2.18	2.06	2.00	2.19
31	0.68	0.03	0.15	0.31	0.58	0.70	0.80	0.90	0.97	1.08	1.12	1.18	1.23	1.36	1.46	1.62	2.20	2.46	2.87	2.93	2.71	2.52	2.39	2.25	2.16	2.37
32	0.69	0.01	0.15	0.31	0.60	0.73	0.85	0.96	1.03	1.17	1.22	1.28	1.39	1.53	1.63	1.76	2.40	2.70	3.14	3.23	2.96	2.79	2.62	2.44	2.33	2.61
33	0.70	0.02	0.17	0.33	0.63	0.79	0.92	1.03	1.10	1.27	1.32	1.41	1.52	1.67	1.77	1.89	2.62	2.93	3.44	3.52	3.28	3.03	2.83	2.62	2.46	2.77
34	0.73	0.03	0.18	0.34	0.67	0.84	0.98	1.10	1.19	1.37	1.45	1.56	1.68	1.84	1.92	2.02	2.82	3.19	3.74	3.82	3.60	3.31	3.09	2.84	2.63	3.01
35	0.75	0.04	0.20	0.36	0.70	0.89	1.04	1.19	1.28	1.51	1.59	1.70	1.82	1.98	2.08	2.16	3.06	3.45	4.09	4.25	3.92	3.61	3.35	3.05	2.81	3.25
36	0.82	0.08	0.27	0.47	0.82	1.02	1.20	1.36	1.49	1.73	1.81	1.91	2.01	2.18	2.29	2.48	3.37	3.85	4.48	4.69	4.35	4.00	3.69	3.45	3.17	3.64
37	0.89	0.11	0.34	0.58	0.92	1.15	1.36	1.55	1.70	1.95	2.01	2.08	2.22	2.38	2.51	2.78	3.71	4.26	4.89	5.16	4.78	4.38	4.06	3.87	3.63	4.06
38	0.97	0.17	0.43	0.71	1.05	1.31	1.56	1.75	1.93	2.17	2.22	2.30	2.41	2.58	2.73	3.12	4.04	4.65	5.28	5.60	5.17	4.75	4.41	4.30	4.12	4.60
39	1.05	0.23	0.52	0.84	1.19	1.47	1.74	1.94	2.14	2.36	2.42	2.48	2.64	2.80	2.96	3.44	4.40	5.10	5.72	6.09	5.64	5.22	4.88	4.90	4.73	5.08
40	1.13	0.29	0.61	0.97	1.33	1.65	1.95	2.15	2.33	2.57	2.63	2.70	2.85	3.03	3.23	3.81	4.80	5.56	6.18	6.62	6.17	5.73	5.45	5.53	5.33	5.69
41	1.20	0.34	0.71	1.14	1.50	1.84	2.16	2.32	2.54	2.78	2.86	2.92	3.10	3.28	3.51	4.23	5.22	6.04	6.67	7.19	6.74	6.34	6.04	6.21	5.91	6.33
42	1.28	0.41	0.83	1.30	1.68	2.03	2.35	2.54	2.74	3.03	3.10	3.17	3.36	3.60	3.86	4.61	5.60	6.55	7.20	7.82	7.39	6.97	6.68	6.83	6.43	7.00
43	1.36	0.46	0.93	1.46	1.84	2.18	2.53	2.70	2.94	3.24	3.33	3.44	3.68	3.91	4.15	5.01	6.05	7.05	7.73	8.44	7.99	7.52	7.15	7.28	6.96	7.54
44	1.44	0.51	1.02	1.60	1.97	2.35	2.70	2.93	3.19	3.48	3.57	3.73	3.99	4.24	4.47	5.42	6.48	7.65	8.37	9.15	8.67	8.15	7.73	7.92	7.63	8.77
45	1.54	0.58	1.11	1.73	2.12	2.52	2.91	3.12	3.43	3.71	3.83	4.02	4.28	4.50	4.76	5.91	7.04	8.30	9.03	9.87	9.34	8.77	8.29	8.68	8.48	9.59
46	1.51	0.75	1.23	1.87	2.27	2.94	3.31	3.64	4.03	4.46	4.57	4.74	4.93	5.13	5.48	6.72	8.08	9.51	10.23	11.02	10.49	9.90	9.48	9.93	9.70	10.51
47	1.46	0.88	1.34	1.97	2.39	3.37	3.73	4.16	4.69	5.20	5.35	5.50	5.58	5.83	6.25	7.58	9.17	10.75	11.44	12.18	11.61	11.16	10.82	11.36	11.10	11.94
48	1.39	0.98	1.42	2.04	2.41	3.37	3.73	4.16	4.71	5.31	5.98	6.07	6.21	6.33	6.65	7.15	8.58	10.29	12.00	12.74	13.30	12.87	12.59	12.34	12.94	13.25
49	1.31	1.06	1.48	2.06	2.42	4.23	4.58	5.25	5.97	6.67	6.84	7.01	7.12	7.48	8.03	9.54	11.42	13.23	13.90	14.52	14.30	14.20	14.00	14.82	14.30	14.88
50	1.22	1.11	1.48	2.04	2.37	4.66	5.01	5.78	6.58	7.41	7.59	7.85	8.00	8.41	8.96	10.50	12.52	14.41	15.17	15.96	15.92	15.95	15.97	16.53	16.14	16.72
51	1.50	1.41	1.86	2.52	2.94	5.12	5.43	6.28	7.20	8.15	8.41	8.79	8.95	9.36	9.85	11.42	13.57	15.68	16.66	17.57	17.68	18.00	17.77	18.57	18.16	18.40
52	1.81	1.74	2.26	3.09	3.56	5.57	5.85	6.81	7.86	9.04	9.40	9.79	9.92	10.14	10.71	12.28	14.69	17.18	18.32	19.34	19.74	19.89	19.91	20.80	20.09	20.36
53	2.11	2.08	2.70	3.69	4.23	6.06	6.36	7.43	8.66	9.96	10.41	10.91	10.82	11.12	11.69	13.22	16.06	18.86	20.04	21.39	21.65	22.11	22.23	22.93	22.27	23.07
54	2.42	2.48	3.18	4.36	4.98	6.56	6.89	8.11	9.49	11.02	11.50	11.76	11.73	12.09	12.72	14.40	17.60	20.61	22.13	23.30	23.90	24.52	24.46	25.30	25.17	25.75
55	2.73	2.90	3.69	5.02	5.76	7.06	7.43	8.79	10.29	11.93	12.24	12.59	12.60	13.02	13.74	15.60	19.06	22.45	23.86	25.28	26.03	26.52	26.93	28.42	28.06	28.68
56	2.95	3.40	4.24	5.62	6.45	7.81	8.44	9.94	11.47	12.98	13.47	13.99	14.24	14.87	15.88	18.10	21.93	25.21	27.16	28.95	29.33	29.64	30.77	31.80	31.48	32.66
57	3.17	3.90	4.82	6.30	7.21	8.55	9.42	11.09	12.55	14.25	14.92	15.58	15.98	16.88	18.23	20.81	24.68	28.00	30.06	32.55	32.87	33.49	34.57	35.41	36.50	36.91
58	3.42	4.41	5.42	6.97	8.03	9.37	10.53	12.22	13.76	15.45	16.17	17.07	17.74	18.85	20.33	22.96	27.19	30.90	33.39	35.68	36.74	37.32	38.61	40.63	40.57	41.60
59	3.67	4.95	6.05	7.72	8.87	10.22	11.59	13.42	14.85	16.64	17.53	18.70	19.77	21.19	22.69	25.76	30.29	34.00	36.61	40.13	40.94	41.38	43.66	44.90	46.42	46.02
60	3.97	5.49	6.67	8.46	9.72	11.06	12.63	14.54	15.95	17.84	18.96	20.35	21.87	23.44	25.28	28.71	33.36	37.32	40.80	44.57	45.37	46.41	47.62	50.18	51.28	50.96
61	4.29	6.06	7.30	9.15	10.51	11.90	13.67	15.65	17.05	19.09	20.40	22.06	23.64	25.90	28.02	31.63	36.66	41.27	44.99	49.24	50.19	51.03	53.18	55.17	56.68	57.49
62	4.62	6.64	7.96	9.90	11.37	12.67	14.64	16.81	18.24	20.40	21.93	23.63	25.54	28.08	30.75	34.78	40.54	44.80	48.91	54.25	54.48	56.65	58.44	60.67	63.70	63.57
63	4.90	7.24	8.69	10.67	12.28	13.57	15.77	18.08	19.57	21.88	23.47	25.44	27.63	30.04	33.24	38.11	44.03	48.94	54.13	59.41	61.18	64.23	68.83	71.37	74.05	
64	5.16	7.83	9.40	11.51	13.24	14.51	16.97	19.46	21.08	23.40	25.22	27.46	29.84	32.60	36.53	41.84	48.12	53.34	58.40	64.75	65.04	66.93	71.56	75.55	79.82	82.75
65	5.39	8.44	10.16	12.33	14.24	15.52	18.23	20.94	22.59	24.91	27.14	29.56	32.32	35.73	39.98	45.78	52.99	57.94	64.06	70						

Form UL0820 Series  
 Annual COI rates per \$1000  
 Male Standard Nonsmoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.92	0.49	0.54	0.67	0.78	0.75	0.77	0.78	0.80	0.78	0.76	0.74	0.71	0.74	0.74	0.90	0.97	1.04	1.17	1.20	1.24	1.29	1.34	1.42	1.51	1.59
19	0.94	0.47	0.52	0.65	0.75	0.72	0.74	0.77	0.78	0.76	0.74	0.69	0.68	0.72	0.74	0.90	0.97	1.07	1.20	1.25	1.29	1.34	1.42	1.51	1.59	1.72
20	0.95	0.43	0.48	0.61	0.72	0.70	0.72	0.74	0.75	0.73	0.69	0.67	0.66	0.71	0.74	0.92	1.00	1.10	1.25	1.29	1.34	1.42	1.51	1.59	1.72	1.84
21	0.95	0.37	0.41	0.54	0.68	0.66	0.69	0.70	0.72	0.69	0.67	0.66	0.66	0.71	0.75	0.95	1.04	1.15	1.29	1.35	1.42	1.51	1.59	1.72	1.84	1.97
22	0.94	0.32	0.36	0.50	0.64	0.63	0.66	0.67	0.68	0.68	0.66	0.65	0.65	0.72	0.77	0.99	1.09	1.20	1.35	1.42	1.51	1.59	1.72	1.84	1.97	2.12
23	0.90	0.27	0.32	0.47	0.61	0.61	0.64	0.65	0.67	0.67	0.66	0.64	0.66	0.73	0.80	1.03	1.13	1.26	1.43	1.52	1.59	1.72	1.84	1.97	2.12	2.16
24	0.85	0.22	0.28	0.45	0.60	0.60	0.63	0.65	0.67	0.67	0.67	0.66	0.68	0.76	0.85	1.08	1.19	1.33	1.52	1.60	1.72	1.84	1.97	2.10	2.16	2.25
25	0.77	0.18	0.26	0.44	0.59	0.60	0.63	0.65	0.69	0.69	0.69	0.69	0.72	0.81	0.89	1.14	1.27	1.43	1.61	1.73	1.84	1.97	2.09	2.16	2.25	2.34
26	0.76	0.18	0.26	0.45	0.62	0.64	0.67	0.72	0.75	0.78	0.79	0.80	0.85	0.95	1.03	1.28	1.50	1.67	1.94	2.05	2.12	2.19	2.20	2.25	2.29	2.39
27	0.75	0.16	0.27	0.45	0.64	0.67	0.73	0.78	0.83	0.88	0.90	0.93	0.98	1.10	1.19	1.43	1.72	1.96	2.25	2.38	2.38	2.35	2.35	2.34	2.40	2.49
28	0.77	0.16	0.27	0.44	0.66	0.73	0.79	0.86	0.91	0.99	1.03	1.07	1.13	1.26	1.36	1.60	1.98	2.23	2.59	2.69	2.60	2.55	2.49	2.45	2.46	2.65
29	0.77	0.16	0.29	0.45	0.69	0.78	0.86	0.94	1.00	1.12	1.17	1.22	1.29	1.41	1.53	1.77	2.23	2.63	2.86	2.95	2.85	2.74	2.70	2.61	2.65	2.90
30	0.78	0.15	0.28	0.46	0.73	0.84	0.94	1.03	1.12	1.25	1.30	1.36	1.44	1.57	1.70	1.92	2.49	2.79	3.01	3.20	3.09	3.00	2.90	2.85	2.87	3.23
31	0.77	0.14	0.29	0.46	0.74	0.89	1.01	1.12	1.20	1.34	1.40	1.49	1.58	1.76	1.90	2.11	2.73	3.01	3.20	3.45	3.38	3.24	3.20	3.12	3.14	3.50
32	0.77	0.12	0.29	0.47	0.77	0.93	1.06	1.19	1.28	1.43	1.51	1.62	1.78	1.96	2.12	2.29	2.97	3.20	3.45	3.77	3.68	3.60	3.52	3.41	3.43	3.88
33	0.79	0.14	0.30	0.49	0.82	0.99	1.14	1.27	1.36	1.54	1.63	1.77	1.94	2.15	2.30	2.45	3.20	3.45	3.77	4.16	4.09	3.90	3.79	3.70	3.67	4.14
34	0.82	0.14	0.33	0.52	0.87	1.05	1.21	1.35	1.46	1.66	1.80	1.95	2.13	2.36	2.48	2.62	3.45	3.77	4.16	4.61	4.48	4.27	4.16	4.03	3.95	4.52
35	0.84	0.16	0.35	0.54	0.90	1.11	1.28	1.46	1.58	1.84	1.97	2.13	2.32	2.52	2.68	2.80	3.76	4.16	4.61	5.13	4.90	4.67	4.53	4.35	4.24	4.85
36	0.92	0.20	0.43	0.66	1.03	1.25	1.46	1.65	1.82	2.09	2.22	2.36	2.52	2.75	2.94	3.18	4.11	4.61	5.18	5.66	5.43	5.16	4.98	4.87	4.74	5.43
37	0.99	0.24	0.50	0.78	1.14	1.39	1.63	1.87	2.06	2.35	2.46	2.56	2.77	3.00	3.19	3.50	4.53	5.15	5.82	6.24	5.97	5.66	5.47	5.43	5.37	6.08
38	1.08	0.32	0.61	0.91	1.28	1.57	1.85	2.09	2.33	2.59	2.70	2.82	2.99	3.24	3.45	3.91	4.91	5.60	6.32	6.74	6.43	6.15	5.97	5.97	6.02	6.88
39	1.17	0.39	0.71	1.06	1.43	1.75	2.07	2.33	2.56	2.82	2.92	3.02	3.27	3.50	3.74	4.31	5.36	6.15	6.88	7.35	7.02	6.76	6.61	6.80	6.99	7.54
40	1.25	0.45	0.81	1.20	1.60	1.96	2.30	2.54	2.76	3.03	3.14	3.28	3.49	3.74	4.05	4.72	5.81	6.68	7.40	7.95	7.64	7.39	7.33	7.58	7.65	8.32
41	1.32	0.52	0.93	1.40	1.80	2.18	2.54	2.74	3.01	3.25	3.41	3.56	3.80	4.07	4.42	5.21	6.29	7.27	8.01	8.67	8.39	8.14	8.08	8.52	8.46	9.23
42	1.42	0.60	1.08	1.60	2.01	2.41	2.75	2.98	3.23	3.55	3.70	3.85	4.15	4.45	4.85	5.68	6.76	7.95	8.64	9.40	9.17	8.98	8.96	9.27	9.07	10.16
43	1.50	0.66	1.20	1.77	2.18	2.57	2.96	3.17	3.49	3.78	3.96	4.16	4.49	4.85	5.24	6.18	7.35	8.54	9.39	10.29	10.07	9.76	9.65	10.02	9.98	11.20
44	1.59	0.72	1.30	1.93	2.33	2.76	3.16	3.42	3.71	4.06	4.25	4.49	4.89	5.24	5.60	6.71	7.93	9.26	10.16	11.14	10.88	10.62	10.44	10.78	10.80	12.32
45	1.69	0.80	1.40	2.07	2.51	2.95	3.39	3.65	4.00	4.32	4.56	4.87	5.27	5.58	5.99	7.29	8.58	10.10	11.03	12.07	11.77	11.34	11.11	11.82	12.00	13.71
46	1.82	1.01	1.62	2.26	2.85	3.42	3.83	4.22	4.67	5.14	5.39	5.68	6.02	6.30	6.85	8.26	9.81	11.63	12.45	13.45	13.14	12.67	12.58	13.43	13.66	15.04
47	1.95	1.22	1.84	2.67	3.22	3.88	4.30	4.80	5.38	6.00	6.26	6.52	6.75	7.12	7.78	9.32	11.12	13.00	13.89	14.83	14.46	14.21	14.27	15.29	15.57	17.12
48	2.07	1.45	2.09	3.03	3.59	4.32	4.75	5.41	6.08	6.83	7.06	7.32	7.55	8.09	8.80	10.46	12.37	14.37	15.31	16.04	15.87	15.84	16.05	17.20	17.68	19.02
49	2.18	1.70	2.37	3.38	3.97	4.80	5.22	6.01	6.80	7.62	7.91	8.22	8.48	9.10	9.89	11.64	13.72	15.83	16.67	17.52	17.65	17.86	18.20	19.70	19.75	21.40
50	2.33	1.96	2.66	3.76	4.37	5.29	5.70	6.59	7.47	8.43	8.75	9.20	9.55	10.26	11.04	12.83	15.03	17.20	18.18	19.29	19.68	20.09	20.77	21.96	22.29	23.76
51	2.50	2.25	2.98	4.15	4.78	5.79	6.16	7.15	8.16	9.25	9.70	10.33	10.72	11.45	12.13	13.95	16.26	18.70	20.01	21.33	21.94	22.74	23.12	24.70	25.09	26.17
52	2.66	2.55	3.31	4.56	5.24	6.27	6.63	7.70	8.90	10.20	10.79	11.53	11.91	12.38	13.19	14.99	17.61	20.41	22.09	23.41	24.42	25.17	25.95	27.40	27.42	28.98
53	2.80	2.81	3.63	4.94	5.68	6.82	7.18	8.41	9.74	11.35	12.07	12.79	12.86	13.35	14.25	16.01	19.16	22.49	24.07	26.06	26.86	27.82	28.74	30.23	30.42	32.89
54	2.92	3.08	3.96	5.34	6.13	7.36	7.80	9.16	10.76	12.53	13.29	13.78	13.95	14.54	15.53	17.51	21.08	24.50	26.75	28.28	29.53	30.96	31.67	33.04	34.02	36.74
55	3.06	3.35	4.27	5.71	6.56	7.98	8.50	10.03	11.77	13.69	14.24	14.87	15.15	15.85	17.01	19.25	23.15	27.07	29.23	31.15	32.68	33.96	34.94	37.24	37.97	39.89
56	3.30	3.90	4.99	6.44	7.51	9.13	9.85	11.51	13.27	14.95	15.78	16.67	17.31	18.21	19.65	22.42	26.79	30.55	33.15	35.77	36.89	38.11	39.89	41.68	43.07	45.46
57	3.53	4.43	5.74	7.25	8.53	10.35	11.30	12.93	14.75	16.54	17.64	18.76	19.61	20.80	22.41	25.70	30.03	34.43	37.54	40.27	41.44	43.32	44.80	46.98	49.14	51.12
58	3.81	5.01	6.49	8.05	9.63	11.63	12.72	14.40	16.25	18.13	19.38	20.89	22.15	23.60	25.56	29.01	33.86	38.27	41.52	44.77	46.66	48.48	50.04	53.25	55.28	57.65
59	4.12	5.59	7.32	8.96	10.76	12.93	14.21	15.76	17.63	19.59	21.13	23.04	24.90	26.70	28.34	32.41	37.62	42.28	46.12	50.60	52.18	53.98	56.72	59.58	62.28	63.79
60	4.47	6.21	8.15	9.85	11.91	14.24	15.62	17.22	19.03	21.09	22.98	25.24	27.76	29.67	31.67	36.27	41.58	46.63	51.31	56.40	58.04	60.90	62.78	66.76	69.67	70.64
61	4.84	6.84	8.98	10.74	13.05	15.54	17.02	18.57	20.42	22.64	24.84	27.50	30.11	32.95	35.20	40.08	45.87	51.51	56.40	62.05	64.73	67.22	70.31	73.51	76.12	79.74
62	5.27	7.50	9.84	11.67	14.21	16.86	18.45	20.01	22.05	24.29	26.83	29.58	32.66	35.82	38.72	44.22	51.02	56.78	62.22	69.49	71.34	74.25	76.58	80.09	85.69	88.18
63	5.59	8.20	10.80	12.65	15.46	18.25	20.00	21.72	23.79	26.19	28.84	32.00	35.50	38.50	42.07	48.82	55.81	61.86	68.75	75.75	78.64	81.53	84.34	89.74	93.39	99.11
64	5.91	8.91	11.80	13.72	16.77	21.66	23.48	25.93	28.15	31.17	34.73	38.52	41.94	46.43	53.84	61.28	68.61	75.30	83.92	86.20	88.63	93.28	97.55	104.60	108.82	
65	6.15	9.62	12.82	14.85	18.15	21.28	23.41	25.41	27.96	30.36	33.74	37.58	41.92	46.23												

