

SERFF Tracking Number: WDMM-125925677 State: Arkansas
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 41050
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Family Term Life Cert & Riders
Project Name/Number: /

Filing at a Glance

Company: Woodmen of the World Life Insurance Society

Product Name: Family Term Life Cert & Riders SERFF Tr Num: WDMM-125925677 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 41050

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num:

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Kathy Dollen

Disposition Date: 12/22/2008

Date Submitted: 12/04/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: These forms are being filed with the Interstate Insurance Product Regulation Commission for use in our domicile state of Nebraska.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/22/2008

State Status Changed: 12/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Fraternal Form Filing - Individual Life

Form 8063 10-08 - Term Life Insurance Certificate with Term Benefits for Children

Form 8064 10-08 - Other Insured Rider

SERFF Tracking Number: WDM-125925677 State: Arkansas
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Form 8065 10-08 - Children's Term Insurance Benefit Endorsement

Form 8066 10-88 - Disability Waiver of Premium Rider

Form 8067 10-08 - Accelerated Death Benefit Rider

Form 8071 10-08 - Aviation Exclusion Endorsement

Form 8072 10-08 - Suicide and Incontestability Endorsement

We are submitting the forms listed above for filing and/or approval. These forms are all new and will not replace any previously approved forms.

These forms will be marketed to new and existing customers through the use of Woodmen career agents.

Certificate Form 8063 10-08 will not be illustrated and will always be issued with Children's Term Insurance Benefit Endorsement Form 8065 10-08.

Other Insured Rider Form 8064 10-08, Disability Waiver of Premium Rider Form 8066 10-08, and Accelerated Death Benefit Rider Form 8067 10-08 are available on an optional basis with Certificate Form 8063 10-08.

Application Form 8040 10/08, which has been submitted by separate filing (SERFF Tracking #WDM-125928208), will be used to apply for the enclosed certificate and riders. The application will be produced in both paper and electronic form. The electronic form may have an electronic signature. The forms are not intended for internet use.

Actuarial memorandums have been included providing further information regarding the enclosed forms.

The enclosed forms are submitted in final print and are subject to only minor modification in paper stock, ink, border, company logo, and adaptation to electronic media and computer printing.

Company and Contact

Filing Contact Information

Kathryn Dollen, Senior Compliance Analyst kdollen@woodmen.org
1700 FARNAM STREET (402) 271-7885 [Phone]

SERFF Tracking Number: WDMM-125925677 State: Arkansas
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Product Name: Family Term Life Cert & Riders
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OMAHA, NE 68102 (402) 449-7732[FAX]

Filing Company Information

Woodmen of the World Life Insurance Society CoCode: 57320 State of Domicile: Nebraska
1700 FARNAM STREET Group Code: Company Type:
OMAHA, NE 68102 Group Name: State ID Number:
(402) 271-7279 ext. [Phone] FEIN Number: 47-0339250

SERFF Tracking Number: WMMM-125925677 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR filing fee \$50.00 x NE (domicile) filing fee \$0 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Woodmen of the World Life Insurance Society	\$50.00	12/04/2008	24321710

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 Product Name: Family Term Life Cert & Riders
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/22/2008	12/22/2008

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	12/16/2008	12/16/2008	Kathy Dollen	12/22/2008	12/22/2008
Pending Industry Response	Linda Bird	12/11/2008	12/11/2008	Kathy Dollen	12/19/2008	12/22/2008

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Fixed/Indeterminate Premium - Single Life
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Project Name/Number: /

Disposition

Disposition Date: 12/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WDM-125925677 State: Arkansas
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 Product Name: Family Term Life Cert & Riders
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Disclosure Statement		Yes
Form (revised)	Term Life Insurance Certificate with Term Benefit for Children		Yes
Form	Term Life Insurance Certificate with Term Replaced Benefit for Children		Yes
Form	Other Insured Rider		Yes
Form	Children's Term Insurance Benefit Endorsement		Yes
Form	Disability Waiver of Premium Rider		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Aviation Exclusion Endorsement		Yes
Form	Suicide and Incontestability Endorsement		Yes

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Fixed/Indeterminate Premium - Single Life
Product Name: Family Term Life Cert & Riders
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/16/2008
Submitted Date 12/16/2008

Respond By Date

Dear Kathryn Dollen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accelerated Death Benefit Rider (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/22/2008
Submitted Date 12/22/2008

Dear Linda Bird,

Comments:

Response 1

Comments: This appears to be a duplicate of the objection letter sent on December 11, 2008.

Related Objection 1

Applies To:

- Accelerated Death Benefit Rider (Form)

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

SERFF Tracking Number: *WDMM-125925677* *State:* *Arkansas*
Filing Company: *Woodmen of the World Life Insurance Society* *State Tracking Number:* *41050*
Company Tracking Number:
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.213 Specified Age or Duration -*
Product Name: *Family Term Life Cert & Riders*
Project Name/Number: */*
Fixed/Indeterminate Premium - Single Life

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Kathy Dollen

SERFF Tracking Number: WMMM-125925677 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Family Term Life Cert & Riders
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/11/2008
Submitted Date 12/11/2008

Respond By Date

Dear Kathryn Dollen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Term Life Insurance Certificate with Term Benefit for Children (Form)
- Accelerated Death Benefit Rider (Form)

Comment: We did not find a provision in the contract that provide for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/19/2008
Submitted Date 12/22/2008

Dear Linda Bird,

Comments:

Thank you for advising us of the status of this submission. With regard to your comments we offer the following.