Form UL0820 Series  
 Annual COI rates per \$1000  
 Male Preferred Smoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.76	0.55	0.58	0.59	0.66	0.81	0.97	1.06	1.07	1.06	1.06	1.07	1.04	0.95	0.98	0.98	1.05	1.07	1.13	1.18	1.28	1.37	1.48	1.62	1.79	2.02
19	0.78	0.55	0.58	0.59	0.66	0.81	0.98	1.06	1.05	1.05	1.04	1.03	1.02	0.94	0.98	1.02	1.07	1.13	1.19	1.28	1.37	1.47	1.62	1.79	1.97	2.26
20	0.76	0.53	0.56	0.57	0.65	0.81	0.96	1.03	1.02	1.01	1.00	1.00	1.00	0.94	1.02	1.07	1.13	1.19	1.28	1.37	1.47	1.61	1.79	1.97	2.21	2.49
21	0.75	0.50	0.52	0.52	0.63	0.77	0.93	0.99	0.98	0.97	0.98	1.00	1.01	0.96	1.04	1.13	1.19	1.28	1.38	1.48	1.61	1.79	1.97	2.21	2.44	2.72
22	0.73	0.47	0.47	0.49	0.59	0.74	0.89	0.95	0.94	0.96	0.97	1.00	1.01	0.98	1.09	1.20	1.29	1.38	1.48	1.62	1.79	1.97	2.21	2.44	2.67	2.98
23	0.70	0.42	0.45	0.47	0.57	0.73	0.87	0.94	0.94	0.96	0.99	1.02	1.05	1.02	1.16	1.28	1.38	1.48	1.62	1.79	1.97	2.21	2.42	2.67	2.93	3.08
24	0.65	0.38	0.40	0.44	0.55	0.72	0.87	0.95	0.95	0.99	1.01	1.05	1.09	1.08	1.24	1.37	1.49	1.63	1.80	1.98	2.21	2.42	2.67	2.91	3.03	3.23
25	0.58	0.33	0.38	0.44	0.55	0.73	0.89	0.97	0.99	1.02	1.06	1.11	1.16	1.17	1.32	1.49	1.63	1.80	1.98	2.21	2.42	2.67	2.89	3.03	3.18	3.43
26	0.57	0.31	0.35	0.41	0.55	0.72	0.88	1.00	1.04	1.11	1.10	1.16	1.23	1.28	1.43	1.63	1.81	1.99	2.21	2.43	2.67	2.89	3.03	3.18	3.38	3.70
27	0.58	0.26	0.34	0.38	0.56	0.73	0.92	1.04	1.12	1.23	1.16	1.25	1.33	1.41	1.56	1.79	2.00	2.21	2.44	2.68	2.88	3.03	3.18	3.38	3.65	4.03
28	0.62	0.25	0.31	0.34	0.56	0.73	0.93	1.09	1.19	1.34	1.25	1.34	1.45	1.56	1.74	1.98	2.21	2.45	2.69	2.89	3.03	3.18	3.38	3.59	3.92	4.46
29	0.65	0.22	0.29	0.32	0.58	0.75	0.97	1.15	1.29	1.49	1.35	1.48	1.59	1.70	1.92	2.20	2.46	2.70	2.89	3.04	3.18	3.38	3.65	3.92	4.35	5.00
30	0.69	0.19	0.25	0.29	0.59	0.78	1.03	1.23	1.41	1.59	1.44	1.57	1.71	1.85	2.11	2.39	2.66	2.90	3.06	3.20	3.38	3.65	3.98	4.35	4.84	5.61
31	0.68	0.15	0.23	0.27	0.60	0.82	1.08	1.31	1.52	1.72	1.50	1.67	1.86	2.06	2.34	2.62	2.87	3.07	3.21	3.39	3.65	3.98	4.41	4.84	5.35	6.14
32	0.71	0.09	0.20	0.24	0.60	0.81	1.11	1.36	1.59	1.83	1.56	1.78	2.06	2.31	2.60	2.86	3.07	3.22	3.41	3.67	3.98	4.41	4.91	5.35	5.95	6.78
33	0.76	0.10	0.19	0.25	0.64	0.84	1.15	1.42	1.67	1.95	1.66	1.92	2.24	2.54	2.82	3.06	3.24	3.42	3.68	4.00	4.41	4.84	5.34	5.86	6.41	7.17
34	0.82	0.09	0.20	0.25	0.68	0.89	1.21	1.51	1.79	2.12	1.81	2.11	2.44	2.77	3.03	3.25	3.44	3.70	4.02	4.44	4.91	5.34	5.95	6.41	6.98	7.73
35	0.88	0.09	0.21	0.26	0.71	0.93	1.26	1.60	1.96	2.36	2.00	2.31	2.65	2.98	3.26	3.45	3.72	4.04	4.46	4.94	5.43	5.95	6.51	6.98	7.33	8.17
36	0.98	0.07	0.19	0.24	0.75	0.99	1.36	1.70	2.09	2.53	2.21	2.51	2.82	3.18	3.47	3.73	4.07	4.49	4.96	5.45	6.05	6.51	6.99	7.37	7.90	9.00
37	1.08	0.03	0.17	0.22	0.77	1.07	1.46	1.86	2.26	2.68	2.39	2.66	3.06	3.43	3.69	4.02	4.50	4.99	5.48	6.08	6.61	6.99	7.45	7.90	8.69	9.87
38	1.19	0.06	0.21	0.23	0.83	1.19	1.65	2.01	2.43	2.80	2.60	2.89	3.23	3.65	4.04	4.46	4.93	5.43	6.01	6.54	6.99	7.33	7.90	8.42	9.43	10.99
39	1.31	0.09	0.24	0.26	0.91	1.35	1.82	2.19	2.54	2.92	2.73	3.02	3.52	3.94	4.41	4.88	5.45	6.04	6.57	7.02	7.45	7.90	8.69	9.43	10.60	11.93
40	1.43	0.11	0.28	0.31	1.04	1.56	2.04	2.32	2.65	3.06	2.94	3.29	3.74	4.20	4.83	5.39	6.08	6.61	7.06	7.49	8.02	8.69	9.73	10.60	11.76	13.03
41	1.56	0.13	0.36	0.42	1.22	1.79	2.29	2.47	2.79	3.22	3.22	3.58	4.10	4.57	5.23	6.01	6.64	7.09	7.52	8.06	8.82	9.73	10.94	11.76	12.52	14.31
42	1.66	0.19	0.46	0.55	1.42	2.02	2.42	2.67	2.95	3.46	3.51	3.94	4.49	5.13	5.85	6.36	7.02	7.56	8.10	8.87	9.88	10.94	12.14	12.52	13.24	15.59
43	1.78	0.18	0.53	0.65	1.60	2.16	2.60	2.80	3.10	3.60	3.79	4.37	5.05	5.68	6.29	6.83	7.48	8.02	8.78	9.78	10.77	11.95	12.72	13.46	14.25	16.69
44	1.91	0.21	0.57	0.69	1.69	2.32	2.74	3.02	3.35	3.81	4.02	4.82	5.58	6.22	6.76	7.17	7.80	8.82	9.83	10.99	12.14	12.92	13.46	14.48	15.65	18.05
45	2.08	0.24	0.62	0.74	1.83	2.52	3.00	3.23	3.55	4.06	4.41	5.24	6.04	6.57	7.09	7.72	8.59	9.88	11.05	12.20	12.92	13.67	14.71	15.90	17.31	19.70
46	2.24	0.24	0.59	0.84	1.93	2.75	3.22	3.63	4.01	4.65	5.02	5.77	6.54	7.05	7.68	8.54	9.67	11.16	12.31	13.04	13.72	14.99	16.20	17.63	19.43	21.52
47	2.42	0.23	0.60	0.95	2.08	2.98	3.49	4.06	4.67	5.25	5.70	6.46	7.02	7.64	8.49	9.61	10.91	12.43	13.15	14.05	15.04	16.25	17.68	19.78	21.86	24.22
48	2.60	0.25	0.67	1.16	2.14	3.21	3.79	4.53	5.18	5.91	6.22	6.93	7.73	8.59	9.71	11.02	12.15	13.27	13.95	15.16	16.30	17.73	19.53	21.91	24.31	26.38
49	2.76	0.32	0.81	1.36	2.33	3.47	4.04	4.97	5.75	6.33	6.95	7.61	8.53	9.65	10.95	12.26	12.97	14.08	15.06	16.43	17.78	19.88	21.96	24.36	26.90	29.26
50	2.97	0.43	0.94	1.62	2.52	3.73	4.33	5.37	6.22	6.98	7.55	8.40	9.56	10.87	12.18	13.09	13.76	15.18	16.56	17.92	19.93	22.01	24.78	26.95	29.86	32.65
51	3.23	0.58	1.16	1.91	2.77	4.05	4.58	5.73	6.70	7.52	8.31	9.43	10.74	12.09	12.99	13.88	14.84	16.44	18.06	19.76	22.06	24.83	27.00	29.91	32.78	35.99
52	3.53	0.76	1.34	2.26	3.06	4.35	4.85	6.15	7.27	8.41	9.47	10.58	11.93	12.89	13.78	14.96	16.06	17.93	19.93	22.22	24.51	27.05	29.96	33.31	36.21	39.87
53	3.72	0.81	1.55	2.50	3.31	4.73	5.42	6.78	8.18	9.41	10.67	11.95	12.83	13.89	15.08	16.19	17.51	19.77	22.05	24.67	26.70	29.57	32.88	36.26	39.55	44.21
54	3.95	0.94	1.74	2.85	3.60	5.16	5.97	7.59	9.19	10.72	12.03	12.66	13.77	14.97	16.32	17.65	19.31	21.87	24.46	26.87	29.62	32.93	35.79	39.60	44.48	49.39
55	4.16	1.09	1.97	3.10	3.92	5.69	6.66	8.51	10.26	11.81	12.72	13.50	14.85	16.19	17.79	19.46	21.36	24.25	26.64	29.35	32.50	35.84	39.65	44.53	49.68	55.01
56	4.35	1.04	2.04	3.15	4.22	6.19	7.54	9.38	11.13	12.32	13.51	14.56	16.01	17.62	19.60	21.56	23.81	26.80	29.98	33.59	36.77	40.53	45.35	50.44	55.95	61.20
57	4.52	0.92	2.18	3.34	4.66	6.82	8.50	10.40	11.96	13.42	14.85	16.08	17.40	19.40	21.67	23.91	26.06	29.60	33.67	37.82	41.41	46.17	51.20	56.64	63.40	66.89
58	4.80	0.80	2.33	3.54	5.22	7.55	9.61	11.20	12.83	14.52	15.97	17.48	19.12	21.42	23.59	25.66	28.09	31.78	36.32	41.86	46.36	51.26	56.57	64.01	70.32	73.60
59	5.12	0.77	2.55	4.01	5.85	8.31	10.59	12.13	13.47	15.36	17.09	19.22	21.09	23.67	25.68	28.00	30.85	34.96	40.30	47.31	52.02	57.26	63.77	70.85	78.20	80.22
60	5.52	0.82	2.84	4.38	6.52	9.06	11.53	12.89	14.11	16.27	18.35	20.89	23.27	25.74	27.95	30.65	33.65	38.30	45.12	52.91	57.95	64.37	70.46	78.63	85.90	88.11
61	5.97	0.87	3.10	4.73	7.16	9.81	12.44	13.60	14.75	17.26	19.64	22.49	25.29	27.99	30.56	33.36	36.80	42.55	50.11	58.79	64.98	70.99	78.06	86.25	94.74	97.83
62	6.48	0.97	3.40	5.13	7.84	10.58	13.42	14.45	15.60	18.40	21.01	23.87	27.27	30.57	33.23	36.42	40.73	46.29	54.59	64.87	70.59	78.50	85.50	93.78	105.23	107.50
63	6.88	1.14	3.91	5.49	8.65	11.46	14.59	16.06	17.09	19.89	22.49	25.65	29.28	32.70	35.67	39.61	44.17	50.92	60.76	71.27	77.92	85.85	94.03	104.01	115.44	119.06
64	7.16	1.34	4.49	6.14	9.58	12.49	15.95	17.51	18.70	21.54	24.39	27.88	31.69	35.66	39.38	43.59	48.49	55.64	66.51	77.47	85.10	93.07	104.13	113.98	127.22	130.32
65	7.35	1.52	5.09	6.91	10.62	13.67	17.47	19.16	20.40	23.51	26.63	30.41	34.65	39.34												

Form UL0820 Series  
 Annual COI rates per \$1000  
 Male Standard Smoker

Duration Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.95	0.98	0.97	0.98	1.02	1.04	1.06	1.09	1.14	1.17	1.16	1.15	1.14	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27
19	0.98	1.00	0.97	0.98	1.04	1.06	1.09	1.14	1.17	1.16	1.15	1.14	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52
20	1.00	1.01	0.95	0.96	1.03	1.09	1.14	1.17	1.16	1.15	1.14	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77
21	1.01	1.02	0.87	0.88	1.00	1.12	1.14	1.11	1.15	1.14	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03
22	1.02	1.04	0.81	0.84	0.92	1.07	1.07	1.06	1.08	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25
23	1.03	1.00	0.77	0.81	0.89	1.07	1.05	1.04	1.08	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42
24	0.94	0.94	0.71	0.76	0.88	1.06	1.05	1.06	1.11	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64
25	0.84	0.86	0.68	0.76	0.89	1.07	1.08	1.08	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91
26	0.82	0.81	0.65	0.77	0.93	1.08	1.10	1.14	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26
27	0.83	0.73	0.64	0.77	0.98	1.12	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70
28	0.88	0.70	0.61	0.76	1.01	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21
29	0.92	0.66	0.59	0.77	1.08	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83
30	0.97	0.59	0.55	0.78	1.13	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52
31	0.96	0.52	0.52	0.79	1.19	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26
32	0.98	0.43	0.49	0.80	1.23	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95
33	1.05	0.42	0.49	0.85	1.35	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63
34	1.14	0.40	0.52	0.91	1.45	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42
35	1.22	0.39	0.54	0.96	1.53	1.71	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40
36	1.31	0.38	0.49	0.94	1.57	1.77	2.04	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59
37	1.39	0.35	0.44	0.92	1.58	1.86	2.17	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98
38	1.49	0.42	0.47	0.94	1.63	2.01	2.43	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47
39	1.59	0.49	0.50	0.97	1.74	2.22	2.70	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04
40	1.72	0.52	0.52	1.04	1.89	2.48	2.97	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65
41	1.87	0.57	0.61	1.19	2.13	2.79	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27
42	2.02	0.67	0.74	1.40	2.40	3.10	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96
43	2.15	0.70	0.81	1.53	2.56	3.24	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.91	22.74
44	2.29	0.76	0.85	1.60	2.68	3.45	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.91	22.36	24.69
45	2.48	0.83	0.89	1.67	2.85	3.71	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.62	26.94
46	2.71	0.80	0.89	1.76	2.99	4.05	4.67	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71
47	2.95	0.77	0.89	1.90	3.17	4.40	5.08	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94
48	3.20	0.79	0.99	2.19	3.35	4.67	5.44	6.47	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32
49	3.43	0.88	1.16	2.47	3.57	5.04	5.82	7.08	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96
50	3.74	0.98	1.37	2.78	3.84	5.42	6.25	7.65	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96	43.95
51	4.06	1.20	1.73	3.23	4.16	5.88	6.82	8.13	9.33	10.40	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96	43.95	48.38
52	4.40	1.50	2.14	3.71	4.59	6.24	7.01	8.58	10.10	11.59	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96	43.95	48.38	53.38
53	4.62	1.68	2.52	4.11	4.99	6.80	7.60	9.44	11.16	12.98	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96	43.95	48.38	53.38	58.96
54	4.81	1.91	2.90	4.58	5.45	7.32	8.39	10.41	12.50	14.47	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96	43.95	48.38	53.38	58.96	65.86
55	5.05	2.13	3.26	4.96	5.86	8.08	9.37	11.66	13.94	16.04	17.65	19.27	20.96	22.74	24.69	26.34	29.71	32.94	36.32	39.96	43.95	48.38	53.38	58.96	65.86	72.31
56	5.38	2.14	3.58	5.35	6.61	9.20	10.84	13.39	15.57	17.65	19.06	20.37	22.43	24.61	26.94	29.71	32.94	36.32	39.96	43.95	48.44	53.67	59.72	66.48	73.90	80.37
57	5.68	2.11	3.98	5.93	7.57	10.49	12.58	14.96	17.13	19.27	20.96	22.74	24.69	26.94	29.71	32.94	36.32	39.96	43.95	48.44	53.67	59.72	66.48	73.90	81.84	87.74
58	6.13	2.21	4.40	6.54	8.72	11.94	14.18	16.62	18.72	20.96	22.74	24.69	26.94	29.71	32.94	36.32	39.96	43.95	48.44	53.67	59.72	66.48	74.02	82.90	90.28	96.41
59	6.64	2.32	5.01	7.38	9.96	13.44	15.98	18.01	20.03	22.74	24.69	26.94	29.71	32.94	36.32	39.96	43.95	48.44	53.67	59.72	66.48	74.02	82.90	90.56	99.99	104.90
60	7.27	2.54	5.64	8.21	11.26	14.92	17.53	19.63	21.32	24.62	26.94	29.71	32.94	36.32	39.96	43.95	48.44	53.67	59.72	66.48	74.02	82.90	90.56	100.17	109.47	115.00
61	7.98	2.76	6.23	9.02	12.51	16.39	19.06	20.97	22.62	26.37	29.96	32.94	36.32	39.96	43.95	48.44	53.67	59.72	66.48	74.02	82.90	90.56	100.22	109.57	120.45	127.42
62	8.81	3.06	6.89	9.90	13.81	17.89	20.69	22.51	24.50	28.33	31.99	35.99	39.96	43.95	48.44	53.67	59.72	66.48	74.02	82.90	90.56	100.22	109.66	120.45	133.61	139.70
63	9.37	3.47	7.86	10.93	15.30	19.56	22.58	24.75	26.65	30.78	34.47	38.91	43.95	48.44	52.57	59.20	65.34	73.51	82.20	90.82	100.22	109.76	120.44	133.48	146.42	154.40
64	9.88	3.92	8.91	12.18	16.98	21.43	24.74	27.10	29.67	33.45	37.54	42.48	47.89	53.14	58.16	63.32	71.89	81.67	90.82	100.22	109.86	120.44	133.35	146.17	161.30	168.62
65	10.21	4.33	9.99	13.59	18.																					