Response 1

Comments: The Settlement provision on page 13 of Form 8063 10-08 has been revised to comply with Ark. Code Ann. 23-81-118. Due to this change the form number has been changed to Form 8063 10-08 AR.

SERFF Tracking Number: WMMM-125925677 State: Arkansas
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 Fixed/Indeterminate Premium - Single Life
 Product Name: Family Term Life Cert & Riders
 Project Name/Number: /

A copy of the disclosure statement to comply with Rule and Regulation 60s8 is attached under the Supporting Documentation tab.

Related Objection 1

Applies To:

- Term Life Insurance Certificate with Term Benefit for Children (Form)
- Accelerated Death Benefit Rider (Form)

Comment:

We did not find a provision in the contract that provide for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Disclosure Statement

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Term Life Insurance Certificate with Term Benefit for Children	Form 8063 10-08		Policy/Contract/Fraternal Certificate	Initial		46	8063 10-08 AR.pdf
Previous Version							
Term Life Insurance Certificate with Term Benefit for Children	Form 8063 10-08		Policy/Contract/Fraternal Certificate	Initial		46	8063 10-08.pdf

No Rate/Rule Schedule items changed.

We hope with this information you will now be able to approve this submission. Thank you for your time and consideration.

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Fixed/Indeterminate Premium - Single Life

Product Name: *Family Term Life Cert & Riders*
Project Name/Number: */*

Sincerely,
Kathy Dollen

SERFF Tracking Number: WMMM-125925677 State: Arkansas
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 Product Name: Family Term Life Cert & Riders
 Project Name/Number: /

Form Schedule

Lead Form Number: 8063 10-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 8063 10-08	Policy/Cont	Term Life Insurance ract/Fratern Certificate with Term al Benefit for Children Certificate	Initial		46	8063 10-08 AR.pdf
	Form 8064 10-08	Policy/Cont	Other Insured Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46	8064 10-08.pdf
	Form 8065 10-08	Policy/Cont	Children's Term ract/Fratern Insurance Benefit al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	8065 10-08.pdf
	Form 8066 10-08	Policy/Cont	Disability Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	8066 10-08.pdf

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 Product Name: Family Term Life Cert & Riders
 Project Name/Number: /

Form 8067 10-08	Policy/Cont Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	41	8067 10- 08.pdf
Form 8071 10-08	Policy/Cont Aviation Exclusion ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	58	8071 10- 08.pdf
Form 8072 10-08	Policy/Cont Suicide and ract/Fratern Incontestability al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	40	8072 10- 08.pdf

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

A Fraternal Benefit Society

Home Office: 1700 Farnam Street, Omaha, Nebraska 68102
[www.woodmen.org]

**PARTICIPATING TERM LIFE INSURANCE
WITH TERM BENEFIT FOR CHILDREN
ANNUALLY RENEWABLE TO AGE 95 – CONVERTIBLE TO AGE 72
PREMIUMS LEVEL FOR FIRST 10 YEARS
PREMIUMS PAYABLE TO AGE 95**

RIGHT TO EXAMINE CERTIFICATE: All premiums paid, including certificate fee, will be returned if the owner wants to cancel this certificate within [20] days from the date it is received. To cancel this certificate, give it to our representative who delivered it or send it to our Home Office at 1700 Farnam Street, Omaha, Nebraska 68102.

This is a legal contract between the owner and Woodmen of the World Life Insurance Society.
READ THIS CERTIFICATE CAREFULLY.

We agree to provide the benefits described in this certificate and have caused it to be signed by our President and Secretary at Omaha, Nebraska, on its effective date.

[Danny E. Cummins]

President

[Pamela Hernandez]

Secretary

MODAL PREMIUM DISCLOSURE

PREMIUM PAYMENT OPTIONS

You have the right to choose one of the following premium payment modes: Annual, Semiannual, Quarterly, or Monthly Pre-Authorized Collection (PAC). If you choose a payment mode other than annual, you will pay additional charges for selecting that payment mode. **The chart below, based on an example of a \$1,000 annual premium, shows the additional payment charges for each premium payment mode.**

COST COMPARISON OF ADDITIONAL PAYMENT CHARGES FOR ALTERNATIVE PREMIUM PAYMENT MODES

PREMIUM PAYMENT MODE	NUMBER OF PREMIUM PAYMENTS PER YEAR	AMOUNT OF EACH MODAL PREMIUM PAYMENT (including Additional Payment Charges)	TOTAL OF MODAL PREMIUM PAYMENTS PER YEAR (including Additional Payment Charges)	TOTAL ADDITIONAL PAYMENT CHARGES PER YEAR
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$520.00	\$1,040.00	\$40.00
Quarterly	4	\$265.00	\$1,060.00	\$60.00
Monthly (PAC)	12	\$85.00	\$1,020.00	\$20.00

Fraternal dues are included in premium amounts.

CALCULATION OF MODAL PREMIUM

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

Annual – 1.00

Semiannual – .52

Quarterly – .265

Monthly (PAC) – .085

As shown above, if paid on a Semiannual, Quarterly, or Monthly (PAC) Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode. Premiums paid on other than the Annual Premium Payment Mode are increased to reflect the time value of money and to cover the administrative costs of processing additional premium payments.

NOTICE TO OWNER

Each Modal Premium Payment is a payment, in advance, for insurance. Insurance continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, the failure to pay a premium may result in termination of your coverage. If you would like further information on modal premium payments or related annual percentage rates, please call our Home Office at [1-800-225-3108].

CERTIFICATE INFORMATION

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

OWNER[(S)] Primary Insured [JOHN X WOODMEN]
[Other Insured JANE L WOODMEN]

PRIMARY INSURED [JOHN X WOODMEN]

PRIMARY INSURED'S AGE [35]

PRIMARY INSURED'S FACE AMOUNT OF INSURANCE [\$100,000]

PRIMARY INSURED'S RATING CLASS [Standard]/[Tobacco][*]

PRIMARY INSURED'S EXPIRY DATE [July 1, 2069]

PRIMARY INSURED'S FINAL DATE FOR CONVERSION [June 30, 2046]

[OTHER INSURED] [JANE L WOODMEN]

[OTHER INSURED'S AGE] [35]

[OTHER INSURED'S FACE AMOUNT OF INSURANCE] [\$50,000]

[OTHER INSURED'S RATING CLASS] [Standard]/[Tobacco][*]

[OTHER INSURED'S EXPIRY DATE] [January 1, 2069]

[OTHER INSURED'S FINAL DATE FOR CONVERSION] [December 31, 2045]

[*Premiums include an additional amount because of increased risk due to a tobacco classification and/or special rating class.]

Refunds under this certificate are not guaranteed and are not anticipated to be paid.

Prepared on [01/01/2008]

CERTIFICATE INFORMATION continued

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	BENEFIT AMOUNT	FIRST YEAR ANNUAL PREMIUM
Term Life Insurance to age 95 with Term Insurance Benefit for Children	[\$100,000]	[\$354.00]
[Other Insured Term Rider]	[\$50,000]	[\$156.00]
[Accelerated Death Benefit Rider]		[\$0.00]
[Disability Waiver of Premium Rider]		[\$30.00]
TOTAL FIRST YEAR ANNUAL PREMIUM:		[\$540.00]

MODAL PREMIUM PAYMENT OPTIONS:

ANNUAL [\$540.00]
SEMIANNUAL \$[280.80]
QUARTERLY [\$143.10]
MONTHLY PRE-AUTHORIZED COLLECTION \$[45.90]

Premium amounts include annual fraternal dues of \$[30.00] and an annual certificate fee of \$[60.00].

Prepared on [01/01/2008]

CERTIFICATE INFORMATION continued

CERTIFICATE NUMBER [123456789]
PRIMARY INSURED [JOHN X WOODMEN]
[OTHER INSURED] [JANE L WOODMEN]
BENEFIT AMOUNT FOR EACH INSURED CHILD \$10,000
RATING CLASS FOR EACH INSURED CHILD STANDARD

**CHILDREN COVERED TO CERTIFICATE ANNIVERSARY FOLLOWING
AGE 25 UNDER CHILDREN'S TERM INSURANCE BENEFIT**

NAME OF INSURED CHILD	AGE	EXPIRY DATE/FINAL DATE FOR CONVERSION
[John Doe, Jr. Child]	[8]	[July 1, 2026]
[Jane Doe Child]	[6]	[July 1, 2028]
[Mary Doe Child]	[4]	[July 1, 2030]
[Susie Smith Child]	[8]	[July 1, 2026]
[Steven Smith Child]	[6]	[July 1, 2028]

Prepared on [01/01/2008]

TABLE OF ANNUAL PREMIUMS

CERTIFICATE YEAR	PRIMARY INSURED ANNUAL PREMIUM	[OTHER INSURED ANNUAL PREMIUM]	[DISABILITY WAIVER OF PREMIUM RIDER PREMIUM]	TOTAL ANNUAL PREMIUM
2	\$ 354.00	[\$ 156.00	[\$ 30.00	\$ [540.00
3	354.00	156.00	30.00	540.00
4	354.00	156.00	30.00	540.00
5	354.00	156.00	30.00	540.00
6	354.00	156.00	30.00	540.00
7	354.00	156.00	30.00	540.00
8	354.00	156.00	30.00	540.00
9	354.00	156.00	30.00	540.00
10	354.00	156.00	30.00	540.00
11	1,010.00	430.50	134.00	1,574.50
12	1,073.00	462.00	150.00	1,685.00
13	1,134.00	492.50	168.00	1,794.50
14	1,190.00	520.50	188.00	1,898.50
15	1,282.00	566.50	214.00	2,062.50
16	1,389.00	620.00	250.00	2,259.00
17	1,516.00	683.50	294.00	2,493.50
18	1,661.00	756.00	352.00	2,769.00
19	1,827.00	839.00	424.00	3,090.00
20	2,015.00	933.00	514.00	3,462.00
21	2,215.00	1,033.00	624.00	3,872.00
22	2,425.00	1,138.00	764.00	4,327.00
23	2,627.00	1,239.00	890.00	4,756.00
24	2,828.00	1,339.50	1,034.00	5,201.50
25	3,054.00	1,452.50	1,198.00]	5,704.50
26	3,312.00	1,581.50		4,893.50
27	3,612.00	1,731.50		5,343.50
28	3,946.00	1,898.50		5,844.50
29	4,298.00	2,074.50		6,372.50
30	4,660.00	2,255.50		6,915.50
31	5,028.00	2,439.50		7,467.50
32	5,402.00	2,626.50		8,028.50
33	5,796.00	2,823.50		8,619.50
34	6,212.00	3,031.50		9,243.50
35	6,670.00	3,260.50		9,930.50
36	7,191.00	3,521.00		10,712.00
37	7,804.00	3,827.50		11,631.50
38	8,496.00	4,173.50		12,669.50
39	9,218.00	4,534.50		13,752.50
40	9,988.00	4,919.50		14,907.50
41	10,823.00	5,337.00		16,160.00
42	11,739.00	5,795.00		17,534.00
43	12,768.00	6,309.50		19,077.50
44	13,920.00	6,885.50		20,805.50
45	15,177.00	7,514.00		22,691.00
46	16,625.00	8,238.00		24,863.00
47	18,260.00	9,055.50		27,315.50
48	19,943.00	9,897.00		29,840.00
49	21,703.00	10,777.00		32,480.00
50	23,624.00	11,737.50]		35,361.50]