Form UL0820 Series  
 Annual COI rates per \$1000  
 Female Preferred Nonsmoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.17	0.16	0.15	0.15	0.20	0.22	0.33	0.39	0.43	0.44	0.46	0.48	0.50	0.52	0.53	0.55	0.57	0.65	0.87	0.89	0.91	0.94	0.96	0.99	1.03	0.81
19	0.16	0.15	0.15	0.15	0.20	0.22	0.33	0.39	0.44	0.45	0.47	0.49	0.51	0.53	0.55	0.57	0.60	0.67	0.89	0.91	0.94	0.96	0.99	1.03	1.07	0.86
20	0.14	0.14	0.14	0.14	0.19	0.23	0.34	0.39	0.44	0.45	0.47	0.50	0.52	0.54	0.57	0.60	0.62	0.69	0.91	0.94	0.96	0.99	1.03	1.07	1.11	0.91
21	0.13	0.13	0.14	0.14	0.20	0.23	0.35	0.40	0.45	0.46	0.49	0.51	0.54	0.57	0.59	0.62	0.64	0.71	0.94	0.96	0.99	1.03	1.07	1.11	1.17	0.98
22	0.13	0.13	0.14	0.14	0.20	0.25	0.36	0.42	0.46	0.48	0.50	0.53	0.55	0.58	0.61	0.64	0.66	0.74	0.96	0.99	1.03	1.07	1.11	1.17	1.23	1.07
23	0.11	0.12	0.14	0.14	0.21	0.25	0.37	0.43	0.48	0.48	0.51	0.54	0.57	0.60	0.63	0.66	0.68	0.76	0.99	1.03	1.07	1.11	1.17	1.23	1.32	1.15
24	0.11	0.12	0.14	0.15	0.21	0.26	0.38	0.43	0.49	0.50	0.53	0.55	0.58	0.62	0.65	0.68	0.70	0.79	1.03	1.06	1.11	1.17	1.23	1.32	1.41	1.25
25	0.11	0.12	0.14	0.15	0.22	0.27	0.39	0.45	0.50	0.51	0.54	0.56	0.60	0.63	0.66	0.70	0.73	0.82	1.06	1.11	1.17	1.23	1.32	1.41	1.50	1.37
26	0.13	0.12	0.15	0.16	0.26	0.32	0.44	0.50	0.56	0.59	0.61	0.64	0.67	0.72	0.76	0.79	0.92	1.02	1.30	1.35	1.37	1.40	1.44	1.49	1.56	1.37
27	0.17	0.12	0.15	0.17	0.29	0.37	0.49	0.56	0.62	0.66	0.68	0.72	0.75	0.80	0.84	0.88	1.08	1.23	1.55	1.62	1.60	1.58	1.57	1.59	1.60	1.46
28	0.20	0.12	0.15	0.17	0.33	0.42	0.55	0.61	0.67	0.73	0.77	0.80	0.84	0.89	0.94	0.99	1.27	1.46	1.80	1.88	1.83	1.77	1.74	1.68	1.68	1.58
29	0.24	0.13	0.16	0.18	0.35	0.48	0.60	0.67	0.73	0.81	0.84	0.88	0.92	0.98	1.03	1.08	1.46	1.68	2.08	2.16	2.07	1.97	1.88	1.80	1.74	1.67
30	0.27	0.14	0.16	0.19	0.39	0.53	0.65	0.72	0.79	0.89	0.92	0.96	1.01	1.09	1.15	1.20	1.68	1.92	2.34	2.44	2.31	2.16	2.05	1.91	1.82	1.80
31	0.31	0.15	0.17	0.20	0.43	0.58	0.71	0.79	0.85	0.98	1.01	1.05	1.11	1.20	1.26	1.33	1.87	2.16	2.63	2.73	2.55	2.37	2.20	2.03	1.90	1.95
32	0.34	0.15	0.18	0.21	0.47	0.64	0.77	0.85	0.93	1.07	1.11	1.15	1.22	1.32	1.39	1.46	2.11	2.43	2.92	3.02	2.80	2.57	2.38	2.16	2.00	2.10
33	0.38	0.15	0.19	0.22	0.51	0.71	0.85	0.93	1.00	1.17	1.22	1.27	1.33	1.44	1.52	1.60	2.32	2.68	3.21	3.33	3.08	2.81	2.56	2.31	2.11	2.25
34	0.40	0.15	0.19	0.24	0.56	0.77	0.92	1.02	1.09	1.28	1.33	1.39	1.46	1.58	1.66	1.75	2.57	2.96	3.53	3.64	3.35	3.04	2.74	2.45	2.21	2.41
35	0.43	0.16	0.20	0.25	0.59	0.85	1.01	1.12	1.19	1.40	1.46	1.52	1.60	1.73	1.82	1.90	2.81	3.22	3.84	3.96	3.62	3.27	2.93	2.59	2.30	2.58
36	0.47	0.17	0.23	0.31	0.67	0.94	1.12	1.27	1.37	1.60	1.67	1.75	1.81	1.93	2.03	2.16	3.05	3.51	4.14	4.31	4.01	3.62	3.23	2.93	2.61	2.78
37	0.51	0.18	0.25	0.36	0.75	1.04	1.24	1.42	1.54	1.78	1.87	1.92	2.01	2.14	2.27	2.43	3.29	3.78	4.41	4.68	4.41	3.98	3.56	3.29	2.94	3.03
38	0.55	0.20	0.28	0.44	0.83	1.12	1.37	1.58	1.71	1.97	2.09	2.15	2.25	2.38	2.49	2.70	3.56	4.09	4.73	5.02	4.78	4.31	3.84	3.61	3.21	3.22
39	0.60	0.22	0.32	0.51	0.92	1.23	1.50	1.74	1.89	2.16	2.29	2.35	2.46	2.60	2.74	2.99	3.81	4.37	5.02	5.42	5.21	4.69	4.18	3.99	3.56	3.51
40	0.65	0.25	0.36	0.58	1.01	1.33	1.62	1.90	2.09	2.36	2.52	2.58	2.69	2.83	2.99	3.28	4.11	4.70	5.36	5.83	5.65	5.10	4.55	4.40	3.93	3.81
41	0.71	0.28	0.41	0.66	1.10	1.45	1.75	2.05	2.28	2.56	2.74	2.79	2.91	3.07	3.23	3.56	4.38	5.00	5.72	6.25	6.12	5.53	4.94	4.82	4.33	4.15
42	0.76	0.31	0.45	0.74	1.20	1.55	1.89	2.22	2.45	2.76	2.96	3.02	3.15	3.30	3.49	3.89	4.69	5.36	6.04	6.64	6.54	5.90	5.34	5.27	4.65	4.45
43	0.82	0.35	0.51	0.83	1.31	1.68	2.04	2.40	2.66	2.96	3.17	3.25	3.39	3.59	3.79	4.20	4.98	5.68	6.44	7.10	7.04	6.36	5.68	5.65	5.10	4.87
44	0.89	0.39	0.56	0.93	1.41	1.80	2.18	2.57	2.85	3.16	3.41	3.49	3.65	3.84	4.06	4.55	5.33	6.07	6.78	7.51	7.48	6.75	6.12	6.15	5.47	5.21
45	0.95	0.43	0.62	1.02	1.52	1.92	2.33	2.74	3.06	3.39	3.65	3.73	3.89	4.10	4.33	4.87	5.64	6.41	7.21	8.02	8.00	7.24	6.59	6.68	5.99	5.97
46	1.04	0.59	0.80	1.23	1.75	2.15	2.68	3.07	3.38	3.69	3.95	4.11	4.28	4.51	4.78	5.38	6.20	7.05	7.92	8.77	8.77	8.09	7.51	7.55	7.15	6.70
47	1.13	0.73	0.97	1.44	2.00	2.36	3.01	3.39	3.68	3.98	4.25	4.48	4.67	4.91	5.18	5.83	6.78	7.68	8.62	9.53	9.54	9.09	8.57	8.58	8.24	7.45
48	1.21	0.88	1.14	1.63	2.21	2.58	3.34	3.67	3.96	4.28	4.55	4.81	5.01	5.27	5.55	6.34	7.27	8.24	9.33	10.39	10.44	9.97	9.53	9.56	9.51	8.36
49	1.28	0.99	1.30	1.83	2.43	2.77	3.62	3.97	4.23	4.55	4.84	5.16	5.37	5.66	5.97	6.77	7.85	8.99	10.05	11.18	11.26	11.04	10.72	10.72	10.77	9.28
50	1.33	1.13	1.45	1.99	2.62	2.96	3.92	4.25	4.51	4.83	5.11	5.52	5.75	6.06	6.41	7.28	8.44	9.55	10.78	12.01	12.13	12.05	11.79	11.87	12.20	10.52
51	1.45	1.30	1.64	2.21	2.88	3.22	4.34	4.66	4.91	5.23	5.54	6.02	6.27	6.62	7.00	7.98	9.25	10.47	11.82	13.17	13.35	13.35	13.22	13.20	13.77	11.58
52	1.55	1.48	1.83	2.44	3.17	3.49	4.73	5.03	5.33	5.65	5.97	6.54	6.82	7.13	7.54	8.63	10.01	11.46	12.92	14.44	14.64	14.81	14.67	14.92	15.71	13.00
53	1.67	1.65	2.04	2.70	3.45	3.75	5.16	5.45	5.71	6.04	6.37	7.02	7.33	7.74	8.19	9.41	10.93	12.40	14.13	16.00	16.26	16.51	16.53	16.58	17.45	14.46
54	1.78	1.82	2.24	2.94	3.76	4.05	5.59	5.87	6.16	6.47	6.83	7.59	7.94	8.31	8.81	10.15	11.79	13.52	15.48	17.45	17.76	18.21	18.33	18.51	19.62	16.53
55	1.90	1.98	2.44	3.17	4.03	4.31	6.03	6.28	6.57	6.90	7.28	8.13	8.50	8.91	9.45	10.93	12.71	14.65	16.68	18.91	19.25	20.06	20.14	20.35	21.82	18.54
56	2.04	2.30	2.80	3.56	4.47	4.86	6.54	6.91	7.33	7.71	8.13	8.98	9.43	9.93	10.58	12.17	14.10	16.09	18.32	20.77	21.40	21.94	22.43	22.73	24.13	20.97
57	2.17	2.63	3.17	3.99	4.93	5.42	7.07	7.57	8.12	8.55	9.02	9.87	10.41	10.98	11.76	13.52	15.52	17.64	20.04	22.87	23.33	24.22	25.04	25.15	26.64	23.97
58	2.27	2.93	3.51	4.39	5.37	5.96	7.59	8.21	8.87	9.43	9.96	10.82	11.43	12.23	13.05	15.06	17.27	19.47	22.00	24.86	25.66	26.51	27.35	27.44	29.62	27.30
59	2.41	3.23	3.89	4.82	5.84	6.56	8.16	8.91	9.72	10.27	10.85	11.71	12.51	13.45	14.37	16.59	18.95	20.89	23.58	27.09	28.00	29.14	30.20	30.50	32.65	30.78
60	2.53	3.58	4.27	5.25	6.33	7.16	8.75	9.64	10.60	11.22	11.88	12.75	13.57	14.57	15.65	18.01	20.40	22.61	25.61	29.31	30.67	31.98	33.10	33.65	36.25	34.76
61	2.66	3.90	4.64	5.68	6.81	7.77	9.34	10.39	11.51	12.21	12.96	13.89	14.78	15.96	17.19	19.68	22.10	24.54	27.65	31.64	33.18	35.28	36.43	37.35	39.97	38.19
62	2.80	4.22	5.01	6.11	7.30	8.38	9.96	11.15	12.44	13.25	14.11	15.07	16.12	17.46	18.81	21.48	23.98	26.47	29.81	34.31	36.06	38.20	39.81	41.14	44.06	43.67
63	2.97	4.55	5.38	6.53	7.78	9.00	10.57	11.94	13.40	14.23	15.17	16.36	17.56	19.02	20.54	23.45	25.88	28.51	32.63	37.40	39.39	42.09	43.74	44.71	48.22	50.01
64	3.14	5.10	5.72	6.92	8.22	9.62	11.20	12.75	14.41	15.34	16.44	17.73	19.06	20.69	22.47	25.32	27.90	30.82	35.12	40.47	42.76	45.51	47.45	49.59	53.14	56.44
65	3.34	5.45	6.10	7.35	8.71	10.19	11.78	13.50	15.34	16.63	17.79	19.16	20.64	22.56	24.47	27.30	30.16	33.15	37.95	43.56	46.69	49.19	52.46	53.84	59.07	62.58
66	3.																									

Form UL0820 Series  
 Annual COI rates per \$1000  
 Female Standard Nonsmoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.26	0.24	0.22	0.22	0.22	0.27	0.33	0.51	0.55	0.57	0.60	0.63	0.66	0.70	0.73	0.75	0.81	0.92	0.99	1.05	1.10	1.16	1.20	1.24	1.30	1.10
19	0.24	0.23	0.22	0.22	0.22	0.27	0.33	0.55	0.57	0.60	0.63	0.66	0.70	0.73	0.75	0.78	0.86	0.96	1.05	1.10	1.16	1.20	1.24	1.30	1.35	1.17
20	0.22	0.22	0.21	0.21	0.21	0.28	0.34	0.56	0.58	0.60	0.63	0.67	0.71	0.74	0.79	0.83	0.89	0.99	1.10	1.16	1.20	1.24	1.30	1.35	1.42	1.25
21	0.20	0.20	0.21	0.21	0.22	0.28	0.36	0.57	0.60	0.61	0.65	0.69	0.73	0.77	0.81	0.86	0.92	1.02	1.16	1.20	1.24	1.30	1.35	1.42	1.50	1.35
22	0.19	0.19	0.21	0.21	0.23	0.30	0.37	0.59	0.62	0.64	0.68	0.72	0.75	0.79	0.84	0.88	0.95	1.06	1.20	1.24	1.30	1.35	1.42	1.50	1.60	1.48
23	0.17	0.18	0.21	0.21	0.24	0.31	0.38	0.62	0.64	0.65	0.70	0.74	0.78	0.82	0.87	0.91	0.98	1.09	1.25	1.30	1.35	1.42	1.50	1.60	1.73	1.61
24	0.17	0.18	0.21	0.22	0.25	0.32	0.40	0.62	0.66	0.67	0.72	0.76	0.80	0.85	0.90	0.94	1.01	1.13	1.29	1.35	1.42	1.50	1.60	1.73	1.86	1.77
25	0.16	0.19	0.22	0.23	0.26	0.33	0.41	0.65	0.67	0.69	0.74	0.77	0.83	0.87	0.92	0.97	1.06	1.19	1.35	1.42	1.50	1.60	1.73	1.86	2.02	1.93
26	0.19	0.17	0.21	0.24	0.29	0.39	0.48	0.70	0.74	0.78	0.82	0.85	0.91	0.95	1.02	1.07	1.18	1.34	1.51	1.61	1.69	1.81	1.94	2.08	2.21	2.03
27	0.22	0.16	0.21	0.25	0.32	0.43	0.53	0.75	0.80	0.85	0.88	0.93	0.98	1.05	1.12	1.17	1.27	1.51	1.69	1.84	1.92	2.03	2.18	2.32	2.46	2.21
28	0.26	0.15	0.20	0.26	0.36	0.48	0.59	0.81	0.84	0.93	0.98	1.02	1.08	1.14	1.21	1.28	1.41	1.70	1.89	2.07	2.14	2.29	2.45	2.57	2.68	2.44
29	0.30	0.16	0.20	0.27	0.38	0.54	0.63	0.86	0.91	1.00	1.04	1.10	1.16	1.25	1.32	1.39	1.55	1.90	2.11	2.32	2.40	2.52	2.71	2.85	2.96	2.61
30	0.33	0.15	0.19	0.29	0.42	0.59	0.70	0.91	0.97	1.10	1.14	1.20	1.27	1.36	1.45	1.54	1.72	2.12	2.32	2.57	2.63	2.80	2.99	3.11	3.21	2.82
31	0.38	0.16	0.20	0.30	0.46	0.64	0.77	0.98	1.04	1.19	1.23	1.29	1.37	1.50	1.60	1.70	1.86	2.33	2.56	2.83	2.90	3.04	3.27	3.42	3.49	3.09
32	0.41	0.16	0.20	0.32	0.50	0.71	0.84	1.05	1.12	1.29	1.35	1.41	1.51	1.64	1.75	1.84	2.06	2.58	2.81	3.09	3.13	3.33	3.58	3.70	3.77	3.33
33	0.45	0.15	0.20	0.33	0.55	0.78	0.92	1.14	1.21	1.40	1.48	1.56	1.64	1.79	1.92	2.03	2.25	2.82	3.05	3.39	3.45	3.67	3.87	4.03	4.09	3.64
34	0.47	0.14	0.19	0.35	0.60	0.84	1.00	1.25	1.31	1.51	1.62	1.71	1.81	1.96	2.07	2.21	2.46	3.10	3.33	3.70	3.76	3.95	4.19	4.32	4.36	3.87
35	0.50	0.14	0.20	0.37	0.65	0.92	1.12	1.36	1.44	1.64	1.77	1.86	1.97	2.15	2.27	2.41	2.66	3.34	3.62	3.98	4.03	4.28	4.49	4.66	4.68	4.42
36	0.58	0.17	0.24	0.47	0.75	1.03	1.27	1.51	1.62	1.79	1.97	2.09	2.21	2.37	2.52	2.68	2.97	3.67	3.98	4.36	4.43	4.69	4.91	5.10	5.17	4.52
37	0.65	0.18	0.28	0.56	0.86	1.16	1.42	1.64	1.79	1.97	2.18	2.33	2.42	2.61	2.80	2.98	3.29	3.99	4.30	4.75	4.84	5.12	5.36	5.57	5.69	4.92
38	0.74	0.22	0.32	0.67	0.97	1.27	1.58	1.79	1.97	2.18	2.41	2.60	2.68	2.88	3.03	3.28	3.64	4.36	4.69	5.13	5.23	5.47	5.76	5.93	6.10	5.18
39	0.83	0.25	0.38	0.78	1.10	1.41	1.75	1.97	2.16	2.40	2.67	2.84	2.93	3.11	3.33	3.62	3.95	4.68	5.06	5.56	5.68	5.93	6.24	6.44	6.66	5.62
40	0.92	0.30	0.44	0.88	1.21	1.52	1.90	2.18	2.34	2.56	2.96	3.09	3.15	3.36	3.59	3.91	4.30	5.03	5.44	5.96	6.10	6.43	6.69	6.90	7.16	6.03
41	1.02	0.34	0.51	1.01	1.33	1.67	2.06	2.39	2.56	2.74	3.22	3.35	3.41	3.64	3.89	4.18	4.63	5.41	5.90	6.44	6.61	6.89	7.16	7.46	7.78	6.56
42	1.13	0.40	0.58	1.15	1.48	1.80	2.25	2.58	2.73	2.94	3.48	3.62	3.69	3.86	4.17	4.60	5.04	5.90	6.21	6.77	6.95	7.29	7.72	7.96	8.25	7.03
43	1.24	0.47	0.66	1.27	1.62	1.96	2.44	2.79	2.93	3.13	3.73	3.88	3.91	4.24	4.53	4.93	5.44	6.26	6.82	7.42	7.64	7.93	8.21	8.58	9.04	7.67
44	1.36	0.52	0.74	1.43	1.76	2.12	2.64	2.98	3.11	3.32	4.03	4.15	4.22	4.47	4.83	5.39	5.89	6.69	7.16	7.77	7.99	8.35	8.83	9.15	9.57	8.14
45	1.47	0.59	0.82	1.57	1.91	2.27	2.82	3.19	3.36	3.53	4.29	4.46	4.52	4.79	5.17	5.68	6.27	7.07	7.71	8.36	8.57	8.87	9.39	9.86	10.36	9.57
46	1.45	0.75	1.03	1.69	2.07	2.62	3.17	3.56	3.84	4.02	4.76	4.96	5.05	5.30	5.72	6.38	7.02	7.88	8.59	9.28	9.56	9.84	10.36	10.82	11.48	10.65
47	1.42	0.89	1.18	1.85	2.23	2.93	3.50	3.93	4.32	4.55	5.24	5.43	5.60	5.82	6.27	7.03	7.81	8.72	9.51	10.24	10.58	11.08	11.63	12.12	12.58	11.66
48	1.37	1.01	1.31	1.92	2.34	3.25	3.81	4.25	4.75	5.03	5.72	5.90	6.02	6.25	6.67	7.63	8.39	9.42	10.36	11.36	11.78	12.05	12.62	13.17	14.01	12.83
49	1.31	1.07	1.41	2.01	2.41	3.58	4.13	4.61	5.23	5.63	6.16	6.37	6.58	6.80	7.25	8.31	9.22	10.32	11.34	12.43	12.94	13.35	14.01	14.67	15.32	14.07
50	1.22	1.13	1.47	2.00	2.42	3.91	4.47	4.97	5.70	6.03	6.64	6.89	7.15	7.36	7.86	9.08	10.08	11.26	12.38	13.58	14.18	14.66	15.43	16.04	17.05	15.68
51	1.38	1.34	1.71	2.31	2.79	4.19	4.80	5.33	6.19	6.54	7.13	7.41	7.73	7.94	8.48	9.89	10.99	12.26	13.47	14.81	15.55	16.13	16.87	17.65	18.71	17.08
52	1.53	1.61	2.00	2.63	3.21	4.52	5.07	5.58	6.66	7.01	7.58	7.95	8.33	8.46	8.98	10.63	11.84	13.20	14.64	16.01	16.93	17.62	18.54	19.58	20.63	18.88
53	1.71	1.84	2.33	3.02	3.65	4.79	5.37	5.93	7.02	7.48	8.03	8.33	8.75	8.93	9.58	11.42	12.75	14.21	15.78	17.68	18.64	19.53	20.54	21.33	22.45	20.81
54	1.88	2.11	2.67	3.38	4.16	5.10	5.68	6.22	7.51	7.94	8.49	8.90	9.40	9.42	10.22	12.14	13.69	15.27	17.22	19.20	20.42	21.39	22.37	23.20	24.64	23.65
55	2.08	2.39	3.02	3.81	4.64	5.41	6.02	6.59	8.01	8.50	9.04	9.51	10.09	10.12	11.02	13.15	14.86	16.66	18.67	20.97	22.34	23.27	24.31	25.44	26.82	25.85
56	2.29	2.74	3.44	4.02	5.16	6.00	6.66	7.37	8.79	9.42	10.02	10.59	11.24	11.41	12.39	14.66	16.75	18.96	21.15	23.78	24.98	26.12	27.41	28.68	30.30	29.24
57	2.48	3.08	3.88	4.77	5.70	6.61	7.36	8.11	9.61	10.39	11.05	11.73	12.45	12.74	13.72	16.32	18.50	21.42	24.34	26.82	27.55	29.66	30.86	32.22	33.31	33.26
58	2.65	3.48	4.31	5.26	6.26	7.25	7.97	8.93	10.48	11.42	12.14	12.93	13.74	14.41	15.45	18.37	21.18	24.41	27.16	29.79	31.05	32.68	33.92	35.26	37.19	37.68
59	2.86	3.84	4.79	5.77	6.84	7.92	8.74	9.73	11.39	12.50	13.30	14.22	15.11	15.99	16.96	20.12	23.30	27.04	30.36	33.69	34.01	36.24	37.85	39.46	40.86	42.28
60	3.04	4.18	5.21	6.28	7.42	8.60	9.49	10.68	12.36	13.64	14.54	15.58	16.64	17.65	18.79	22.18	25.60	29.79	33.37	37.06	37.51	40.73	42.30	44.45	46.06	48.12
61	3.23	4.53	5.66	6.79	8.01	9.28	10.26	11.60	13.37	14.85	15.96	17.09	18.22	19.50	20.79	24.34	27.96	32.57	36.66	40.25	41.57	44.96	47.03	49.06	50.25	52.86
62	3.44	4.90	6.10	7.30	8.60	9.97	11.04	12.54	14.41	16.11	17.29	18.67	19.99	21.53	22.89	26.69	30.60	35.92	40.46	44.62	45.71	48.97	50.81	53.55	55.88	60.18
63	3.68	5.26	6.54	7.80	9.18	10.67	11.84	13.52	15.41	17.25	18.51	20.40	21.91	23.63	25.41	29.57	33.27	38.82	44.37	49.07	50.06	54.91	55.96	58.28	59.52	66.88
64	3.97	6.00	6.98	8.31	9.77	11.37	12.65	14.52	16.67	18.61	20.10	22.26	23.91	25.89	28.00	32.05	36.10	42.80	49.15	54.15	55.42	59.23	60.83	63.52	66.18	74.22
65	4.28	6.41	7.43	8.82	10.37	12.09	13.49	15.60	17.87	20.11	21.81	24.19	26.04	28.46	30.71	34.70	39.30	46.06	53.19	58.33	60.19	65.52	67.59			

Form UL0820 Series  
 Annual COI rates per \$1000  
 Female Preferred Smoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.38	0.38	0.41	0.42	0.46	0.46	0.53	0.55	0.58	0.61	0.64	0.67	0.70	0.75	0.79	0.85	0.91	0.99	1.04	0.90	0.96	1.03	1.09	1.16	1.26	1.40
19	0.38	0.38	0.42	0.44	0.47	0.48	0.55	0.58	0.61	0.64	0.67	0.70	0.75	0.79	0.85	0.91	0.99	1.04	1.10	0.96	1.03	1.09	1.16	1.26	1.35	1.53
20	0.37	0.37	0.42	0.44	0.48	0.50	0.58	0.61	0.64	0.67	0.70	0.75	0.79	0.85	0.92	0.99	1.04	1.10	1.16	1.03	1.09	1.16	1.26	1.35	1.48	1.66
21	0.36	0.37	0.42	0.44	0.50	0.52	0.61	0.64	0.67	0.70	0.75	0.79	0.85	0.91	0.97	1.04	1.10	1.16	1.23	1.09	1.16	1.26	1.35	1.48	1.61	1.82
22	0.36	0.36	0.43	0.46	0.52	0.54	0.64	0.67	0.70	0.75	0.79	0.85	0.92	0.95	1.02	1.09	1.15	1.22	1.29	1.17	1.26	1.35	1.48	1.61	1.77	2.02
23	0.35	0.37	0.43	0.46	0.53	0.56	0.67	0.70	0.75	0.79	0.85	0.92	0.97	1.00	1.07	1.14	1.20	1.29	1.37	1.26	1.35	1.48	1.61	1.77	1.97	2.26
24	0.35	0.37	0.45	0.48	0.54	0.58	0.70	0.73	0.79	0.85	0.92	1.00	1.02	1.04	1.11	1.20	1.26	1.35	1.46	1.35	1.48	1.61	1.77	1.97	2.21	2.55
25	0.35	0.38	0.46	0.49	0.56	0.60	0.75	0.77	0.83	0.90	0.97	1.03	1.05	1.08	1.16	1.25	1.34	1.44	1.55	1.48	1.61	1.77	1.97	2.21	2.50	2.84
26	0.37	0.34	0.44	0.47	0.54	0.63	0.78	0.81	0.88	0.94	0.99	1.04	1.08	1.11	1.21	1.30	1.42	1.52	1.64	1.59	1.74	1.94	2.18	2.46	2.75	3.19
27	0.40	0.32	0.41	0.44	0.53	0.66	0.79	0.85	0.91	0.98	0.98	1.08	1.09	1.15	1.26	1.36	1.47	1.61	1.75	1.75	1.94	2.14	2.42	2.71	3.04	3.47
28	0.45	0.30	0.38	0.45	0.51	0.67	0.82	0.88	0.95	1.01	1.00	1.08	1.15	1.20	1.31	1.44	1.57	1.73	1.87	1.92	2.14	2.42	2.71	2.99	3.32	3.81
29	0.48	0.28	0.36	0.42	0.50	0.71	0.83	0.93	0.99	1.06	1.01	1.12	1.19	1.26	1.39	1.51	1.68	1.85	2.04	2.15	2.42	2.62	2.95	3.21	3.58	4.03
30	0.52	0.26	0.33	0.41	0.48	0.74	0.88	0.96	1.04	1.11	1.04	1.15	1.24	1.34	1.50	1.63	1.84	2.03	2.19	2.36	2.62	2.90	3.21	3.52	3.91	4.38
31	0.58	0.25	0.33	0.39	0.46	0.77	0.91	1.04	1.09	1.17	1.09	1.20	1.31	1.45	1.62	1.80	1.96	2.18	2.41	2.59	2.90	3.16	3.52	3.85	4.26	4.74
32	0.61	0.23	0.30	0.38	0.46	0.81	0.97	1.11	1.19	1.26	1.16	1.28	1.42	1.57	1.76	1.93	2.17	2.44	2.66	2.86	3.16	3.46	3.85	4.18	4.61	5.11
33	0.65	0.21	0.28	0.38	0.47	0.88	1.03	1.19	1.27	1.35	1.25	1.39	1.54	1.71	1.95	2.13	2.37	2.65	2.92	3.17	3.52	3.85	4.18	4.53	4.98	5.46
34	0.66	0.18	0.28	0.37	0.48	0.93	1.11	1.33	1.39	1.50	1.35	1.52	1.72	1.91	2.08	2.33	2.62	2.96	3.21	3.48	3.85	4.18	4.53	4.89	5.31	5.83
35	0.69	0.17	0.26	0.37	0.49	1.02	1.22	1.48	1.54	1.67	1.50	1.68	1.90	2.12	2.33	2.59	2.88	3.21	3.50	3.80	4.18	4.53	4.80	5.12	5.58	6.10
36	0.73	0.14	0.25	0.37	0.50	1.05	1.30	1.57	1.67	1.83	1.69	1.84	2.08	2.31	2.53	2.82	3.15	3.58	3.89	4.20	4.61	4.98	5.22	5.58	6.05	6.56
37	0.78	0.11	0.25	0.36	0.51	1.12	1.38	1.67	1.81	2.01	1.88	2.03	2.27	2.48	2.81	3.09	3.41	3.90	4.19	4.63	5.06	5.41	5.68	6.05	6.53	7.11
38	0.84	0.09	0.24	0.37	0.53	1.16	1.49	1.80	1.95	2.14	2.07	2.25	2.51	2.79	3.02	3.35	3.74	4.18	4.57	4.97	5.41	5.78	6.05	6.29	6.82	7.51
39	0.90	0.09	0.26	0.38	0.58	1.24	1.58	1.91	2.08	2.33	2.25	2.41	2.73	2.97	3.33	3.68	4.03	4.48	4.89	5.39	5.86	6.27	6.53	6.82	7.34	8.08
40	0.98	0.09	0.30	0.43	0.62	1.32	1.70	2.02	2.26	2.54	2.46	2.62	2.90	3.17	3.61	3.96	4.41	4.89	5.30	5.84	6.33	6.77	7.06	7.34	7.89	8.69
41	1.07	0.12	0.36	0.48	0.66	1.40	1.82	2.14	2.44	2.76	2.70	2.84	3.16	3.42	3.83	4.27	4.74	5.23	5.76	6.32	6.85	7.31	7.62	7.89	8.50	9.52
42	1.16	0.15	0.40	0.54	0.74	1.51	1.92	2.27	2.57	2.92	2.94	3.09	3.42	3.70	4.13	4.59	5.16	5.69	6.03	6.58	7.14	7.61	8.20	8.49	8.96	10.08
43	1.27	0.19	0.48	0.61	0.86	1.66	2.10	2.47	2.79	3.10	3.16	3.34	3.63	4.06	4.53	4.92	5.53	6.08	6.64	7.23	7.69	8.32	8.64	9.30	9.85	10.89
44	1.39	0.25	0.56	0.73	0.96	1.77	2.26	2.65	2.98	3.32	3.39	3.62	3.92	4.37	4.86	5.37	5.90	6.58	6.93	7.52	8.12	8.76	9.27	10.01	10.62	11.77
45	1.50	0.32	0.65	0.79	1.07	1.92	2.44	2.83	3.18	3.59	3.68	3.85	4.22	4.70	5.20	5.73	6.29	6.88	7.48	8.10	8.70	9.39	10.16	10.99	11.69	13.01
46	1.64	0.35	0.70	0.92	1.22	2.19	2.74	3.16	3.58	3.92	4.05	4.21	4.60	5.10	5.64	6.25	6.85	7.48	8.13	8.73	9.43	10.48	11.43	12.47	13.63	14.69
47	1.79	0.40	0.75	1.09	1.43	2.43	2.94	3.51	4.04	4.26	4.41	4.67	5.00	5.54	6.11	6.72	7.44	8.10	8.81	9.58	10.42	11.67	12.83	14.34	15.54	16.48
48	1.92	0.49	0.86	1.24	1.56	2.71	3.24	3.75	4.39	4.60	4.81	4.88	5.32	5.88	6.47	7.12	7.76	8.61	9.28	10.52	11.49	12.74	14.12	15.92	17.76	18.28
49	1.97	0.52	0.96	1.42	1.77	2.94	3.47	4.07	4.72	4.93	5.27	5.28	5.74	6.34	6.99	7.57	8.41	9.32	10.02	11.34	12.41	14.38	16.06	18.04	20.00	20.48
50	2.00	0.61	1.05	1.56	1.93	3.20	3.75	4.40	5.11	5.37	5.67	5.68	6.18	6.83	7.52	8.18	9.10	10.08	11.02	12.19	13.71	15.71	18.05	20.11	22.87	23.18
51	2.23	0.62	1.04	1.60	2.00	3.35	4.03	4.73	5.51	5.71	6.07	6.09	6.64	7.34	8.09	8.85	9.83	10.90	11.76	13.21	14.91	17.58	19.72	22.55	25.27	25.56
52	2.43	0.61	0.98	1.63	2.10	3.60	4.22	4.97	5.91	5.98	6.38	6.52	7.12	7.74	8.38	9.38	10.45	11.53	12.74	14.60	16.37	19.13	22.03	25.56	28.40	28.61
53	2.71	0.51	0.98	1.66	2.14	3.80	4.56	5.29	6.21	6.23	6.69	6.86	7.49	8.16	9.03	10.15	11.10	12.27	13.82	16.53	18.38	21.65	24.55	27.82	30.93	31.35
54	2.98	0.42	0.92	1.68	2.25	4.06	4.72	5.56	6.64	6.61	7.16	7.36	8.06	8.63	9.57	10.67	11.81	13.31	15.15	17.96	20.15	23.72	26.67	31.09	35.34	36.14
55	3.26	0.33	0.87	1.70	2.32	4.28	5.02	5.92	7.09	7.04	7.66	7.92	8.70	9.33	10.38	11.57	12.81	14.58	16.46	19.69	22.07	25.71	29.34	34.49	38.33	40.95
56	3.48	0.37	0.96	1.81	2.50	4.49	5.26	6.30	7.58	7.67	8.29	8.57	9.34	10.07	11.24	12.55	14.13	16.16	18.41	21.93	24.97	28.79	32.91	37.57	42.12	45.68
57	3.62	0.42	1.06	1.92	2.72	4.74	5.55	6.74	8.13	8.37	8.99	9.30	10.08	10.89	12.18	13.74	15.46	18.01	20.87	24.54	27.38	32.16	36.03	40.93	45.48	50.39
58	3.74	0.48	1.17	2.05	2.97	5.03	5.88	7.25	8.75	9.16	9.77	10.12	10.90	12.05	13.35	15.24	17.37	20.01	23.01	27.02	30.67	34.39	38.35	43.78	49.36	56.24
59	3.92	0.51	1.28	2.20	3.22	5.35	6.26	7.79	9.43	10.01	10.67	11.06	11.85	13.19	14.54	16.74	19.16	22.05	25.78	30.25	33.44	37.81	42.37	47.70	53.37	62.08
60	4.07	0.53	1.37	2.32	3.49	5.67	6.67	8.39	10.18	10.95	11.65	12.11	13.00	14.39	15.99	18.43	21.02	24.29	28.32	33.03	36.90	42.48	46.87	52.97	58.43	68.98
61	4.21	0.56	1.46	2.44	3.75	6.01	7.09	9.01	10.98	11.97	12.73	13.35	14.21	15.87	17.64	20.18	23.06	26.57	30.92	35.96	41.61	46.47	51.81	57.45	63.95	73.94
62	4.40	0.58	1.53	2.55	3.99	6.33	7.52	9.66	11.82	13.04	13.96	14.64	15.67	17.53	19.39	22.14	25.05	29.46	33.64	39.41	45.00	50.86	55.54	62.40	69.30	82.03
63	4.66	0.61	1.58	2.63	4.21	6.64	7.94	10.33	12.70	14.04	14.99	16.15	17.31	19.65	21.33	23.93	27.70	32.02	37.43	43.94	50.11	56.82	61.10	65.95	72.71	88.82
64	4.94	1.29	1.64	2.71	4.43	6.95	8.38	11.03	13.68	15.24	16.42	17.81	19.00	21.62	23.02	25.94	30.22	34.99	41.11	48.30	55.28	60.79	65.55	71.16	78.98	95.88
65	5.26	1.37	1.70	2.79	4.66	7.28	8.85	11.81	14.68	16.62	17.98	19.52	20.86	23.93	24.99	28.08	32.72	37.78	45.20	51.83	60.68	66.18	71.71	78.82	86.38	10

Form UL0820 Series  
Annual COI rates per \$1000  
Female Standard Smoker

Duration Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.44	0.36	0.36	0.36	0.37	0.38	0.43	0.49	0.53	0.58	0.64	0.67	0.70	0.75	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65
19	0.46	0.36	0.37	0.38	0.38	0.41	0.46	0.50	0.57	0.62	0.67	0.70	0.75	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79
20	0.47	0.35	0.37	0.38	0.40	0.45	0.48	0.52	0.57	0.61	0.70	0.75	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96
21	0.49	0.35	0.38	0.39	0.42	0.47	0.52	0.56	0.63	0.68	0.75	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16
22	0.50	0.34	0.40	0.42	0.45	0.49	0.55	0.61	0.68	0.73	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38
23	0.51	0.34	0.40	0.43	0.47	0.52	0.58	0.66	0.72	0.78	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64
24	0.53	0.35	0.42	0.45	0.50	0.56	0.62	0.69	0.77	0.83	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93
25	0.55	0.36	0.44	0.47	0.54	0.59	0.67	0.75	0.83	0.87	0.98	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24
26	0.55	0.31	0.42	0.45	0.54	0.64	0.73	0.79	0.88	0.94	1.06	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60
27	0.58	0.29	0.39	0.43	0.55	0.68	0.76	0.85	0.93	1.00	1.09	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99
28	0.61	0.26	0.36	0.44	0.55	0.70	0.80	0.89	0.97	1.06	1.17	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41
29	0.64	0.26	0.34	0.42	0.56	0.76	0.84	0.95	1.04	1.12	1.23	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86
30	0.68	0.23	0.32	0.43	0.56	0.80	0.90	0.98	1.10	1.21	1.31	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36
31	0.73	0.23	0.33	0.42	0.58	0.86	0.97	1.08	1.17	1.32	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91
32	0.76	0.21	0.31	0.43	0.60	0.93	1.07	1.17	1.30	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49
33	0.78	0.20	0.31	0.43	0.66	1.02	1.15	1.31	1.41	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09
34	0.78	0.16	0.30	0.44	0.69	1.11	1.29	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70
35	0.78	0.15	0.29	0.46	0.76	1.24	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34
36	0.85	0.10	0.24	0.44	0.77	1.28	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03
37	0.91	0.07	0.17	0.39	0.80	1.36	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76
38	1.00	0.04	0.13	0.39	0.84	1.43	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55
39	1.08	0.03	0.11	0.40	0.93	1.53	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40
40	1.19	0.04	0.12	0.43	0.97	1.63	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33
41	1.31	0.06	0.16	0.47	1.05	1.74	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35
42	1.44	0.12	0.19	0.57	1.20	1.87	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48
43	1.59	0.19	0.25	0.62	1.33	2.07	2.93	3.24	3.60	3.99	4.34	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71
44	1.77	0.25	0.31	0.78	1.48	2.24	3.18	3.60	3.99	4.37	4.74	5.27	5.84	6.36	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	16.65
45	1.93	0.36	0.41	0.86	1.63	2.44	3.39	3.88	4.30	4.68	5.11	5.74	6.25	6.87	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	16.65	18.29
46	2.14	0.39	0.52	1.04	1.89	2.87	3.77	4.38	4.86	5.21	5.66	6.28	6.82	7.47	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	16.65	18.29	20.38
47	2.38	0.45	0.63	1.33	2.15	3.19	4.12	4.86	5.36	5.91	6.22	6.68	7.41	8.10	9.03	9.68	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	19.99	22.29
48	2.61	0.56	0.77	1.56	2.45	3.57	4.41	5.31	5.88	6.33	6.81	7.14	7.43	8.54	9.41	10.19	11.12	12.29	13.26	14.48	15.71	17.08	18.63	20.38	22.29	24.39
49	2.77	0.54	0.85	1.85	2.73	3.93	4.73	5.79	6.44	7.04	7.21	7.63	8.34	9.22	10.15	10.69	12.00	13.25	14.26	15.71	17.08	18.63	20.38	22.29	24.39	26.68
50	2.91	0.58	0.97	1.95	2.97	4.31	5.09	6.26	6.97	7.42	7.76	8.21	8.97	9.92	10.93	11.51	12.93	14.28	15.36	17.08	18.63	20.38	22.29	24.39	26.68	29.20
51	3.10	0.70	1.09	2.17	3.19	4.59	5.46	6.79	7.58	8.01	8.36	8.80	9.64	10.66	11.76	12.40	13.93	15.41	16.34	18.63	20.38	22.29	24.39	26.68	29.20	31.95
52	3.24	0.86	1.25	2.36	3.47	4.97	5.62	7.00	8.21	8.54	8.87	9.42	10.34	11.31	12.16	13.18	14.65	16.04	17.66	19.99	22.00	24.39	26.68	29.20	31.95	34.97
53	3.43	0.95	1.45	2.62	3.66	5.18	5.92	7.53	8.57	9.06	9.40	9.57	10.52	11.68	12.92	14.04	15.32	16.89	18.89	22.15	24.14	26.68	29.20	31.95	34.97	38.28
54	3.61	0.97	1.57	2.70	3.96	5.51	6.24	7.91	9.24	9.61	9.96	10.27	11.31	12.26	13.78	14.61	16.35	18.05	20.68	24.04	26.68	29.20	31.95	34.97	38.28	41.92
55	3.79	1.03	1.67	2.94	4.13	5.89	6.66	8.51	9.97	10.35	10.72	11.05	12.22	13.25	14.95	15.81	17.72	19.76	22.46	26.35	29.20	31.95	34.97	38.28	41.92	46.43
56	3.96	1.10	1.81	3.12	4.45	6.34	7.25	9.16	10.56	11.09	11.65	12.03	13.32	14.25	16.38	17.34	19.61	21.69	24.51	29.07	31.95	34.97	38.28	41.92	46.43	51.96
57	4.03	1.12	1.97	3.31	4.83	6.85	8.00	9.70	11.23	11.92	12.67	13.11	14.55	15.86	17.70	19.17	21.21	23.99	28.16	31.95	34.97	38.28	41.92	46.43	51.96	57.80
58	4.05	1.30	2.13	3.53	5.24	7.41	8.55	10.43	11.99	12.88	13.83	14.31	15.90	17.84	19.82	21.61	24.43	27.58	30.82	34.97	38.28	41.92	46.43	51.96	57.80	63.94
59	4.17	1.34	2.36	3.78	5.66	8.01	9.43	11.10	12.85	13.95	15.14	15.69	17.44	19.68	21.44	23.58	26.65	30.26	34.21	38.28	41.92	46.43	51.96	57.80	63.94	70.74
60	4.24	1.33	2.45	3.99	6.10	8.63	10.27	12.07	13.80	15.13	16.58	17.21	19.25	21.60	23.71	26.11	29.30	33.21	37.43	41.92	46.43	51.96	57.80	63.94	70.74	77.59
61	4.29	1.37	2.58	4.20	6.53	9.25	11.11	12.96	14.83	16.42	18.15	19.01	21.14	23.91	26.25	28.72	32.21	35.31	40.73	46.43	51.96	57.80	63.94	70.74	77.59	85.68
62	4.42	1.39	2.71	4.38	6.93	9.86	11.97	13.90	15.92	17.50	19.95	20.86	23.40	26.49	28.93	31.63	35.04	39.42	44.74	51.72	57.80	63.94	70.74	77.59	85.68	95.69
63	4.62	1.43	2.79	4.54	7.30	10.45	12.82	14.86	16.87	18.71	21.06	23.04	25.90	29.19	32.31	34.77	38.10	41.70	48.94	57.80	63.94	70.74	77.59	84.56	91.77	106.25
64	4.91	2.40	2.89	4.69	7.68	11.04	13.70	15.87	18.35	20.25	23.09	25.41	28.47	32.15	34.95	37.79	41.35	46.74	54.12	63.94	70.74	77.59	84.29	91.38	100.01	116.68
65	5.23	2.51	2.98	4.84	8.07	11.67	14.62	16.98	19.66	22.02	25.32	27.86	31.29	35.60	37.98	40.99</										