TABLE OF ANNUAL PREMIUMS

CERTIFICATE YEAR	PRIMARY INSURED ANNUAL PREMIUM	[OTHER INSURED ANNUAL PREMIUM]	[DISABILITY WAIVER OF PREMIUM RIDER PREMIUM]	TOTAL ANNUAL PREMIUM
51	\$25,633.00	[\$12,742.00		\$(38,375.00
52	27,865.00	13,858.00		41,723.00
53	30,390.00	15,120.50		45,510.50
54	32,978.00	16,414.50		49,392.50
55	35,518.00	17,684.50		53,202.50
56	37,583.00	18,717.00		56,300.00
57	39,475.00	19,663.00		59,138.00
58	41,934.00	20,892.50		62,826.50
59	44,852.00	22,351.50		67,203.50
60	48,421.00	24,136.00]		72,557.00]

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Riders and amendments, if any, and a copy of the certificate application are attached following Page 15.

PART 1 – DEFINITIONS

ATTAINED AGE

The age shown on Page 3 plus the number of certificate anniversaries that have passed since the effective date shown on Page 3.

EFFECTIVE DATE

The date the certificate takes effect as shown on Page 3. This date is used to determine certificate years, certificate anniversaries, and premium payment periods.

MEMBER

The member(s) is/are the primary insured, the other insured (if any), and any insured child listed on the Certificate Information Pages.

PRIMARY INSURED

The person on whose life this certificate is written.

OWNER, YOU, YOUR

The owner of this certificate is shown on the Certificate Information Page. In this certificate and any attached riders, the words “you” and “your” refer to the owner. If the certificate is owned by more than one person, the words “you” and “your” refer to all current owners of the certificate.

TRANSFER OF OWNERSHIP. The owner of this certificate may be changed by sending a request to our Home Office. Once approved by us, the change will take effect as of the date the request was signed.

REQUEST

A form of communication we receive in our Home Office providing the information we need either in writing or another manner that we approve in advance.

WE, OUR, US

Woodmen of the World Life Insurance Society, also referred to as “we,” “our,” and “us.”

PART 2 – CERTIFICATE BENEFITS

DEATH BENEFIT

We will pay the death benefit to the beneficiary if the primary insured dies while this certificate is in force, subject to the terms of this certificate.

The death benefit will be the sum of:

- The face amount of insurance provided by this contract.
- Any refunds on deposit with interest.
- Any premium paid for the payment period beyond the date of death.

AND MINUS

- Any debt with interest secured by this certificate.
- Due and unpaid premium for the contract on the date of death.

The death benefit may be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in PART 6, SETTLEMENT OPTIONS.

This benefit has no loan or cash values.

REFUNDS

This is a participating certificate. It will share in refunds, if any, as declared by our Board of Directors at the second certificate year end and each following certificate year end. Refunds are amounts returned if actual experience with regard to mortality, expense, lapses, and investment return is more favorable than assumed in setting the premiums for this certificate. We do not anticipate declaring refunds under this certificate.

According to the option chosen in the application or in a later request, such refunds will be as described in one of the options shown below.

- CASH. Paid in cash.
- REFUNDS ON DEPOSIT. Left with us to accumulate at interest. Interest will be at the rate of 3% per year or such higher rate as may be set by us.
- REDUCE PREMIUM. Applied to reduce the premium for the insurance.

Refunds will be held on deposit if another option has not been chosen or the option chosen is not applicable. The accumulated amount on deposit may be withdrawn at any time by request of the owner to our Home Office.

CONVERSION RIGHT

While this certificate is in force and no later than the final date for conversion shown on the Certificate Information page, it may be converted to any permanent life insurance coverage being offered by us at the time of conversion.

No proof of insurability will be required. The conversion is subject to the following:

- Receipt at our Home Office of the owner's signed application and any required premium for the new certificate.
- No premiums for this certificate are in default.
- If the certificate is converted while premiums are being waived under a Disability Waiver of Premium Benefit, no premiums under the new certificate will be waived.
- Any additional benefit riders or endorsements attached to this certificate will not be included on the new certificate unless we receive evidence of insurability satisfactory to us.
- The new certificate will have the same rating class as this certificate, if available, or if not available, the most similar rating class available at that time.
- The suicide and contestable periods on the new certificate will be measured from the effective date of this certificate.
- Rates will be those in effect for the primary insured's age at the time of conversion.
- The face amount of the new certificate cannot be more than the amount of insurance in force under this certificate at the time of conversion.
- The new certificate and any amount not converted, will be subject to our minimum certificate requirements in effect at the time of conversion.
- This certificate and any attached riders or endorsements will terminate upon conversion to any permanent life insurance certificate.