Form UL0820 Series  
 Annual COI rates per \$1000  
 Male Guaranteed Issue Nonsmoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate	
18	0.89	0.29	0.34	0.49	0.64	0.65	0.67	0.68	0.70	0.68	0.66	0.64	0.61	0.64	0.64	0.80	0.88	0.95	1.08	1.11	1.15	1.20	1.24	1.30	1.39	1.47
19	0.87	0.27	0.32	0.47	0.62	0.63	0.65	0.67	0.68	0.66	0.64	0.60	0.59	0.63	0.64	0.81	0.88	0.98	1.11	1.15	1.19	1.24	1.30	1.39	1.47	1.58
20	0.84	0.24	0.29	0.44	0.59	0.61	0.63	0.65	0.66	0.64	0.61	0.58	0.57	0.62	0.65	0.84	0.91	1.01	1.15	1.19	1.24	1.30	1.39	1.47	1.58	1.70
21	0.80	0.20	0.25	0.40	0.56	0.58	0.60	0.61	0.63	0.61	0.59	0.57	0.57	0.62	0.66	0.86	0.94	1.06	1.19	1.24	1.30	1.39	1.47	1.58	1.70	1.81
22	0.77	0.17	0.22	0.38	0.54	0.55	0.58	0.59	0.60	0.60	0.58	0.57	0.57	0.63	0.68	0.89	0.99	1.09	1.24	1.31	1.39	1.47	1.58	1.70	1.81	1.95
23	0.73	0.13	0.19	0.36	0.52	0.54	0.56	0.58	0.59	0.59	0.58	0.57	0.58	0.65	0.71	0.93	1.03	1.15	1.31	1.39	1.47	1.58	1.70	1.81	1.95	2.00
24	0.69	0.09	0.17	0.34	0.51	0.53	0.55	0.58	0.60	0.60	0.59	0.58	0.60	0.67	0.75	0.97	1.08	1.21	1.39	1.47	1.58	1.70	1.81	1.93	2.00	2.08
25	0.63	0.07	0.16	0.34	0.51	0.53	0.56	0.57	0.61	0.61	0.61	0.61	0.63	0.71	0.79	1.02	1.14	1.29	1.47	1.58	1.70	1.81	1.92	2.00	2.08	2.18
26	0.63	0.06	0.16	0.35	0.53	0.56	0.60	0.64	0.67	0.70	0.70	0.71	0.75	0.84	0.92	1.15	1.37	1.54	1.79	1.90	1.96	2.02	2.04	2.08	2.13	2.22
27	0.63	0.06	0.17	0.35	0.55	0.60	0.66	0.70	0.75	0.79	0.81	0.84	0.87	0.99	1.06	1.29	1.58	1.81	2.10	2.22	2.21	2.19	2.18	2.18	2.23	2.31
28	0.65	0.06	0.17	0.35	0.58	0.65	0.71	0.78	0.83	0.90	0.93	0.97	1.02	1.13	1.22	1.45	1.83	2.08	2.42	2.51	2.44	2.38	2.33	2.33	2.35	2.47
29	0.65	0.06	0.19	0.36	0.61	0.70	0.78	0.85	0.91	1.02	1.06	1.10	1.16	1.27	1.38	1.61	2.07	2.36	2.72	2.79	2.68	2.58	2.53	2.50	2.52	2.69
30	0.67	0.06	0.18	0.37	0.64	0.76	0.85	0.93	1.01	1.14	1.18	1.23	1.30	1.43	1.55	1.76	2.31	2.60	2.99	3.09	2.93	2.83	2.74	2.72	2.73	3.00
31	0.67	0.05	0.19	0.37	0.66	0.80	0.91	1.02	1.10	1.23	1.28	1.36	1.44	1.60	1.74	1.93	2.55	2.95	3.20	3.38	3.21	3.08	3.02	2.98	2.98	3.32
32	0.68	0.04	0.19	0.37	0.68	0.84	0.97	1.08	1.17	1.32	1.39	1.48	1.62	1.80	1.94	2.10	2.78	3.11	3.45	3.72	3.52	3.42	3.32	3.26	3.26	3.68
33	0.70	0.05	0.21	0.39	0.71	0.89	1.04	1.16	1.24	1.42	1.50	1.62	1.78	1.97	2.11	2.26	3.02	3.38	3.77	4.08	3.91	3.76	3.64	3.57	3.52	3.97
34	0.73	0.06	0.23	0.40	0.76	0.95	1.10	1.24	1.34	1.54	1.65	1.79	1.96	2.16	2.29	2.42	3.26	3.68	4.16	4.50	4.29	4.12	3.99	3.89	3.79	4.34
35	0.76	0.07	0.25	0.42	0.78	1.01	1.17	1.33	1.45	1.70	1.81	1.96	2.12	2.33	2.47	2.59	3.54	3.99	4.61	4.92	4.69	4.50	4.34	4.20	4.07	4.78
36	0.83	0.12	0.32	0.53	0.91	1.15	1.34	1.54	1.69	1.96	2.07	2.21	2.36	2.58	2.73	2.96	3.90	4.45	5.15	5.43	5.19	4.98	4.78	4.70	4.55	5.34
37	0.91	0.15	0.39	0.65	1.02	1.28	1.52	1.75	1.94	2.22	2.32	2.42	2.60	2.82	3.01	3.33	4.30	4.91	5.62	5.98	5.70	5.46	5.25	5.24	5.16	6.06
38	1.00	0.22	0.49	0.77	1.15	1.45	1.74	1.98	2.20	2.48	2.56	2.67	2.84	3.07	3.27	3.72	4.72	5.41	6.13	6.55	6.23	5.98	5.78	5.90	5.93	6.86
39	1.08	0.28	0.58	0.91	1.30	1.62	1.96	2.20	2.45	2.72	2.80	2.91	3.11	3.34	3.57	4.14	5.15	5.94	6.66	7.13	6.81	6.58	6.41	6.71	6.79	7.71
40	1.17	0.34	0.67	1.05	1.46	1.83	2.19	2.44	2.68	2.98	3.07	3.20	3.40	3.65	3.90	4.57	5.62	6.49	7.26	7.76	7.46	7.25	7.17	7.57	7.63	8.62
41	1.24	0.40	0.79	1.22	1.64	2.04	2.42	2.66	2.94	3.25	3.37	3.51	3.73	4.00	4.29	5.08	6.13	7.06	7.80	8.46	8.19	8.05	7.97	8.49	8.44	9.56
42	1.33	0.48	0.91	1.40	1.83	2.25	2.65	2.90	3.20	3.57	3.69	3.85	4.10	4.41	4.74	5.59	6.64	7.66	8.46	9.24	9.01	8.88	8.84	9.35	9.15	10.53
43	1.41	0.53	1.01	1.56	1.99	2.41	2.85	3.12	3.48	3.86	4.01	4.19	4.51	4.85	5.16	6.08	7.20	8.34	9.20	10.10	9.89	9.74	9.63	10.10	10.07	11.60
44	1.50	0.59	1.11	1.70	2.13	2.59	3.07	3.38	3.76	4.18	4.34	4.60	4.95	5.28	5.57	6.65	7.82	9.10	10.01	11.00	10.77	10.59	10.42	10.99	11.03	12.76
45	1.60	0.66	1.20	1.83	2.30	2.78	3.31	3.64	4.08	4.51	4.72	5.03	5.38	5.67	6.00	7.27	8.52	9.92	10.86	11.92	11.65	11.42	11.19	12.05	12.25	14.18
46	1.72	0.87	1.41	2.12	2.63	3.23	3.75	4.21	4.75	5.31	5.57	5.86	6.13	6.39	6.86	8.24	9.74	11.33	12.26	13.29	13.00	12.76	12.68	13.69	13.95	15.56
47	1.84	1.07	1.64	2.43	2.99	3.68	4.21	4.79	5.45	6.16	6.41	6.67	6.88	7.22	7.80	9.30	11.04	12.77	13.68	14.65	14.32	14.30	14.38	15.58	15.89	17.54
48	1.96	1.30	1.89	2.77	3.35	4.13	4.66	5.37	6.15	7.00	7.23	7.47	7.69	8.14	8.82	10.43	12.38	14.23	15.09	15.96	15.84	16.09	16.33	17.31	18.09	19.48
49	2.06	1.54	2.17	3.12	3.73	4.59	5.11	5.96	6.84	7.76	8.04	8.34	8.64	9.16	9.91	11.61	13.73	15.67	16.43	17.43	17.61	18.14	18.52	20.11	20.21	21.69
50	2.20	1.79	2.45	3.48	4.11	5.06	5.58	6.54	7.51	8.51	8.90	9.33	9.73	10.33	11.07	12.80	15.04	17.02	17.92	19.20	19.65	20.41	20.96	22.41	22.58	24.85
51	2.34	2.07	2.77	3.86	4.52	5.55	6.04	7.09	8.20	9.37	9.86	10.47	10.92	11.53	12.16	13.92	16.27	18.51	19.72	21.22	21.90	22.93	23.33	24.99	25.18	26.60
52	2.48	2.35	3.09	4.26	4.95	6.03	6.50	7.68	8.94	10.33	10.97	11.70	12.14	12.46	13.22	14.95	17.62	20.34	21.76	23.47	24.40	25.38	25.97	27.78	27.84	29.46
53	2.58	2.61	3.39	4.66	5.39	6.56	7.04	8.39	9.81	11.43	12.20	12.97	13.11	13.55	14.29	16.10	19.32	22.40	23.88	25.96	26.84	28.10	28.83	30.66	30.87	33.09
54	2.69	2.87	3.72	5.06	5.82	7.11	7.64	9.19	10.80	12.63	13.44	13.98	14.22	14.76	15.57	17.61	21.25	24.59	26.38	28.40	29.56	31.04	31.76	33.89	34.64	36.97
55	2.80	3.14	4.03	5.44	6.26	7.71	8.32	10.06	11.83	13.79	14.40	15.09	15.44	16.09	17.05	19.36	23.35	27.03	28.82	31.09	32.47	34.05	35.05	37.87	38.67	41.22
56	3.02	3.66	4.70	6.15	7.18	8.83	9.65	11.48	13.34	15.07	15.95	16.91	17.63	18.48	19.69	22.55	26.88	30.51	32.76	35.48	36.82	39.68	42.38	43.33	46.50	
57	3.24	4.15	5.38	6.89	8.16	10.01	11.02	12.90	14.83	16.67	17.83	19.03	19.97	21.10	22.64	25.92	30.36	34.21	36.90	39.96	41.19	43.11	44.56	47.23	48.97	51.61
58	3.50	4.68	6.08	7.66	9.21	11.24	12.40	14.29	16.25	18.16	19.59	21.19	22.55	23.94	25.71	29.25	34.06	38.11	41.12	44.77	46.45	48.25	49.77	53.07	54.42	57.62
59	3.78	5.21	6.82	8.49	10.29	12.50	13.79	15.65	17.63	19.63	21.35	23.37	25.35	26.98	28.74	32.79	37.95	42.11	45.67	50.30	51.95	53.72	55.96	58.72	60.74	63.75
60	4.09	5.78	7.57	9.33	11.38	13.76	15.16	17.00	19.02	21.13	23.22	25.59	28.17	29.98	31.97	36.53	41.95	46.44	50.92	56.07	57.78	60.15	61.94	65.72	67.12	70.59
61	4.42	6.37	8.34	10.17	12.48	15.02	16.52	18.34	20.42	22.69	25.10	27.81	30.55	33.18	35.39	40.36	46.28	51.43	56.41	62.18	64.56	66.38	68.78	71.81	74.23	78.91
62	4.77	6.98	9.14	11.05	13.58	16.29	17.91	19.76	21.93	24.34	27.06	29.91	33.03	35.92	38.93	44.54	51.24	56.69	62.23	69.21	71.16	73.48	75.72	79.12	82.77	87.26
63	5.06	7.62	10.02	12.01	14.76	17.62	19.41	21.33	23.66	26.19	29.08	32.27	35.78	38.91	42.64	49.34	56.50	62.25	68.94	76.08	78.61	80.68	83.39	87.87	91.32	97.11
64	5.32	8.28	10.94	13.01	16.00	19.03	21.02	23.06	25.61	28.15	31.36	34.93	38.83	42.39	46.87	54.44	62.06	68.69	75.51	83.78	86.17	88.59	92.46	96.63	101.31	106.62
65	5.55	8.93	11.87	14.07	17.30	20.52	22.70	24.90	27.60	30.30	33.87	37.80	42.26	46.55												

Form UL0820 Series  
 Annual COI rates per \$1000  
 Male Guaranteed Issue Smoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Ultimate
18	0.82	0.87	0.64	0.68	0.81	1.01	1.03	1.04	1.08	1.11	1.13	1.15	1.14	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27
19	0.84	0.87	0.64	0.68	0.81	1.02	1.04	1.04	1.07	1.08	1.11	1.12	1.13	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52
20	0.82	0.86	0.63	0.66	0.79	1.02	1.02	1.00	1.03	1.04	1.06	1.08	1.14	1.16	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77
21	0.79	0.82	0.59	0.62	0.77	0.96	0.97	0.94	0.98	1.00	1.04	1.08	1.15	1.19	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03
22	0.75	0.78	0.55	0.60	0.73	0.92	0.92	0.90	0.92	0.98	1.03	1.08	1.16	1.24	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25
23	0.71	0.73	0.52	0.57	0.70	0.91	0.90	0.88	0.92	0.98	1.04	1.11	1.21	1.31	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42
24	0.64	0.69	0.49	0.55	0.70	0.91	0.90	0.90	0.95	1.02	1.08	1.16	1.26	1.39	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64
25	0.56	0.63	0.47	0.56	0.71	0.92	0.92	0.92	0.99	1.06	1.14	1.23	1.36	1.49	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91
26	0.56	0.57	0.44	0.57	0.74	0.93	0.95	0.97	1.03	1.13	1.22	1.33	1.46	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26
27	0.58	0.52	0.43	0.56	0.79	0.97	1.00	1.03	1.11	1.22	1.33	1.46	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70
28	0.63	0.49	0.41	0.57	0.84	1.01	1.05	1.10	1.19	1.32	1.46	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21
29	0.67	0.45	0.39	0.57	0.90	1.06	1.12	1.19	1.29	1.46	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83
30	0.72	0.39	0.35	0.58	0.95	1.14	1.22	1.29	1.43	1.59	1.72	1.87	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52
31	0.74	0.33	0.31	0.58	1.00	1.20	1.31	1.41	1.53	1.69	1.85	2.05	2.27	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26
32	0.78	0.25	0.28	0.57	1.03	1.22	1.36	1.49	1.60	1.74	1.96	2.25	2.52	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95
33	0.85	0.23	0.27	0.60	1.11	1.29	1.44	1.56	1.69	1.85	2.10	2.46	2.77	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63
34	0.94	0.22	0.29	0.63	1.19	1.38	1.54	1.68	1.83	2.02	2.33	2.73	3.03	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42
35	1.02	0.20	0.29	0.67	1.26	1.46	1.63	1.81	2.02	2.28	2.61	3.02	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40
36	1.12	0.18	0.23	0.64	1.28	1.51	1.75	2.00	2.28	2.62	2.93	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59
37	1.22	0.15	0.18	0.60	1.28	1.59	1.91	2.23	2.57	2.93	3.22	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98
38	1.33	0.19	0.19	0.60	1.32	1.72	2.14	2.50	2.87	3.25	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47
39	1.47	0.23	0.19	0.61	1.40	1.90	2.41	2.76	3.17	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04
40	1.59	0.26	0.19	0.66	1.54	2.15	2.69	3.06	3.42	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65
41	1.71	0.29	0.25	0.77	1.74	2.42	3.02	3.35	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.27
42	1.83	0.37	0.33	0.92	1.96	2.68	3.29	3.64	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.96
43	1.95	0.39	0.36	0.98	2.08	2.85	3.53	3.91	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.45	22.74
44	2.08	0.43	0.36	1.02	2.18	3.03	3.78	4.26	4.70	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.45	22.11	24.69
45	2.26	0.48	0.38	1.06	2.32	3.26	4.14	4.69	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.45	22.11	24.07	26.94
46	2.47	0.45	0.38	1.15	2.42	3.56	4.46	5.21	5.83	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.45	22.11	24.07	26.53	29.44
47	2.69	0.41	0.39	1.29	2.59	3.87	4.86	5.82	6.52	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.45	22.11	24.07	26.53	29.35	32.46
48	2.93	0.42	0.50	1.52	2.74	4.16	5.20	6.36	7.26	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.01	20.45	22.11	24.07	26.53	29.35	32.41	35.33
49	3.14	0.48	0.66	1.78	2.95	4.49	5.56	6.97	7.95	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.14	20.55	22.16	24.07	26.53	29.35	32.41	35.28	38.39
50	3.42	0.56	0.85	2.07	3.16	4.83	5.97	7.53	8.63	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.19	20.60	22.21	24.13	26.53	29.35	32.41	35.28	38.34	41.98
51	3.66	0.76	1.19	2.48	3.48	5.25	6.32	8.00	9.42	10.40	11.59	12.98	14.47	16.04	17.65	19.24	20.65	22.27	24.19	26.60	29.35	32.41	35.28	38.34	41.85	45.58
52	3.92	1.01	1.58	2.94	3.85	5.64	6.68	8.54	10.21	11.59	12.98	14.47	16.04	17.65	19.27	20.70	22.32	24.25	26.66	29.42	32.41	35.28	38.34	41.85	45.53	49.75
53	4.06	1.19	1.90	3.39	4.25	6.14	7.25	9.41	11.28	12.98	14.47	16.04	17.65	19.27	20.75	22.37	24.31	26.73	29.49	32.48	35.28	38.34	41.85	45.53	49.70	54.87
54	4.19	1.37	2.29	3.96	4.65	6.70	8.00	10.50	12.63	14.47	16.04	17.65	19.27	20.80	22.43	24.37	26.79	29.56	32.55	35.35	38.34	41.85	45.53	49.70	54.82	60.43
55	4.34	1.60	2.66	4.27	5.08	7.39	8.93	11.77	14.10	16.04	17.65	19.84	20.85	22.48	24.42	26.85	29.63	32.82	35.43	38.41	41.85	45.53	49.70	54.82	60.38	66.34
56	4.64	1.52	2.86	4.60	5.76	8.43	10.35	13.34	15.75	17.65	19.27	20.77	22.74	24.69	26.94	29.71	32.94	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36
57	4.91	1.41	3.07	5.03	6.63	9.63	11.87	14.90	17.32	19.27	20.96	22.74	24.69	26.94	29.71	32.94	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36	79.09
58	5.31	1.35	3.35	5.55	7.66	10.97	13.40	16.35	18.70	20.96	22.74	24.69	26.94	29.71	32.94	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36	79.09	84.96
59	5.74	1.33	3.70	6.19	8.78	12.36	14.93	17.73	20.00	22.74	24.69	26.94	29.71	32.94	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36	79.09	84.96	90.95
60	6.27	1.40	4.13	6.89	9.95	13.73	16.39	19.09	21.29	24.64	26.94	29.71	32.94	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36	79.09	84.96	90.95	97.04
61	6.86	1.52	4.59	7.58	11.07	15.09	17.84	20.40	22.59	26.39	29.71	32.94	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36	79.09	84.96	90.95	97.04	103.20
62	7.50	1.72	5.11	8.33	12.24	16.48	19.36	21.90	24.18	28.36	32.42	36.32	39.69	43.12	46.73	50.90	56.02	61.58	67.49	73.36	79.09	84.96	90.95	97.04	103.20	109.54
63	7.97	1.99	5.87	9.35	13.59	18.02	21.14	23.79	26.30	30.74	34.94	39.43	43.95	48.44	53.41	59.72	66.33	73.78	82.20	89.66	96.95	104.55	113.53	123.92	134.52	145.31
64	8.36	2.29	6.71	10.43	15.09	19.75	23.17	26.06	28.88	33.42	37.97	42.93	48.44	53.67	58.90	66.22	72.98	81.65	90.82	98.24	105.75	114.73	125.12	135.72	147.51	151.94
65	8.66	2.57	7.57	11.67	16.72	21.67																				

Form UL0820 Series  
 Annual COI rates per \$1000  
 Female Guaranteed Issue Nonsmoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 Ultimate																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
18	0.17	0.16	0.16	0.17	0.17	0.23	0.29	0.51	0.52	0.54	0.57	0.59	0.61	0.64	0.66	0.68	0.74	0.85	0.97	1.00	1.03	1.07	1.09	1.13	1.18	1.18	1.18	1.23	1.29	1.36	1.45	1.56	1.68	1.81	1.91	2.04	2.19	2.34	2.50	2.67	2.84	3.02	3.21	3.41	3.62	3.84	4.08	4.34	4.61	4.90	5.20	5.52	5.86	6.22	6.60	7.00	7.43	7.89	8.37	8.87	9.39	9.94	10.51	11.10	11.71	12.34	13.00	13.68	14.38	15.10	15.84	16.61	17.40	18.21	19.04	19.90	20.78	21.69	22.62	23.58	24.56	25.56	26.58	27.62	28.69	29.78	30.89	32.02	33.17	34.34	35.53	36.74	37.97	39.22	40.49	41.78	43.09	44.42	45.77	47.14	48.53	49.94	51.37	52.82	54.29	55.78	57.29	58.82	60.37	61.94	63.53	65.14	66.77	68.42	70.09	71.78	73.49	75.22	76.97	78.74	80.53	82.34	84.17	86.02	87.89	89.78	91.69	93.62	95.57	97.54	99.53	101.54	103.57	105.62	107.69	109.78	111.89	114.02	116.17	118.34	120.53	122.74	124.97	127.22	129.49	131.78	134.09	136.42	138.77	141.14	143.53	145.94	148.37	150.82	153.29	155.78	158.29	160.82	163.37	165.94	168.53	171.14	173.77	176.42	179.09	181.78	184.49	187.22	189.97	192.74	195.53	198.34	201.17	204.02	206.89	209.78	212.69	215.62	218.57	221.54	224.53	227.54	230.57	233.62	236.69	239.78	242.89	246.02	249.17	252.34	255.53	258.74	261.97	265.22	268.49	271.78	275.09	278.42	281.77	285.14	288.53	291.94	295.37	298.82	302.29	305.78	309.29	312.82	316.37	319.94	323.53	327.14	330.77	334.42	338.09	341.78	345.49	349.22	352.97	356.74	360.53	364.34	368.17	372.02	375.89	379.78	383.69	387.62	391.57	395.54	399.53	403.54	407.57	411.62	415.69	419.78	423.89	428.02	432.17	436.34	440.53	444.74	448.97	453.22	457.49	461.78	466.09	470.42	474.77	479.14	483.53	487.94	492.37	496.82	501.29	505.78	510.29	514.82	519.37	523.94	528.53	533.14	537.77	542.42	547.09	551.78	556.49	561.22	565.97	570.74	575.53	580.34	585.17	589.94	594.78	599.62	604.49	609.37	614.29	619.22	624.17	629.14	634.14	639.17	644.22	649.34	654.49	659.67	664.89	670.14	675.42	680.74	686.09	691.47	696.89	702.34	707.82	713.34	718.89	724.49	730.14	735.82	741.54	747.29	753.07	758.89	764.74	770.62	776.54	782.49	788.47	794.49	800.54	806.62	812.74	818.89	825.07	831.29	837.54	843.82	850.14	856.49	862.87	869.29	875.74	882.22	888.74	895.29	901.87	908.49	915.14	921.82	928.54	935.29	942.07	948.89	955.74	962.62	969.54	976.49	983.47	990.49	997.54	1004.62	1011.74	1018.89	1026.07	1033.29	1040.54	1047.82	1055.14	1062.49	1069.87	1077.29	1084.74	1092.22	1099.74	1107.29	1114.87	1122.49	1130.14	1137.82	1145.54	1153.29	1161.07	1168.89	1176.74	1184.62	1192.54	1200.49	1208.47	1216.49	1224.54	1232.62	1240.74	1248.89	1257.07	1265.29	1273.54	1281.82	1290.14	1298.49	1306.87	1315.29	1323.74	1332.22	1340.74	1349.29	1357.87	1366.49	1375.14	1383.82	1392.54	1401.29	1410.07	1418.89	1427.74	1436.62	1445.54	1454.49	1463.47	1472.49	1481.54	1490.62	1499.74	1508.89	1518.07	1527.29	1536.54	1545.82	1555.14	1564.49	1573.87	1583.29	1592.74	1602.22	1611.74	1621.29	1630.87	1640.49	1650.14	1659.82	1669.54	1679.29	1689.07	1698.89	1708.74	1718.62	1728.54	1738.49	1748.47	1758.49	1768.54	1778.62	1788.74	1798.89	1809.07	1819.29	1829.54	1839.82	1850.14	1860.49	1870.87	1881.29	1891.74	1902.22	1912.74	1923.29	1933.87	1944.49	1955.14	1965.82	1976.54	1987.29	1998.07	2008.89	2019.74	2030.62	2041.54	2052.49	2063.47	2074.49	2085.54	2096.62	2107.74	2118.89	2129.07	2140.29	2151.54	2162.82	2174.14	2185.49	2196.87	2208.29	2219.74	2231.22	2242.74	2254.29	2265.87	2277.49	2289.14	2300.82	2312.54	2324.29	2336.07	2347.89	2359.74	2371.62	2383.54	2395.49	2407.47	2419.49	2431.54	2443.62	2455.74	2467.89	2480.07	2492.29	2504.54	2516.82	2529.14	2541.49	2553.87	2566.29	2578.74	2591.22	2603.74	2616.29	2628.87	2641.49	2654.14	2666.82	2679.54	2692.29	2705.07	2717.89	2730.74	2743.62	2756.54	2769.49	2782.47	2795.49	2808.54	2821.62	2834.74	2847.89	2861.07	2874.29	2887.54	2900.82	2914.14	2927.49	2940.87	2954.29	2967.74	2981.22	2994.74	3008.29	3021.87	3035.49	3049.14	3062.82	3076.54	3090.29	3104.07	3117.89	3131.74	3145.62	3159.54	3173.49	3187.47	3201.49	3215.54	3229.62	3243.74	3257.89	3272.07	3286.29	3300.54	3314.82	3329.14	3343.49	3357.87	3372.29	3386.74	3401.22	3415.74	3430.29	3444.87	3459.49	3474.14	3488.82	3503.54	3518.29	3533.07	3547.89	3562.74	3577.62	3592.54	3607.49	3622.47	3637.49	3652.54	3667.62	3682.74	3697.89	3713.07	3728.29	3743.54	3758.82	3774.14	3789.49	3804.87	3820.29	3835.74	3851.22	3866.74	3882.29	3897.87	3913.49	3929.14	3944.82	3960.54	3976.29	3992.07	4007.89	4023.74	4039.62	4055.54	4071.49	4087.47	4103.49	4119.54	4135.62	4151.74	4167.89	4184.07	4200.29	4216.54	4232.82	4249.14	4265.49	4281.87	4298.29	4314.74	4331.22	4347.74	4364.29	4380.87	4397.49	4414.14	4430.82	4447.54	4464.29	4481.07	4497.89	4514.74	4531.62	4548.54	4565.49	4582.47	4600.49	4618.54	4636.62	4654.74	4672.89	4691.07	4709.29	4727.54	4745.82	4764.14	4782.49	4800.87	4819.29	4837.74	4856.22	4874.74	4893.29	4911.87	4930.49	4949.14	4967.82	4986.54	5005.29	5024.07	5042.89	5061.74	5080.62	5099.54	5118.49	5137.47	5156.49	5175.54	5194.62	5213.74	5232.89	5252.07	5271.29	5290.54	5309.82	5329.14	5348.49	5367.87	5387.29	5406.74	5426.22	5445.74	5465.29	5484.87	5504.49	5524.14	5543.82	5563.54	5583.29	5603.07	5622.89	5642.74	5662.62	5682.54	5702.49	5722.47	5742.49	5762.54	5782.62	5802.74	5822.89	5843.07	5863.29	5883.54	5903.82	5924.14	5944.49	5964.87	5985.29	6005.74	6026.22	6046.74	6067.29	6087.87	6108.49	6129.14	6149.82	6170.54	6191.29	6212.07	6232.89	6253.74	6274.62	6295.54	6316.49	6337.47	6358.49	6379.54	6400.62	6421.74	6442.89	6464.07	6485.29	6506.54	6527.82	6549.14	6570.49	6591.87	6613.29	6634.74	6656.22	6677.74	6699.29	6720.87	6742.49	6764.14	6785.82	6807.54	6829.29	6851.07	6872.89	6894.74	6916.62	6938.54	6960.49	6982.47	7004.49	7026.54	7048.62	7070.74	7092.89	7115.07	7137.29	7159.54	7181.82	7204.14	7226.49	7248.87	7271.29	7293.74	7316.22	7338.74	7361.29	7383.87	7406.49	7429.14	7451.82	7474.54	7497.29	7520.07	7542.89	7565.74	7588.62	7611.54	7634.49	7657.47	7680.49	7703.54	7726.62	7749.74	7772.89	7796.07	7819.29	7842.54	7865.82	7889.14	7912.49	7935.87	7959.29	7982.74	8006.22	8029.74	8053.29	8076.87	8100.49	8124.14	8147.82	8171.54	8195.29	8219.07	8242.89	8266.74	8290.62	8314.54	8338.49	8362.47	8386.49	8410.54	8434.62	8458.74	8482.89	8507.07	8531.29	8555.54	8579.82	8604.14	8628.49	8652.87	8677.29	8701.74	8726.22	8750.74	8775.29	8800.87	8825.49	8850.14	8874.82	8900.54	8925.29	8950.07	8974.89	9000.74	9025.62	9050.54	9075.49	9100.47	9125.49	9150.54	9175.62	9200.74	9225.89	9251.07	9276.29	9301.54	9326.82	9352.14	9377.49	9402.87	9428.29	9453.74	9479.22	9504.74	9530.29	9555.87	9581.49	9607.14	9632.82	9658.54	9684.29	9710.07	9735.89	9761.74	9787.62	9813.54	9839.49	9865.47	9891.49	9917.54	9943.62	9969.74	9995.89	10012.07	10038.29	10064.54	10090.82	10117.14	10143.49	10169.87	10196.29	10222.74	10249.22	10275.74	10302.29	10328.87	10355.49	10382.14	10408.82	10435.54	10462.29	10489.07	10515.89	10542.74	10569.62	10596.54	10623.49	10650.47	10677.49	10704.54	10731.62	10758.74	10785.89	10813.07	10840.29	10867.54	10894.82	10922.14	10949.49	10976.87	11004.29	11031.74	11059.22	11086.74	11114.29	11141.87	11169.49	11197.14	11224.82	11252.54	11280.29	11308.07	11335.89	11363.74	11391.62	11419.54	11447.49	11475.47	11503.49	11531.54	11559.62	11587.74	11615.89	11644.07	11672.29	11700.54	11728.82	11757.14	11785.49	11813.87	11842.29	11870.74	11899.22	11927.74	11956.29	11984.87	12013.49	12042.14	12070.82	12099.54	12128.29	12157.07	12185.89	12214.74	12243.62	12272.54	12301.49	12330.47	12359.49	12388.54	12417.62	12446.74	12475.89	12505.07	12534.29	12563.54	12592.82	12622.14	12651.49	12680.87	12710.29	12739.74	12769.22	12798.74	12828.29	12857.87	12887.49	12917.14	12946.82	12976.54	13006.29	13036.07	13065.89	13095.74	13125.62	13155.54	13185.49	13215.47	13245.49	13275.54	13305.62	13335.74	13365.89	13396.07	13426.29	13456.54	13486.82	13517.14	13547.49	13577.87	13608.29	13638.74	13669.22	13700.74	13731.29	13761.87	13792.49	13823.14	13853.82	13884.54	13915.29	13946.07	13976.89	14007.74	14038.62	14069.54	14100.49	14131.47	14162.49	14193.54	14224.62	14255.74	14286.89	14318.

Form UL0820 Series  
 Annual COI rates per \$1000  
 Female Guaranteed Issue Smoker

Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Ultimate
18	0.44	0.25	0.26	0.28	0.30	0.32	0.36	0.41	0.45	0.49	0.55	0.62	0.67	0.74	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65
19	0.46	0.25	0.27	0.30	0.31	0.34	0.39	0.43	0.48	0.52	0.60	0.66	0.73	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79
20	0.47	0.25	0.27	0.30	0.33	0.38	0.42	0.46	0.52	0.57	0.64	0.73	0.79	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96
21	0.45	0.24	0.27	0.30	0.34	0.39	0.45	0.49	0.57	0.62	0.69	0.77	0.85	0.92	1.00	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16
22	0.45	0.23	0.28	0.32	0.37	0.42	0.48	0.54	0.61	0.69	0.76	0.84	0.91	0.99	1.07	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38
23	0.43	0.23	0.27	0.33	0.39	0.44	0.51	0.58	0.65	0.73	0.81	0.90	0.97	1.06	1.14	1.20	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64
24	0.42	0.24	0.29	0.34	0.40	0.48	0.54	0.61	0.70	0.78	0.87	0.94	1.03	1.11	1.19	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93
25	0.41	0.24	0.30	0.36	0.43	0.50	0.59	0.66	0.75	0.83	0.92	0.99	1.07	1.17	1.26	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24
26	0.42	0.20	0.27	0.34	0.42	0.53	0.62	0.69	0.78	0.88	0.96	1.04	1.14	1.23	1.34	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60
27	0.45	0.17	0.25	0.31	0.42	0.56	0.64	0.72	0.82	0.91	1.00	1.09	1.20	1.32	1.43	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99
28	0.48	0.15	0.22	0.31	0.41	0.58	0.67	0.76	0.85	0.94	1.04	1.16	1.28	1.40	1.53	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41
29	0.50	0.14	0.21	0.28	0.41	0.61	0.69	0.80	0.88	0.99	1.09	1.22	1.36	1.51	1.65	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86
30	0.55	0.12	0.18	0.27	0.40	0.64	0.72	0.81	0.92	1.04	1.16	1.30	1.46	1.64	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36
31	0.59	0.10	0.18	0.25	0.40	0.67	0.76	0.86	0.97	1.10	1.24	1.41	1.60	1.79	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91
32	0.62	0.08	0.15	0.24	0.39	0.70	0.81	0.91	1.05	1.20	1.37	1.56	1.77	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49
33	0.64	0.06	0.13	0.22	0.40	0.75	0.86	0.99	1.14	1.32	1.52	1.73	1.96	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09
34	0.65	0.02	0.11	0.21	0.41	0.80	0.93	1.10	1.27	1.46	1.69	1.95	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70
35	0.66	0.00	0.09	0.20	0.43	0.87	1.03	1.22	1.42	1.65	1.90	2.16	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34
36	0.73	(0.04)	0.03	0.17	0.44	0.91	1.17	1.39	1.61	1.87	2.13	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03
37	0.80	(0.08)	(0.02)	0.14	0.46	0.98	1.31	1.56	1.81	2.12	2.38	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76
38	0.88	(0.10)	(0.06)	0.13	0.51	1.05	1.47	1.76	2.06	2.37	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55
39	0.96	(0.12)	(0.09)	0.15	0.58	1.15	1.66	1.98	2.29	2.64	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40
40	1.07	(0.11)	(0.08)	0.18	0.66	1.27	1.87	2.23	2.58	2.93	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33
41	1.19	(0.09)	(0.06)	0.23	0.76	1.42	2.09	2.48	2.88	3.24	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35
42	1.31	(0.03)	(0.02)	0.31	0.91	1.59	2.37	2.79	3.22	3.60	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48
43	1.46	0.02	(0.04)	0.41	1.08	1.81	2.67	3.14	3.59	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71
44	1.63	0.10	0.13	0.56	1.28	2.05	3.00	3.52	3.99	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08
45	1.79	0.20	0.24	0.71	1.50	2.33	3.38	3.92	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63
46	2.02	0.27	0.38	0.94	1.80	2.75	3.77	4.41	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38
47	2.27	0.34	0.51	1.19	2.12	3.18	4.16	4.86	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29
48	2.53	0.43	0.67	1.47	2.43	3.60	4.55	5.36	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39
49	2.70	0.42	0.82	1.72	2.75	4.01	4.94	5.91	6.49	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68
50	2.89	0.55	0.97	1.96	3.03	4.39	5.31	6.48	7.09	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20
51	3.09	0.72	1.16	2.22	3.35	4.78	5.70	7.00	7.70	8.34	9.03	9.76	10.55	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95
52	3.29	0.92	1.36	2.50	3.64	5.18	6.07	7.53	8.34	9.03	9.76	10.49	11.40	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97
53	3.53	1.04	1.57	2.76	3.95	5.59	6.47	8.09	9.03	9.76	10.40	11.24	12.33	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28
54	3.75	1.18	1.79	3.06	4.27	6.01	6.91	8.69	9.76	10.55	11.16	12.07	13.35	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92
55	3.97	1.34	2.05	3.38	4.64	6.49	7.37	9.33	10.55	11.40	12.00	12.98	14.48	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43
56	4.16	1.42	2.22	3.59	5.00	6.97	8.00	9.93	11.40	12.27	13.02	14.09	15.71	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96
57	4.23	1.51	2.40	3.81	5.41	7.52	8.71	10.63	12.31	13.19	14.14	15.33	17.08	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96	57.80
58	4.26	1.61	2.59	4.06	5.86	8.13	9.49	11.43	13.16	14.25	15.42	16.71	18.63	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96	57.80	63.94
59	4.39	1.67	2.79	4.34	6.31	8.79	10.34	12.29	14.10	15.42	16.86	18.29	20.38	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96	57.09	62.42	70.74
60	4.46	1.71	2.97	4.59	6.80	9.45	11.24	13.23	15.16	16.73	18.45	20.44	22.29	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96	56.81	61.91	67.15	77.59
61	4.52	1.77	3.12	4.82	7.27	10.13	12.15	14.21	16.31	18.16	20.19	22.06	24.39	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96	56.81	61.98	66.70	73.19	83.66
62	4.66	1.81	3.26	5.04	7.70	10.79	13.08	15.23	17.51	19.68	22.13	24.20	26.68	29.20	31.95	34.97	38.28	41.92	46.43	51.96	56.82	62.05	66.72	72.94	78.46	91.76
63	4.91	1.85	3.37	5.22	8.11	11.43	14.00	16.29	18.77	21.38	24.19	26.64	29.20	31.95	34.97	38.28	41.92	46.43	51.96	56.91	62.13	66.69	72.74	78.16	83.93	100.29
64	5.19	2.93	3.49	5.39	8.52	12.07	14.96	17.40	20.17	23.14	26.46	29.20	31.95	34.97	38.28	41.92	46.43	51.96	56.98	62.26	66.66	72.49	77.93	83.59	90.08	108.41
65	5.54	3.07	3.60	5.56	8.95	12.75	15.95	18.60	21.62	25.13	28.95	31.95	34.97	38.28												

SERFF Tracking Number: ALSB-125763696 State: Arkansas  
Filing Company: Lincoln Benefit Life Company State Tracking Number: 40175  
Company Tracking Number: UL0820 SERIES  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: UL0820 Series  
Project Name/Number: UL0820 Series/UL0820 Series

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 08/06/2008  
**Comments:**  
**Attachment:**  
AR cert of compliance.pdf

**Review Status:**  
**Satisfied -Name:** Application 08/06/2008  
**Comments:**  
In addition to the applications submitted under the "Forms Tab", we would also like to make the following previously-approved applications available for use with these forms:

LA2008 - approved 6/25/08  
FAA73 - approved 3/2/04  
FAA73PQA - approved 3/2/04  
FAA73PQ - approved 3/2/04  
FAA73TIA - approved 3/2/04  
LA0400 - approved 4/9/04  
LA0400 - approved 4/9/04  
LA2008 - approved 6/25/08

**Review Status:**  
**Satisfied -Name:** Readability Certification 09/04/2008  
**Comments:**  
**Attachment:**  
UL820 et al Readability.pdf

**Review Status:**  
**Satisfied -Name:** Hedging Statement 09/04/2008  
**Comments:**  
**Attachment:**  
Hedging Statement.pdf

SERFF Tracking Number: ALSB-125763696 State: Arkansas  
Filing Company: Lincoln Benefit Life Company State Tracking Number: 40175  
Company Tracking Number: UL0820 SERIES  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: UL0820 Series  
Project Name/Number: UL0820 Series/UL0820 Series

**Review Status:**

**Satisfied -Name:** Statement of Variability 09/12/2008

**Comments:**

**Attachment:**

UL0820 et al CW SOV -final.pdf

**Review Status:**

**Satisfied -Name:** Response to 9-15-08 AR Objection 11/06/2008

**Comments:**

**Attachments:**

AR E-I cert response letter 11-06-08.pdf

Agent Training Certification LD.pdf

Hedging Certification.pdf

Illustration and Disclosure Certification MM.pdf

UL0820 AR Memo Reserves Cert.pdf

**STATE OF ARKANSAS**

**Certification of Arkansas Regulations 34 and 19**

**Forms:**

UL0820 – Flexible Premium Adjustable Indexed Life Insurance Policy  
UL0821 – Annual Reset Crediting Strategy with Guaranteed Interest Rider  
UL0822 – Two Year Reset Crediting Strategy with Guaranteed Interest Rider  
UL0823 – Three Year Reset Crediting Strategy with Guaranteed Interest Rider  
UL0924 – Annual Reset Crediting Rider series  
UL0825 – EAFE Annual Reset Crediting Strategy with Guaranteed Interest Rider  
UL0826 – Index Crediting Strategy Endorsement  
FAA127A-1 – Application for Life Insurance – Part 1A  
FAA127B-1 – Application for Life Insurance – Consent Form Part 1B  
FAA127C-1 – Application for Life Insurance – Consent Form Part 1C  
FAA127RPT-1 – Agent Report  
FAA127TIA-1 – Receipt and Temporary Insurance Agreement  
FIC344 – Application Supplement

I, Karen E. Burckhardt, Assistant Vice President, certify that to the best of my knowledge and belief, this filing is in compliance with Arkansas Insurance Regulation 34, the Universal Life Regulation, Arkansas Regulation 19 §10B and all applicable requirements of the Arkansas Department of Insurance..