PART 3 – THE CONTRACT

ENTIRE CONTRACT

The contract between the owner and us consists of:

- This certificate.
- Riders, endorsements and amendments, if any.
- The application, a copy of which is attached to this certificate, and any applications for modification of this certificate which are based upon evidence of insurability.
- Our Articles of Incorporation.
- Our Constitution and Laws.

The Articles of Incorporation and the Constitution and Laws and any amendments to them are binding on the owner and the beneficiary but will not take away or reduce any of the benefits payable under this certificate.

This certificate is granted in consideration of the application and the timely payment of premiums.

MODIFICATION

Only we may change, reduce or add to the terms of this certificate. Any change must be in writing and signed by our President or Secretary. No one else has the right to modify this certificate.

STATEMENTS IN THE APPLICATION

Statements made by or for the applicant in the application are by law representations and not warranties. Only statements signed by the applicant and attached to this certificate can be used to contest this certificate.

INCONTESTABILITY

This certificate will be incontestable after it has been in force during the lifetime of the primary insured for two years from its effective date. If this certificate is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This certificate will be incontestable after it has been in force while the primary insured is alive for two years from the reinstatement date. See PART 4, REINSTATEMENT.

APPLICABLE STATE LAW

The terms of this certificate will be governed by the laws of the state in which it is delivered.

PART 4 – PREMIUMS, TERMINATION AND REINSTATEMENT

PREMIUMS

PREMIUM. “Premium” means a payment for the insurance and is to be paid along with fraternal dues. All premium payments after the first premium are payable without notice and must be received at our Home Office on or before the due date.

The first premium is payable at our Home Office or to our authorized representative. All other premiums are payable at our Home Office. A receipt signed by an officer will be sent on request.

PAYMENT PERIOD. Premiums are to be paid for periods of one, three, six or twelve months. The due date of any premium will be the first day of the payment period. Premiums are to continue until the expiry date shown on Page 3 or until the primary insured’s death.

UNUSED PREMIUM. The part of any premium paid for the payment period beyond the date the primary insured dies will be paid as part of the death benefit of this certificate.

DEFAULT. A premium not paid on or before its due date is in default and will cause this certificate to terminate except as provided in the GRACE PERIOD provision below.

GRACE PERIOD. After the first premium is paid, a grace period of 31 days will be allowed for the payment of any premium in default. During the grace period this certificate will remain in force.

FRATERNAL DUES. Fraternal dues are payable with the premiums. The fraternal dues will be sent by us to the lodge where membership is held.

TERMINATION

This certificate will terminate and no insurance will be in effect when one of the following occurs:

1. We receive your signed request to terminate the certificate.
2. The certificate expires. See expiry date on Page 3.
3. The certificate is converted.
4. The certificate lapses because the grace period ends without payment of the required premium.

REINSTATEMENT

If this certificate has lapsed it may be reinstated prior to the expiry date by request of the owner within three years after the end of the grace period, while the primary insured is living, by payment of all due and past due premiums. Reinstatement takes effect and insurance commences on the day reinstatement is approved, and all required premiums are received, at our Home Office.

Reinstatement is subject to the following:

1. We may require proof satisfactory to us, at the owner's expense, that the primary insured is insurable.
2. If payment is received at our Home Office more than six months after the end of the grace period, the owner must also pay interest at the rate of 6% per year, compounded yearly, from the due date of each past due premium.

PART 5 – GENERAL PROVISIONS

MISSTATEMENT OF AGE

The primary insured's age on Page 3 is the age of the primary insured on the effective date.

If the primary insured's age has been misstated, all benefits will be those the premiums paid would have purchased for the primary insured's true age.

SUICIDE EXCLUSION PERIOD

If the primary insured dies by suicide while sane or insane within two years from the effective date, the death benefit will be limited to the payment of a benefit equal to the amount of the contract premiums paid, without interest, less any debt secured by this certificate.

RIGHT TO CONTINUE CERTIFICATE IF SEPARATED FROM MEMBERSHIP

If a member is separated for cause from fraternal membership, this certificate can remain in full force by meeting the terms of PART 4, PREMIUMS. All of the terms of this certificate will remain in force.

RESERVES

We must by law have on hand at all times assets which are equal to the certificate reserves. If our reserves as to all, or any class of, certificates should become impaired, our Board of Directors may require each certificate owner to make additional payments equal to the amount of the certificate's equitable proportion of such deficiency as determined by the Board. If the additional payment is not made, it shall be charged as an indebtedness against the certificate and draw interest at a rate not to exceed 5% per year, compounded yearly or, in the alternative, the owner may consent to a reduction of the corresponding insurance benefit proportionate to the value of the additional payment; provided, there will be no personal liability upon any certificate owner for any additional payments.

BASIS OF RESERVES

Reserves for this certificate are determined in accordance with the requirements of the state in which this certificate is delivered using the Commissioners Reserve Valuation method as defined in the Standard Valuation law. All calculations assume that premiums are paid continuously and the death benefit is paid at the time of death.

PART 6 – SETTLEMENT AND BENEFICIARY

SETTLEMENT

Application for any benefit provided by this certificate must be furnished to our Home Office with such proof as required by us. All benefits will be payable at our Home Office.

Final settlement of a claim for the death benefit will be made within two months after receipt of due proof of death. If payment is not made within 30 days after our receipt of due proof of death, interest on the death benefit will be paid from the date of death to the date of settlement at a rate required by law.

BENEFICIARY

The beneficiary is the person, persons, or entity who may receive the death benefit. During the primary insured's life, the owner can change the primary insured's beneficiary at any time by sending a signed, dated and witnessed request to our Home Office. When the change has been received and approved at our Home Office, it will take effect as of the date the request was signed. However, such change will not apply to any action taken or payment made by us before the change is received and approved at our Home Office. No beneficiary will have any rights in this certificate during the primary insured's life.

SETTLEMENT OPTIONS (SEE PAGE 15 FOR MINIMUM SETTLEMENT OPTION MONTHLY PAYMENTS)

The death benefit of this certificate may be made payable in accordance with one of the options shown below, instead of in one sum. Other settlement options may be available upon your request and approval by our Home Office.

ELECTION OF OPTION. Election of an option may be made by the owner or, if the owner makes no election, by the beneficiary after any covered insured's death. Notice of an election must be made in writing to our Home Office. The elected option will take effect on the date it was signed, subject to any action taken by us before receipt of such election at our Home Office.

If the payee is other than a natural person, no option may be elected without our written consent.

Under any option, if the amount to be held by us is less than \$5,000, or if any periodic payment would be less than \$100, we may make payment in one sum.

The settlement option contract will pay an amount each payment period as selected by the owner or the beneficiary. The payment periods available are one, three, six, or twelve months.

- Option 1. **SINGLE LIFE ANNUITY.** An amount will be paid each payment period for a fixed period of years and after that for so long as the payee lives. The fixed period may be between 0 and 20 years.
- Option 2. **JOINT AND SURVIVOR LIFE ANNUITY.** An amount will be paid each payment period for so long as two joint payees are alive. On the death of each payee, the survivor will receive a percentage of the payment for so long as the survivor lives. The percentage of the payment to the survivor may be between 25% and 100%.
- Option 3. **FIXED PERIOD.** An amount will be paid each payment period for a fixed period of 1 to 30 years.
- Option 4. **FIXED AMOUNT.** A fixed amount will be paid each payment period until the fund, together with interest on the unpaid balance, is exhausted.

BASIS FOR SETTLEMENT OPTIONS

The rate of interest for Options 3 and 4 will not be less than 3% per year. Options 1 and 2 will be based on the Annuity 2000 Mortality Table blended 40% male, 60% female, with interest at the rate of 3% per year. Under these options, the amount of each payment will depend on the adjusted age of the payee and the joint payee where applicable. The adjusted age will be based on the actual age last birthday at the time the first payment is due, as follows:

Calendar Year of Birth	Adjusted Age
Before 1920	Actual age decreased by 1
1920 – 1939	Actual age decreased by 2
1940 – 1959	Actual age decreased by 3
1960 – 1979	Actual age decreased by 4
1980 – 1999	Actual age decreased by 5
2000 & up	Actual age decreased by 6

MINIMUM SETTLEMENT OPTION MONTHLY BENEFIT PAYMENTS FOR \$1,000 OF BENEFITS

OPTION 1 - FIXED PERIOD IN YEARS

ADJUSTED AGE	0	10	15	20
55	\$ 4.31	\$4.28	\$4.22	\$4.14
60	4.79	4.72	4.62	4.47
61	4.91	4.82	4.71	4.54
62	5.03	4.93	4.80	4.60
63	5.16	5.05	4.89	4.67
64	5.30	5.17	4.99	4.74
65	5.44	5.29	5.09	4.81
66	5.60	5.43	5.20	4.88
67	5.77	5.57	5.30	4.94
68	5.95	5.71	5.41	5.01
69	6.15	5.87	5.52	5.07
70	6.36	6.03	5.62	5.12
75	7.66	6.91	6.14	5.34
80	9.54	7.85	6.53	5.46
85	12.29	8.67	6.75	5.50
90	16.10	9.20	6.84	5.51
95	21.00	9.49	6.87	5.51

OPTION 2 - JOINT AND SURVIVOR OPTION – SURVIVOR PERCENTAGE 100%

ADJUSTED PAYEE AGE	ADJUSTED JOINT PAYEE AGE								
	55	60	65	70	75	80	85	90	95
55	\$3.79	\$3.93	\$4.05	\$4.14	\$4.20	\$4.25	\$ 4.28	\$ 4.29	\$ 4.30
60	3.93	4.13	4.31	4.46	4.58	4.67	4.72	4.75	4.77
65	4.05	4.31	4.58	4.83	5.03	5.19	5.30	5.36	5.40
70	4.14	4.46	4.83	5.20	5.55	5.83	6.04	6.18	6.25
75	4.20	4.58	5.03	5.55	6.08	6.57	6.97	7.24	7.42
80	4.25	4.67	5.19	5.83	6.57	7.34	8.04	8.59	8.96
85	4.28	4.72	5.30	6.04	6.97	8.04	9.16	10.14	10.89
90	4.29	4.75	5.36	6.18	7.24	8.59	10.14	11.68	13.00
95	4.30	4.77	5.40	6.25	7.42	8.96	10.89	13.00	15.00

JOINT AND SURVIVOR OPTION – SURVIVOR PERCENTAGE 75%

ADJUSTED PAYEE AGE	ADJUSTED JOINT PAYEE AGE								
	55	60	65	70	75	80	85	90	95
55	\$4.04	\$4.21	\$4.40	\$4.58	\$4.77	\$ 4.95	\$ 5.12	\$ 5.27	\$ 5.38
60	4.21	4.43	4.67	4.91	5.16	5.39	5.60	5.78	5.92
65	4.40	4.67	4.97	5.29	5.62	5.94	6.22	6.46	6.65
70	4.58	4.91	5.29	5.72	6.17	6.61	7.02	7.36	7.62
75	4.77	5.16	5.62	6.17	6.78	7.41	8.02	8.53	8.93
80	4.95	5.39	5.94	6.61	7.41	8.30	9.20	10.01	10.65
85	5.12	5.60	6.22	7.02	8.02	9.20	10.49	11.74	12.79
90	5.27	5.78	6.46	7.36	8.53	10.01	11.74	13.54	15.18
95	5.38	5.92	6.65	7.62	8.93	10.65	12.79	15.18	17.50