August 15, 2008

**Date**

\_\_\_\_\_  
**Signature of Officer**

Karen Burckhardt

**Name**

Assistant Vice President

**Title and/or Business Affiliation**

**CERTIFICATION OF READABILITY**

I, Karen Burckhardt, Assistant Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
UL0820.....	51
UL0821 .....	52
UL0822 .....	52
UL0823 .....	52
UL0824 .....	52
UL0825 .....	52
UL0826 .....	44
FAA127A-1 .....	50
FAA127B-1 .....	51
FAA127C-1 .....	53
FAA127RPT-1.....	74
FAA127TIA-1 .....	61
FIC344 .....	50



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Karen Burckhardt  
Assistant Vice President

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8-27-08  
Date

**LINCOLN BENEFIT LIFE (AN ALLSTATE COMPANY)  
EQUITY-INDEXED UNIVERSAL LIFE  
STATEMENT OF INVESTMENT POLICY**

This document describes the investment policy for Lincoln Benefit Insurance Company's Equity Indexed product. Lincoln Benefit Life is a fully owned subsidiary of Allstate Life Insurance Company.

Governance

The investment policy is determined jointly by Allstate Financial's Asset Liability Management department, Product Development, and the Finance Department and with Allstate Investment's Derivatives Unit and Investment Risk Management. The policy is presented to the Asset Liability Management Committee (ALCO) for approval. The ALCO has broad representation from Allstate Financial and Allstate Investments. It is then presented to the Asset Liability Policy Committee (ALPO) for approval. The ALPO is appointed by the Allstate Life Insurance Company board of directors and is charged with setting asset liability policy. Members of the ALPO include Allstate's CEO, CFO, CIO, the President of Allstate Financial and the Corporate Risk Officer. Upon approval, the policy is documented as part of Allstate Life Insurance Company's Derivative Use Plan.

Investment Plan

Investment assets acquired for this product will be held in the general account. A portion of the assets invested will be for the purpose of hedging the equity market exposure in the indexed accounts (see "Hedging Program" below). The remainder of the assets will be invested in Commercial Mortgages, and Public and Private Bonds.

Any interest rate risk in this product, arising from minimum surrender value, is managed with the overall interest rate risk of the general account.

Hedging Program

The goal of the hedging program is to substantially eliminate the equity market risk exposure for equity indexed products. To quantify the risk exposures, individual policies are grouped and totaled by participation rate and cap rate for each issue day. These notional amounts and option characteristics are reported to Allstate Investments, who execute the hedging strategy. To maintain the hedge over time, the portfolio must be periodically rebalanced. This rebalancing is currently performed on a monthly basis.

Allstate Investments can use any or all of the following instruments to hedge the embedded derivative in the EIUL contract:

- Index Futures
- Index and Futures options traded on an exchange
- Over the counter (OTC) index options
- OTC index swaps
- OTC index volatility swaps
- Eurodollar futures
- Fed funds futures
- Government Bond and Note futures
- OTC interest rate swaps
- OTC interest rate options

Each of the aforementioned hedging instruments hedges a portion of the equity market risk exposure in the liability portfolio. Allstate Investments determines the portfolio of instruments that reduces the risk exposures as required by the hedging policy. Other risks associated with trading hedging instruments include:

*Liquidity Risk.*

- Liquidity risk for exchange traded instruments is low
- Liquidity risk for short dated (less than 3 years) OTC index options and swaps is moderate
- Liquidity risk for long dated OTC index volatility products can be significant in disrupted market environments
- Liquidity risk for interest rate futures and OTC swaps and options is low

*Credit Risk.* The risk reflects the potential loss if all of the counterparties failed to perform under the contractual terms of the contracts, and all collateral, if any, became worthless. This exposure is represented by the fair value of the contracts with a positive fair value, reduced by the effect of master netting agreements. As required by its investment policy, the Company manages its exposure to credit risk by utilizing highly rated counterparties, establishing risk control limits, executing legally enforceable master netting agreements and obtaining collateral where appropriate. To date, the Company has not incurred any losses on derivative financial instruments due to counterparty nonperformance.

*Market Risk.* This risk refers to tracking error between the hedging process and actual hedged options embedded in policyholder contracts. We employ a systematic trading strategy that constructs and adjusts hedges in a prescribed manner using key “greek” risk measurements. As realized and implied volatilities change, hedging costs change, but we believe the hedging process effectively minimizes market risk.

*Pricing Risk.* This risk reflects the infrequency of setting product parameters relative to the cost of the options yet to be purchased. We review the product pricing data on a weekly basis and adjust our models to reflect current options prices.

*Legal Risk.* This risk arises from the legal agreements with counterparties. All of our contracts are governed by Master Contracts that conform to ISDA (International Swap Dealers Association) standards. This effectively eliminates legal risk arising from a counterparty’s attempt to claim an unenforceable contract.

*Operations Risk.* This risk arises due to inadequate systems and internal controls, human error or management failure. Our policies and procedures have been reviewed and approved by Allstate Internal Audit and our external auditors.

The policy charges the Asset Liability Manager with the responsibility of ensuring the overall effectiveness of the hedge program. There are two effectiveness tests that are performed on a quarterly basis by the Asset Liability Management Department. Both tests perform a regression comparing the fair value change of the embedded option in the liability with the fair value change of the hedge portfolio. One test is computed over a rolling 1-year period and the other is computed over a rolling 3-year period. The coefficient of determination ( $R^2$ ) is used to assess effectiveness – both tests are required to exceed a minimum  $R^2$  of 80%. If not, the ALCO will be notified and asked to approve any modifications to make the program risk reducing.

## **Statement of Variability**

The purpose of this document is to identify and explain the variable items in these forms. This information is organized by page number and lists those items that are variable and the reasoning for doing so. Any changes made will be for future use only and on a non-discriminatory basis.

### **Policy Form UL0820 series**

#### **Page 1:**

##### **1. Company Address**

- a. Our company address is variable so we can revise the address when and if it is changed without re-filing this form with your Department.

##### **2. Policy Data**

- a. The Insured, Payment Class, Issue Age, Sex, Policy Number, Face Amount, Issue Date, and Monthly Activity Day are variable because it is "John Doe" information that varies with each issue.

##### **3. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

##### **4. Officer Signatures and Titles**

- a. Officer signatures and titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

#### **Page 3:**

##### **5. Policy Data**

- a. The Insured, Payment Class, Issue Age, Sex, Policy Number, Face Amount, Issue Date, and Monthly Activity Day are variable because it is "John Doe" information that varies with each issue.

##### **6. Benefit Description**

- a. The Death Benefit Option 1 is variable because it varies by issue depending on whether Death Benefit Option 1 or 2 is selected.
- b. The rider section is variable because the number of riders that will print in this section will depend upon the index crediting strategies at time of issue. We reserve the right to add, substitute or eliminate any future index crediting strategy we make available. .

##### **7. Payment Information**

- a. The minimum initial payment and planned monthly payment amounts are variable because they vary by issue ages, payment classes, gender, and face amount size.
- b. The word "Annual" is variable because it is dependent upon the policy owner's choice of payment frequency.

##### **8. Index Crediting Strategy Endorsement UL0826 Series**

- a. The rider section is variable because the number of riders that will print in this section will depend upon the index crediting strategies available at time of issue.
- b. The Index Basis for each of index crediting strategy is variable so that we may change this charge on future issues without re-filing this form.

#### **Page 3A:**

##### **9. Annual Interest Rates**

- a. Fixed Account Minimum Guaranteed Annual Interest Rate is variable so we may change this rate on future issues without re-filing this form.
- b. Indexed Account Guaranteed Interest Riders are variable so we may update the riders available at issue without re-filing this form.
- c. Each Indexed Account Guaranteed Interest Rate is variable so we may update this guarantee rate on future issues without re-filing this form.
- d. Account Value Bonus is variable to reflect the account value bonus % available for the policy at issue. The current values that will print will be "Not Available", "0.20%", or "0.40%" The applicable rate will be determined at issue based on criteria outlined in the actuarial memorandum. If the account value bonus rates for future issues change, we will send a revised actuarial memorandum to your

department. This rate is also variable so we may change the available account value bonus rates on future issues without re-filing this form.

- e. Loan Credited Rate is variable so we may change this rate on future issues without re-filing this form.
- f. Loan Interest Rate Charges are variable so we may change these rates on future issues without re-filing this form. If this rate is changed, we will send a revised actuarial memorandum to your Department.

**10. Expense Charges**

- a. The Maximum Monthly Policy Fee is variable so we may change this fee on future issues without re-filing this form.
- b. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 1 is variable because it varies by issue ages, payment classes, and gender.
- c. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 2-10 is variable because it varies by issue ages, payment classes, and gender.
- d. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 11-20 is variable because it varies by issue ages, payment classes, and gender. For Issue Ages 80 and above, this will print as "Policy Year 11+", instead of "Policy Year 11-20".
- e. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 21+ is variable because it varies by issue ages, payment classes, and gender. For Issue Ages 80 and above, this line will not print.
- f. Partial Withdrawal Service Fee is variable so that we may change this fee on future issues without re-filing this form.

**11. Surrender Charges**

- a. The amount of surrender charges is variable because they vary by issue ages, and gender, and face amount.

**Page 4:**

**12. Life Insurance Compliance Test**

- a. The applicable percentages are variable because they vary by issue ages, , gender, and face amount.
- b. The attained ages variable because they vary depending on customer specific information.

**Page 5:**

**13. Table of Guaranteed Values**

- a. The Table of Guaranteed Values reflects the guaranteed values for the policy and they vary by issue ages, payment classes, gender, and face amount.
- b. The End of the Year is variable because this varies based on issue age, for example, years 1-20 will always print unless the insured's issued age is over age 100, and then it will print the number of years to age 121.
- c. The Annual Planned Premium is variable because it varies with each issue.
- d. The Surrender Value is variable because they vary with each issue.
- e. The Death Benefit is variable because it varies with each issue.
- f. The following paragraph on page 5 is variable because it will only print if a premium is paid which will not keep the policy in force for the insured's lifetime.
- g. "{Note: Based on annual planned premiums, minimum guaranteed interest rate and guaranteed cost of insurance, the policy will expire without value on {10/01/2053} unless premiums larger than the planned premium are paid.}"

**Page 6:**

**14. Guaranteed Maximum Monthly Cost of Insurance**

- a. The Policy Year is variable because, though this will always be the same for an issue identical to the specimen policy submission, it varies with each issue.
- b. The Rate per \$1000 is variable because, though this will always be the same for an issue identical to the specimen policy submission, it varies with each issue.

**Rider Form UL0821 series**

**15. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**16. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0822 series**

**17. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**18. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0823 series**

**19. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**20. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0824 series**

**21. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**22. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0825 series**

**23. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**24. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0826 series**

**25. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**26. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Application Form FAA127A-1 series**

**Page A-1:**

**27. Company Address**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

**28. Section C – Proposed Insured Data, #3**

- a. This section is bracketed so that if the Federal laws governing these requirements are changed, we will have the flexibility to revise accordingly without filing with your Department.

**Page A-2:**

**29. Section D – Policy Information**

- a. This section is bracketed so we may use this application with future products that may have more options than those listed.

**Page A-4:**

**30. Section J – Declarations**

- a. “Maine, Missouri, New Jersey, Oregon, and South Carolina” in Item 2.
  - i. The states mentioned above are bracketed so that if additional states need to be added or existing states need to be deleted from this list, we will have the flexibility to revise it without filing with your Department.
  
- a. “(In West Virginia, Pennsylvania, New Hampshire and Maryland.)” in Item 3.
  - i. The states mentioned above are bracketed so that if additional states need to be added or existing states need to be deleted from this list, we will have the flexibility to revise it without filing with your Department.

**31. Substitute Form W-9**

- a. This section may be modified to include new information as required by state or federal requirements.

**Page A-5:**

**32. Section L – Notice Regarding MIB**

- a. The address and telephone number for the MIB’s information office are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required by the MIB office.

**33. Section M – Insurance Information Practices**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

**34. Section N – Notice Under the Fair Credit Reporting Act**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

**35. Section O – Important Information**

- a. The information may be modified to include new information to comply with company, state or federal requirements.

### **Application Form FAA127B-1 series**

#### **36. Company Address**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

### **Application Form FAA127C-1 series**

#### **37. Company Address**

- a. Our company address is variable so we can revise it when and if it changes without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

### **Application Form FAA127TIA-1 series**

#### **39. Company Address**

- a. Our company address is variable so we can revise it when and if it changes without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

#### **40. Section A – Receipt – “\$1,000,000”**

- a. We bracket this information so that if this amount ever changes, we can revise it without having to file with your Department. We are filing this with a range of \$1,000,000 to \$2,500,000.

#### **41. Sections A & D – Amount of Insurance – “\$1,000,000”**

- a. We bracket this information so that if this amount ever changes, we can revise it without having to file with your Department. We are filing this with a range of \$1,000,000 to \$2,500,000.

### **Application Supplement FIC344 series**

#### **42. Company Address**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

#### **43. Premium Allocations**

- a. This section is bracketed so we can update the application without re-filing to show the index crediting strategies that will be made available with this product.

#### **44. Disclosures/Signatures**

- a. The fraud warnings listed may be modified to include new information to comply with company, state or federal requirements.
- b. The disclosures listed after the signatures may be modified to comply with company, state or federal requirements.

LINCOLN BENEFIT LIFE  
AN ALLSTATE COMPANY

November 6, 2008

Honorable Julie Benafield Bowman  
Insurance Commissioner  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Elizabeth J.  
Vassallo  
Senior Product &  
Financial Analyst

Contract Development  
and Filing

Attn: Ms. Linda Bird

**RE: SERFF Tracking Number ALSB-125763696  
Department of Insurance Department of Insurance File Number: 40175  
Form(s): UL0820 Series**

**NAIC#: 008-65595**

Dear Ms. Bird:

Thank you for your request dated September 15, 2008.

[Objection 1](#)

- Certification/Notice (Supporting Document)

Comment: Please supply the certifications required by the Disclosure and Advertising section, the Agent Education section and the Reserves section of the External-Indexed Contract Guidelines as well as a certification that the Guidelines have been reviewed and that the company is in compliance.

We will respond to each of the points in the External Indexed Guidelines:

**Policy Provisions**

- Any external-index to be used must be clearly identified and may only be changed by an endorsement approved by the Commissioner.

**We will comply and will add no other such “index” without Arkansas approval of the endorsement.**

- The policy shall contain on the cover page a prominent statement that it is an external-indexed policy or other statement with substantially the same meaning.

**On the face page of the UL0820 policy we clearly describe the policy as a “Flexible Premium Adjustable Indexed Life Insurance Policy”. We also state on the cover page “The values of this policy may be affected by an external index, but this policy does not directly participate in any stock or equity.”**

- Any limitation upon allocation of funds with the policy must be clearly identified and may only be changed by an endorsement approved by the Commissioner.

**The minimums are clearly stated throughout the policy. If a change was required, we would amend the policy and file for approval of the Arkansas Department of Insurance.**

- Any limitation, restriction, penalty or charge for the transfer during the term must be clearly defined.

**Account transfers between each indexed account and/or the fixed account are clearly defined in the contract. There is no transfer charge. Partial withdrawal charges and**

Lincoln Benefit Life Company

3100 Sanders Road, M2A, Northbrook, IL 60062 Phone 847.402.2355 Fax 847.326.5866 Email evass@allstate.com

**surrender charges may be assessed for partial withdrawals and full surrenders, and these are clearly identified in the contract, however.**

- The policy must clearly state the values of all elements affecting the index credit rate and clearly define the method for calculating the index credit rate and the index credit. Values that are not guaranteed for the life of the policy must have guaranteed maximum and minimum guaranteed values. Guaranteed values may only be changed by an endorsement approved by the Commissioner.

**There are guaranteed minimums and maximums, as this is an Indexed Universal Life contract. Guarantees would not be changed other than through approval of an endorsement. Also, the methods used to calculate the values of the index credit rate are clearly identified in the contract and in the indexed crediting strategy riders associated with the contract.**

- Index credit rates and index credits must be greater than or equal to zero.

**The index crediting rate under this contract will never be less than zero. In fact, the index credited rate will never be less than the guaranteed rate defined in the indexed crediting strategy riders. The annual floor for indexed crediting strategy forms UL0821, UL0822, UL0823, and UL0825 is guaranteed never to be less than 2%.**

- An **annual report** must be provided to the policyholder without charge. The report must contain at least the following information:
  - a) the beginning and ending date of the current report period;
  - b) The account value at the beginning of the current report period and at the end of the current report period;
  - c) the cash value at the beginning of the current report period and at the end of the current report period.
  - d) the amounts that have been credited or debited to the contract during the current report period identified as to type and date;
  - e) the amount of any outstanding indebtedness as of the end of the current report period.
  - f) Such other data which will enable the policyholder to verify the values in the current report.

**We are in compliance with this Arkansas requirement.**

- In addition to the annual report a similar report shall be available upon request of the Policyholder. Reasonable charges may be assessed for providing such a report.

**Per the policy provision, we will supply this upon request:**

#### **DISCLOSURE AND ADVERTISING**

**Our Illustration and Disclosure Forms meet the requirements as set forth in the External Indexed Guidelines. We have included a Certification to speak to this end. An Illustration and Disclosure form will be delivered no later than the completion of the application for the policy.**

**AGENT EDUCATION**

**The attached Officer's Certification certifies to the following:**

- 1) Lincoln Benefit Life Company (LBL) certifies, as the issuing insurance company, that it will create education materials for all External Indexed universal life plans and will make said education materials available to agents and selling firms and encourage their use.**
- 2) Lincoln Benefit Life Company certifies that if it enters into agreements with selling firms that obligate the selling firm to have full responsibility for training and supervision of all agents and all other persons associated with the firm who are involved directly or indirectly in the offer or sale of the policies, and all such persons shall be subject to the control of the firm with respect to such persons' activities in connection with the sale of the policies (including training).**
- 3) Lincoln Benefit Life Company further certifies it enters into agreements with agencies and selling firms in which the agencies and selling firms agree that it will allow no person to transact insurance as an agent of LBL until duly licensed and appointed by LBL. Where applicable, the agreement obligates the agencies and selling firms to assume responsibility to make a thorough and diligent inquiry and investigation relative to each agent applicant's identity, residence, business reputation, and experience and declare that each agent applicant is worthy of appointment as an agent of LBL.**

**NONFORFEITURE**

Unless the external-indexed contract is an employer sponsored retirement plan, the minimum Nonforfeiture values must satisfy the Standard Nonforfeiture Law. If an exemption from these standards is requested, it must be accompanied by justification for such exemption. A detailed actuarial memorandum must be submitted demonstrating compliance.

**We have already submitted a Memo to satisfy the Standard Nonforfeiture Laws.**

**RESERVES**

A detailed actuarial memorandum must be submitted demonstrating compliance with Actuarial Guideline XXXV or XXXVI as appropriate.

**We have already submitted a Memo that states compliance with Actuarial Guideline XXXVI.**

A certification must be submitted that the company will address external-indexed contracts separately in the annual (Section 8) actuarial opinion and memorandum addressing each year the amount and type of assets held and the level of reserves and how developed.

**We have attached the required reserves certification**

Honorable Julie Benafield Bowman

11/6/08

Page 4

A certification must be submitted that the company will establish and maintain a detailed file defining that system for hedging. Results of regular analysis of the effectiveness of the system should be made part of the file.

**We have attached the hedging program certification.**

If you have any questions, please feel free to contact me at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

Sincerely,

Elizabeth J. Vassallo  
Senior Product & Financial Analyst  
Contract Development and Filing

**Lincoln Benefit Life Company**

**STATE OF ARKANSAS**

**Certification of Compliance for the state of Arkansas  
External-Indexed Contract Guidelines**

**Re: Training Material for Individual Policy UL0820**

I certify that to the best of my knowledge and belief, the agent training processes comply with the laws and regulations of the State of Arkansas.

November 6, 2008

**Date**



**Signature**

Lawrence W. Dahl

**Name**

President

**Title and/or Business Affiliation**

**LINCOLN BENEFIT LIFE COMPANY**

**Hedging Program Certification of Compliance for the state of Arkansas**

**RE: UL0820**

I certify to the best of my knowledge and belief the company will establish and maintain a detailed file defining the system for hedging. Results of regular analysis of the effectiveness of the system will be made a part of the file.

*Kal Patel*

---

Kal Patel

Title: Equity Risk Manager, FSA, CFA

Date: November 3, 2008

**Lincoln Benefit Life Company**

**STATE OF ARKANSAS**

**Certification of Compliance for the state of Arkansas  
External-Indexed Contract Guidelines**

**Re: Illustration and Disclosure Form LBL7638**

I have reviewed the above-referenced Illustration and Disclosure Form and certify that to the best of my knowledge and belief the forms are not deceptive in its meaning and complies with Arkansas' requirements as set forth in the External-Indexed Guidelines.

November 6, 2008

**Date**

---

**Signature**

Merlin Miller, FSA, MAAA

Name

Actuary

**Title and/or Business Affiliation**

**LINCOLN BENEFIT LIFE COMPANY  
ACTUARIAL MEMORANDUM  
FLEXIBLE PREMIUM ADJUSTABLE INDEXED LIFE INSURANCE**

Policy Form #UL0820 Series  
October 2, 2008

I certify, to the best of my knowledge and belief, that the company will address external-indexed contracts separately in the annual actuarial opinion memorandum addressing each year the amount and type of assets held and the level of reserves and how developed. This will be addressed in the actuarial opinion and memorandum provided to the state of Arkansas, to the extent required.