OPTIONS 3 AND 4 - FIXED PERIOD AND/OR FIXED AMOUNT

NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT
10	\$9.61	17	\$6.23	24	\$4.84
11	8.86	18	5.96	25	4.71
12	8.24	19	5.73	26	4.59
13	7.71	20	5.51	27	4.47
14	7.26	21	5.32	28	4.37
15	6.87	22	5.15	29	4.27
16	6.53	23	4.99	30	4.18

Rates for other combinations of ages, under and over those shown, are available upon request.

OTHER INSURED RIDER

EFFECTIVE DATE [June 1, 2008]

CERTIFICATE NUMBER [123456789]

PRIMARY INSURED [JOHN X WOODMEN]

OTHER INSURED [JANE L WOODMEN]

FACE AMOUNT AS SHOWN ON THE CERTIFICATE INFORMATION PAGE

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become a part of it. All terms are the same except those changed by this rider.

TERM INSURANCE BENEFIT FOR OTHER INSURED

We will pay a death benefit to the beneficiary if the other insured dies while this rider is in force, subject to the terms and conditions of this rider. Upon the death of the other insured, the premium for the certificate this rider is attached to will be waived until the date of its termination. Upon receipt of due proof of death of the other insured, the death benefit payable will be the sum of:

- (a) The face amount for the other insured as shown on the Certificate Information page plus any premium paid for the payment period beyond the date of death;

LESS:

- (b) Any premium due for the contract and unpaid on the date of the other insured's death.
(c) Any debt with interest secured by the other insured's face amount.

A death benefit may be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in the SETTLEMENT OPTIONS provision of the certificate.

This benefit has no loan or cash values.

TERM INSURANCE BENEFIT AT DEATH OF PRIMARY INSURED

If the primary insured dies while this rider is in force, except by suicide while sane or insane within two years from the effective date of the certificate, coverage for the other insured will continue and premiums will be waived.

DEFINITIONS

OTHER INSURED. Such person as named in the application for this rider and shown on the Certificate Information Page. The other insured is a different person than the primary insured under the certificate to which this rider is attached.

BENEFICIARY. The primary insured, if living, otherwise the estate of the other insured. The beneficiary cannot be changed.

PREMIUMS

The Premium for this rider is shown on the Certificate Information Page.

CONVERSION

While this rider is in force, and no later than the final date for conversion of this rider shown on the Certificate Information page, the coverage provided under this rider may be converted to any permanent life insurance coverage being offered by us at the time of conversion. This rider will terminate upon conversion to any permanent life insurance certificate.

No proof of insurability will be required. A conversion is subject to the following conditions:

- Receipt at our Home Office of the owner's signed application and any required premium for the new certificate.
- No premiums for this certificate are in default.
- If the certificate is converted while premiums are being waived under a Disability Waiver of Premium Benefit, no premiums under the new certificate will be waived.
- Any additional benefit riders or endorsements attached to the primary insured's certificate will not be included on the new certificate unless we receive evidence of insurability satisfactory to us.
- The new certificate will have the same rating class as this rider, if available, or if not available the most similar rating class available at that time.
- The suicide and contestable periods on the new certificate will be measured from the effective date of this rider.
- Rates will be those in effect for the other insured's age at the time of conversion.
- The face amount of the new certificate cannot be more than the amount of insurance in force under this rider at the time of conversion.
- The new certificate and any amount not converted will be subject to our minimum certificate requirements in effect at the time of conversion.
- The other insured will be the owner of the new certificate.

SUICIDE EXCLUSION

If the other insured dies by suicide, while sane or insane, within two years from the effective date of this rider, the death benefit will be limited to the payment of a benefit equal to the amount of the premiums paid for this rider only, without interest.

RIDER TERMINATION

This rider will terminate and no insurance will be in effect when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The other insured dies.
3. The certificate or this rider expires.
4. The primary insured's or other insured's coverage under this rider is converted.
5. The certificate lapses because the grace period ends without payment of the required premium.

MISSTATEMENT OF AGE

If the other insured's age has been misstated, all benefits of this rider will be those the premiums paid would have purchased for the other insured's true age.

INCONTESTABILITY

This rider will be incontestable after it has been in force during the lifetime of the other insured for two years from the effective date of this rider. We will not contest the validity of any reinstatement of this rider after it has been in force during the lifetime of the other insured for two years after the effective date of reinstatement.

REINSTATEMENT

This rider may be reinstated according to the same rules as we require for the certificate. In addition to the requirement that the primary insured under the certificate be insurable, we also require satisfactory proof that the other insured is insurable.

GRACE PERIOD

After the first premium is paid, a grace period of 31 days will be allowed for the payment of any premium in default. During the grace period, this rider will remain in force.

DISABILITY WAIVER OF PREMIUM

Any rider attached to the certificate providing for waiver of premium while totally disabled applies to the premiums for this rider.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

CHILDREN'S TERM INSURANCE BENEFIT ENDORSEMENT

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

PRIMARY INSURED [JOHN X WOODMEN]

INSURED CHILD FACE AMOUNT: \$10,000

The above information relates to this endorsement only.