---

George Wahle, FSA, MAAA  
Actuary  
Allstate Financial

Date: October 2, 2008



# LINCOLN BENEFIT LIFE COMPANY

{1-800-525-9287}

## Index Crediting Strategy Endorsement

The word 'policy', as used in this endorsement, means the policy to which this endorsement is attached.

This endorsement is attached to and made part of your policy as of the policy issue date.

### Description

This endorsement establishes the minimum basis upon which cap will be determined for all index crediting strategies for any payments paid as of the policy issue date. The minimum basis applies to any portion of the initial payment that is:

1. Allocated to an indexed segment that matures during the first seven years;
2. Transferred to an indexed segment that matures during the first seven policy years; or
3. Renewed from a maturing indexed segment to another indexed segment that matures during the first seven policy years.

The terms of this endorsement are only applicable to premiums received as of the policy issue date.

### Definitions

**Index Basis** - the reference in setting the cap on each index investment date for any indexed segment that matures during the first seven policy years.

**Option** - a derivative security that gives the buyer the right, but not the obligation, to buy or sell an underlying asset at a specific price on or before a certain date. The option characteristics and value depend on the characteristics and value of the underlying security.

### Benefit

Your policy has one or more index crediting strategies available. The index basis for each index crediting strategy is shown on the Policy Data pages.

We will determine the option or combination of options that are needed to replicate the index crediting strategy. Two business days prior to each index investment date, we will obtain market quotes for these options either from the Chicago Board Options Exchange® (CBOE®) or an over the counter dealer if such options are not quoted on the CBOE®.

We will set the indexed account cap for the next index investment date such that the market price of the options, as a percentage of the value of the indexed segment, is greater than or equal to the index basis. The cap will never be less than the guaranteed minimum cap stated in the applicable indexed crediting strategy rider.

Except as amended by this endorsement, the policy remains unchanged.



Susan L. Lees  
Secretary



Lawrence W. Dahl  
President

# Application for Life Insurance - Part 1A

LINCOLN BENEFIT LIFE  
AN ALLSTATE COMPANY

## Underwriting Method:

- Guaranteed Issue (Include Consent Form 1B)  
 Simplified Issue (Include Consent Form 1C)

Lincoln Benefit Life Company  
P.O. Box 80469, Lincoln, NE 68501-0469  
Toll-Free Fax: 1-866-525-9287

Employer (employer includes any affiliates): \_\_\_\_\_

### A. Owner Data - Complete all of the following if information is available

1. **Owner:**
  - a.  Employer
  - b.  Proposed Insured
  - c.  Trust (Give name of Trust, Address and Trust Taxpayer ID No.)
  - d.  Other \_\_\_\_\_
2. **Owner Name(s):** \_\_\_\_\_
  - a. Name of Trustee(s) (if applicable): \_\_\_\_\_
  - b. Date of Trust (if applicable): \_\_\_\_\_
3. **Owner Address (No. & Street):** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
4. **If the Owner is a Corporation, is it publicly traded?:**  Yes  No
5. **If the Owner is a Bank, provide FDIC Certificate number:** \_\_\_\_\_
6. **Taxpayer ID No.:** \_\_\_\_\_
7. **Nature of Business:** \_\_\_\_\_
8. **Business Phone No.:** \_\_\_\_\_

### B. Program Sponsor Data (If different than Owner)

1. **Name(s):** \_\_\_\_\_
2. **Program Sponsor Address (No. & Street):** \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
3. **Primary Contact (include name and telephone number):** \_\_\_\_\_
4. **Taxpayer ID No.:** \_\_\_\_\_
5. **Nature of Business:** \_\_\_\_\_

### C. Proposed Insured Data - Complete Consent Form 1B (for Guaranteed Issue) or 1C (for Simplified Issue) for each Insured.

1.
  - a. Have all Proposed Insureds been actively at work on a full-time basis for the Employer or its affiliate(s) during the 90 days prior to the effective date of the program? "Actively at work" means working full time at a rate of at least 30 hours per week with no hospitalization and no absence due to illness or accident of more than 3 consecutive business days or a cumulative total of 5 days.  
 Yes  No **If "No," give detailed explanation in Remarks section.**
  - b. Are any Proposed Insureds actively at work for another employer?  
 Yes  No **If "Yes," give detailed explanation (including name and address of employer) in Remarks section.**
2. Are any Proposed Insureds currently receiving or applying to receive disability compensation?  Yes  No
3. Is every Proposed Insured and Beneficiary a citizen of and resident of the United States?  Yes  No  
**If No, please list country of citizenship on Insured's Consent Form 1B Section A Question 6 or 1C Section A Question 8.**

## D. Policy Information

1. a. **Policy Type:**  Product Plan \_\_\_\_\_  
 Flexible Premium Fixed Life Insurance  Flexible Premium Variable Life Insurance  
 Other \_\_\_\_\_
- b. **IRC §7702 Test Election** (If applicable):  Guideline Premium  Cash Value Accumulation
- c. **Total Face Amount:** \$ \_\_\_\_\_
- d. **Premium:** Initial \$ \_\_\_\_\_ Planned Modal Premium \$ \_\_\_\_\_
- e. **Mode (May vary by product):**  Annually  Semi-Annually  Quarterly  Monthly Automatic  Other \_\_\_\_\_
- f. **Death Benefit Option:**  Option 1  Option 2  Option 3 (if applicable)
- g. **Riders:** \_\_\_\_\_
2. **Beneficiary Designation:**
- a.  **Employer** - If the Employer is the beneficiary, by signing this application, the Employer certifies, represents and warrants that:
- (i) The Employer has a lawful and substantial economic interest in the life, health and bodily safety of each Proposed Insured; and
  - (ii) The services of each Proposed Insured are such that the Employer expects to realize either:
    - A substantial pecuniary gain through the continued life of the Proposed Insured; or
    - A substantial pecuniary loss in the event of the Proposed Insured's death.
- b.  **As designated by Proposed Insured on Application Consent Form 1B, Section D or Consent Form 1C, Section D**
- c.  **Other** \_\_\_\_\_ (if more space is required, please use the Remarks section)

## E. Premium Payment Information

1. **Premium Payer**
- Owner  
 Proposed Insured  
 Other (Name) \_\_\_\_\_
2. **Mailing Address for Billing**
- Owner's address  Proposed Insured's home \_\_\_\_\_  
 Proposed Insured's business  Other \_\_\_\_\_
3. **Is the initial premium included with this application**  Yes  No If "Yes" amount included with this application: \$ \_\_\_\_\_

## F. Replacement

1. Does anyone proposed for this insurance now have any life insurance or annuity (includes personal, business or group life):
- a. in force or application(s) pending in any company? (if Yes, list below)  Yes  No
- b. which have been or will be replaced, changed or borrowed against because of this application (circle applicable policy numbers)?  Yes  No
- c. which will be part of a 1035 exchange because of this application? (1035 exchange of an annuity to life insurance is not allowed)  Yes  No
- If a, b, or c is answered "Yes," give details below and submit appropriate replacement form and policy illustrations.

Person Covered	Company Name	Face Amount	Date Applied	Policy Number	Plan Type

If more space is needed, please use Remarks section or submit additional sheets.

## G. Variable Life Information (If applicable)

1. Has the Owner received a prospectus or Private Placement Offering Memorandum for the policy(ies) being applied for?  Yes  No
- a. If "Yes," give date shown on the prospectus or Private Placement Offering Memorandum: \_\_\_\_\_
2. **Does the Owner understand that:**
- a. the death benefit and the duration of insurance may be variable or fixed under specific conditions?  Yes  No
- b. the variable account value of the policy may increase or decrease in accordance with the experience of the Separate Account (there are no minimum guarantees as to the variable account value)?  Yes  No
- c. the fixed account value of the policy earns interest at a rate no less than a minimum specified rate?  Yes  No
3. In view of the above, does the Owner believe that this policy will meet his/her insurance needs and financial objectives?  Yes  No



## J. Declarations

1. This is part of an application for life insurance. The application includes this Part 1A, the Consent Form 1B or 1C (which has been or which will be completed by the Proposed Insured), any Part 2 that may be required, and any amendments or supplements to any Part or Consent Form. To the best of the knowledge and belief of the person(s) signing below, all statements in this application are complete and true and were truly recorded. Each person signing below adopts all the statements made in the application and agrees to be bound by them.
2. I (the undersigned) declare that all answers written on this application are full and correct to the best of my knowledge and belief. Except in (Maine, Missouri, New Jersey, Oregon, and South Carolina), Lincoln Benefit Life Company is not presumed to know any information not in this application.
3. Lincoln Benefit Life Company may add to or correct the application on an addendum page immediately following the application. Any changes are agreed to if the policy issued is accepted by me (us), but written agreement will be obtained from me for any change in insurance amount, plan, benefits, payment class or age at issue. (In (West Virginia, Pennsylvania, New Hampshire and Maryland) written consent will be obtained for any changes.)
4. Insurance will start only as provided in the Receipt and Temporary Insurance Agreement issued in connection with this application. If no receipt is issued or if insurance under it has stopped and not started again, no insurance will start by reason of the application until the policy is delivered and the first premium paid in full. No insurance will start if at that time the health of all proposed insureds is not as described in the application.
5. I acknowledge that I have read and understand this application, including the IMPORTANT INFORMATION REGARDING MEDICAL EXAMS, NOTICE REGARDING MIB, INSURANCE INFORMATION PRACTICES, NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND OTHER IMPORTANT INFORMATION. I ACKNOWLEDGE RECEIPT OF THESE NOTICES.
6. Only an officer of Lincoln Benefit Life Company may change this application or waive a right or requirement. No agent may do this.
7. ALL QUESTIONS WERE ASKED OF ME AND, IF APPLICABLE, THE ADDITIONAL/JOINT INSURED AND PARENTS OF ANY CHILDREN LISTED ON THIS APPLICATION. I (WE) HAVE READ ALL INFORMATION BEFORE SIGNING.
8. **For employer owned policies:** I acknowledge that Internal Revenue Code Section 101(j) may limit the death benefits that may be excluded from Gross Income. I understand that neither Lincoln Benefit Life Company, or any of its officers, directors, employees or representatives can provide me with tax advice and that I must rely on the advice of my own independent tax or legal advisor.
9. By signing below, I understand that I am acknowledging and agreeing to all of the statements and representations made in the application. I accept and adopt as true all the statements in this application made by the Proposed Insured.

• Not FDIC, NCUA/NCUSIF insured • Not insured by any federal government agency • Not a deposit • No bank guarantee • May lose value

{**SUBSTITUTE FORM W-9: Under penalties of perjury, I certify that:**

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).}

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Signature of Owner

Signature of Employer (If other than Owner, if applicable)

Print Owner Name & Title

Print Employer Name & Title (if applicable)

Signature of Program Sponsor (if other than Owner)

Signature of Agent

Agent Number

Print Program Sponsor Name & Title

Signed and Dated at:

On:

(City, State)

(Date - MM/DD/YYYY)

*Please leave this page with the customer*

## **H. Important Information Regarding Medical Exams**

As part of the underwriting process we may ask for medical tests or exams to be completed at our expense. Common tests may include a paramed exam, which will consist of questions about your medical history and measurement of your body height, weight, blood pressure, and pulse. Blood and urine specimens are also generally collected. Undressing is not required for any of these tests.

In some instances, an EKG (electrocardiogram) may be required. An EKG is a recording of the electrical impulses in the heart. You will be asked to lay down with your shirt unbuttoned so the EKG leads can be placed on your chest.

If you have any questions about the specific tests that will be required of you, please feel free to contact your agent.

## **I. Notice Regarding MIB**

Information regarding your insurability will be treated as confidential. Lincoln Benefit Life Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or healthy insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866-692-6901 (TTY 866-346-3642).) If you question the accuracy of this 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 (50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734).

Lincoln Benefit Life Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## **J. Insurance Information Practices**

We will rely primarily on the information you give us. We may also get information from other sources, such as doctors, or other medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to gather information and send us an investigative consumer report as explained in the Notice Under the Fair Credit Reporting Act below. You may ask to be interviewed as part of the preparation of any such report.

In certain limited circumstances, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about and to see and copy items of personal information about you that appear in our files, including information contained in the investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to (Underwriting Department, Lincoln Benefit Life Company, P.O. Box 80469, Lincoln, NE 68501.)

## **K. Notice Under the Fair Credit Reporting Act**

In compliance with the Fair Credit Reporting Act, you are hereby notified that an investigative report may be made. This would be by personal interviews with neighbors, friends, associates, or other persons. This will concern the character, general reputation, personal characteristics, and mode of living (except as may be related to sexual orientation) of any person proposed for insurance. You may obtain additional information concerning the nature and scope of this investigation, and a written summary of your rights under the Fair Credit Reporting Act by contacting our Home Office. Our address is Lincoln Benefit Life Company, (P.O. Box 80469, Lincoln, Nebraska 68501.) Upon your written request, you will be informed whether or not an investigation was made by us. If so, you will receive the name and address of the consumer reporting agency involved. You may inspect and review a copy of the Investigative Consumer Report by contacting the consumer reporting agency.

## **L. Important Information**

**For applicants in Arkansas, the District of Columbia, Kentucky, Louisiana, Maine, Ohio, Pennsylvania, and Tennessee:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For applicants in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FOR APPLICANTS IN FLORIDA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**For applicants in New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

**For applicants in New Mexico:** 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 civil fines and criminal penalties.

**For Applicants in Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## Statement of Variability

The purpose of this document is to identify and explain the variable items in these forms. This information is organized by page number and lists those items that are variable and the reasoning for doing so. Any changes made will be for future use only and on a non-discriminatory basis.

### Policy Form UL0820 series

#### Page 1:

##### 1. **Company Address**

- a. Our company address is variable so we can revise the address when and if it is changed without re-filing this form with your Department.

##### 2. **Policy Data**

- a. The Insured, Payment Class, Issue Age, Sex, Policy Number, Face Amount, Issue Date, and Monthly Activity Day are variable because it is "John Doe" information that varies with each issue.

##### 3. **Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

##### 4. **Officer Signatures and Titles**

- a. Officer signatures and titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

#### Page 3:

##### 5. **Policy Data**

- a. The Insured, Payment Class, Issue Age, Sex, Policy Number, Face Amount, Issue Date, and Monthly Activity Day are variable because it is "John Doe" information that varies with each issue.

##### 6. **Benefit Description**

- a. The Death Benefit Option 1 is variable because it varies by issue depending on whether Death Benefit Option 1 or 2 is selected.
- b. The rider section is variable because the number of riders that will print in this section will depend upon the index crediting strategies at time of issue. We reserve the right to add, substitute or eliminate any future index crediting strategy we make available. .

##### 7. **Payment Information**

- a. The minimum initial payment and planned monthly payment amounts are variable because they vary by issue ages, payment classes, gender, and face amount size.
- b. The word "Annual" is variable because it is dependent upon the policy owner's choice of payment frequency.

##### 8. **Index Crediting Strategy Endorsement UL0826 Series**

- a. The rider section is variable because the number of riders that will print in this section will depend upon the index crediting strategies available at time of issue.
- b. The Index Basis for each of index crediting strategy is variable so that we may change this charge on future issues without re-filing this form.

#### Page 3A:

##### 9. **Annual Interest Rates**

- a. Fixed Account Minimum Guaranteed Annual Interest Rate is variable so we may change this rate on future issues without re-filing this form.
- b. Indexed Account Guaranteed Interest Riders are variable so we may update the riders available at issue without re-filing this form.
- c. Each Indexed Account Guaranteed Interest Rate is variable so we may update this guarantee rate on future issues without re-filing this form.
- d. Account Value Bonus is variable to reflect the account value bonus % available for the policy at issue. The current values that will print will be "Not Available", "0.30%", or "0.50%"
- e. Loan Credited Rate is variable so we may change this rate on future issues without re-filing this form.

- f. Loan Interest Rate Charges are variable so we may change these rates on future issues without re-filing this form. If this rate is changed, we will send a revised actuarial memorandum to your Department.

**10. Expense Charges**

- a. The Maximum Monthly Policy Fee is variable so we may change this fee on future issues without re-filing this form.
- b. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 1 is variable because it varies by issue ages, payment classes, and gender.
- c. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 2-10 is variable because it varies by issue ages, payment classes, and gender.
- d. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 11-20 is variable because it varies by issue ages, payment classes, and gender. For Issue Ages 80 and above, this will print as "Policy Year 11+", instead of "Policy Year 11-20".
- e. The Monthly Administrative Expense Charge (per \$1000 of initial face amount) for Policy Year 21+ is variable because it varies by issue ages, payment classes, and gender. For Issue Ages 80 and above, this line will not print.
- f. Partial Withdrawal Service Fee is variable so that we may change this fee on future issues without re-filing this form.

**11. Surrender Charges**

- a. The amount of surrender charges is variable because they vary by issue ages, and gender, and face amount.

**Page 4:**

**12. Life Insurance Compliance Test**

- a. The applicable percentages are variable because they vary by issue ages, , gender, and face amount.
- b. The attained ages variable because they vary depending on customer specific information.

**Page 5:**

**13. Table of Guaranteed Values**

- a. The Table of Guaranteed Values reflects the guaranteed values for the policy and they vary by issue ages, payment classes, gender, and face amount.
- b. The End of the Year is variable because this varies based on issue age, for example, years 1-20 will always print unless the insured's issued age is over age 100, and then it will print the number of years to age 121.
- c. The Annual Planned Premium is variable because it varies with each issue.
- d. The Surrender Value is variable because they vary with each issue.
- e. The Death Benefit is variable because it varies with each issue.
- f. The following paragraph on page 5 is variable because it will only print if a premium is paid which will not keep the policy in force for the insured's lifetime.
- g. "{Note: Based on annual planned premiums, minimum guaranteed interest rate and guaranteed cost of insurance, the policy will expire without value on {10/01/2053} unless premiums larger than the planned premium are paid.}"

**Page 6:**

**14. Guaranteed Maximum Monthly Cost of Insurance**

- a. The Policy Year is variable because, though this will always be the same for an issue identical to the specimen policy submission, it varies with each issue.
- b. The Rate per \$1000 is variable because, though this will always be the same for an issue identical to the specimen policy submission, it varies with each issue.

**Rider Form UL0821 series**

**15. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**16. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0822 series**

**17. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**18. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0823 series**

**19. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**20. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0824 series**

**21. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**22. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0825 series**

**23. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**24. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Rider Form UL0826 series**

**25. Telephone Number**

- a. Our company telephone number is variable so we can revise the telephone number when and if it is changed without re-filing this form with your Department.

**26. Officer Signatures and Titles**

- a. Officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.

**Application Form FAA127A-1 series**

**Page A-1:**

**27. Company Address**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

**28. Section C – Proposed Insured Data, #3**

- a. This section is bracketed so that if the Federal laws governing these requirements are changed, we will have the flexibility to revise accordingly without filing with your Department.

**Page A-2:**

**29. Section D – Policy Information**

- a. This section is bracketed so we may use this application with future products that may have more options than those listed.

**Page A-4:**

**30. Section J – Declarations**

- a. “Maine, Missouri, New Jersey, Oregon, and South Carolina” in Item 2.
  - i. The states mentioned above are bracketed so that if additional states need to be added or existing states need to be deleted from this list, we will have the flexibility to revise it without filing with your Department.
  
- a. “(In West Virginia, Pennsylvania, New Hampshire and Maryland.)” in Item 3.
  - i. The states mentioned above are bracketed so that if additional states need to be added or existing states need to be deleted from this list, we will have the flexibility to revise it without filing with your Department.

**31. Substitute Form W-9**

- a. This section may be modified to include new information as required by state or federal requirements.

**Page A-5:**

**32. Section I – Notice Regarding MIB**

- a. The address and telephone number for the MIB’s information office are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required by the MIB office.

**33. Section J – Insurance Information Practices**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

**34. Section K – Notice Under the Fair Credit Reporting Act**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

**35. Section L – Important Information**

- a. The information may be modified to include new information to comply with company, state or federal requirements.

### **Application Form FAA127B-1 series**

#### **36. Company Address**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

### **Application Form FAA127C-1 series**

#### **37. Company Address**

- a. Our company address is variable so we can revise it when and if it changes without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

### **Application Form FAA127TIA-1 series**

#### **39. Company Address**

- a. Our company address is variable so we can revise it when and if it changes without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

#### **40. Section A – Receipt – “\$1,000,000”**

- a. We bracket this information so that if this amount ever changes, we can revise it without having to file with your Department. We are filing this with a range of \$1,000,000 to \$2,500,000.

#### **41. Sections A & D – Amount of Insurance – “\$1,000,000”**

- a. We bracket this information so that if this amount ever changes, we can revise it without having to file with your Department. We are filing this with a range of \$1,000,000 to \$2,500,000.

### **Application Supplement FIC344 series**

#### **42. Company Address**

- a. Our company address and telephone number are variable so we can revise them when and if they are changed without re-filing this form with your Department. In addition, we request the flexibility to add or change webpage and email addresses as they become available or required.

#### **43. Premium Allocations**

- a. This section is bracketed so we can update the application without re-filing to show the index crediting strategies that will be made available with this product.

#### **44. Disclosures/Signatures**

- a. The fraud warnings listed may be modified to include new information to comply with company, state or federal requirements.
- b. The disclosures listed after the signatures may be modified to comply with company, state or federal requirements.