This is an endorsement to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this endorsement.

TERM INSURANCE BENEFIT FOR CHILD

We will pay a death benefit to the beneficiary upon receipt of due proof of death of any insured child which occurs:

- (a) After the insured child has attained the age of 15 days;
- (b) Before the endorsement anniversary next following that insured child's 25th birthday; and
- (c) While this endorsement is in force.

The death benefit payable will be the sum of:

- (a) The face amount for an insured child as shown on this endorsement;

LESS:

- (b) Any premium due for the contract and unpaid on the date of the insured child's death;
- (c) Any debt with interest secured by an insured child's face amount.

A death benefit may be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in the SETTLEMENT OPTIONS provision of the certificate.

This benefit has no loan or cash values.

The term insurance benefit for an insured child will end on the earliest of:

- (a) Termination of this endorsement (see Endorsement Termination section);
- (b) The endorsement anniversary next following that insured child's 25th birthday;
- (c) The date coverage on that insured child is converted; or
- (d) Payment of that insured child's benefit.

TERM INSURANCE BENEFIT AT DEATH OF PRIMARY INSURED OR OTHER INSURED

If the primary insured or other insured (if any) dies while this endorsement is in force, except by suicide while sane or insane within two years from the effective date of the certificate, coverage for each insured child will continue without a premium charge. Coverage for each insured child will end as described in the TERM INSURANCE BENEFIT FOR CHILD provision.

DEFINITIONS

INSURED CHILD. Insured child means any living child born to or legally adopted by the primary insured, other insured (if any) or both; or a child for which the primary insured or other insured has been appointed permanent legal guardian. Such child must be named in the certificate and be less than 18 years of age on the date of application.

An insured child also includes: (1) any child born to the primary insured or other insured (if any) after the effective date of this endorsement; (2) any child less than 18 years of age legally adopted by the primary insured or other insured (if any) after the effective date of this endorsement; (3) or any child less than 18 years of age for which the primary insured or other insured has been appointed permanent legal guardian after the effective date of this endorsement.

BENEFICIARY. The owner who is the natural parent, adoptive parent, or permanent legal guardian, equally or to the survivor, otherwise the estate of the deceased insured child. The beneficiary cannot be changed.

CONVERSION

While this endorsement is in force, and no later than the final date for conversion of this endorsement shown on the Certificate Information page, the owner may convert any insured child's face amount provided under this endorsement to any permanent life insurance coverage being offered by us at the time of conversion. An insured child's face amount under this endorsement will terminate upon conversion to any permanent life insurance certificate.

No proof of insurability will be required. A conversion is subject to the following conditions:

- Receipt at our Home Office of the owner's signed application and any required premium for the new certificate.
- The face amount of the new certificate cannot be more than the amount of insurance in force under this endorsement at the time of conversion. However, if the conversion is applied for during the 60 days prior to the final date for conversion, then the face amount of the new certificate may be up to two times the amount of insurance in force under this endorsement.
- No premiums for this certificate are in default.
- Any additional benefit riders or endorsements attached to the insured's certificate will not be included on the new certificate.
- The new certificate will be issued with a standard rating class.
- The suicide and contestable periods on the new certificate will be measured from the effective date of this endorsement.
- Rates will be those in effect for the age of the insured child at the time of conversion.
- The new certificate will be subject to our minimum certificate requirements in effect at the time of conversion.

SUICIDE EXCLUSION

If an insured child dies by suicide, while sane or insane, within two years from the effective date of this endorsement, we will have no liability for any death benefit for that insured child under this endorsement.

ENDORSEMENT TERMINATION

This endorsement will terminate and no insurance will be in effect under this endorsement for any insured child when one of the following occurs:

1. We receive your signed request to terminate the certificate.
2. The certificate expires.
3. The primary insured's face amount is converted.
4. The certificate lapses because the grace period ends without payment of the required premium.

MISSTATEMENT OF AGE

If an insured child's age has been misstated, the Term Insurance Benefits, conversion and termination dates for that insured child will be determined according to that insured child's true age.

INCONTESTABILITY

This endorsement will be incontestable after it has been in force during the lifetime of any insured child for two years from the effective date of this endorsement. We will not contest the validity of any reinstatement of this endorsement after it has been in force during the lifetime of any insured child for two years after the effective date of reinstatement.

REINSTATEMENT

This endorsement may be reinstated according to the same rules as we require for the certificate. In addition to the requirement that the primary insured under the certificate be insurable, we also require satisfactory proof that each insured child is insurable.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

DISABILITY WAIVER OF PREMIUM RIDER

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

PRIMARY INSURED [JOHN X WOODMEN]

[OTHER INSURED] [JANE L WOODMEN]

RATING CLASS [STANDARD]

EXPIRY DATE [July 1, 2035]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become a part of it. All terms are the same except those changed by this rider.

BENEFIT

While a covered insured is totally disabled, we will waive all premiums that become due for this certificate and any riders, subject to the terms of this rider.

Waived premiums will be treated as premiums paid and will not be deducted from the death benefit. All values, refunds and amounts under the certificate and any riders will be the same while premiums are waived as they would have been if the covered insured had paid the premiums.

This benefit has no loan or cash values.

DEFINITIONS

COVERED INSURED

Any reference to a "covered insured" in this rider means the primary insured and the other insured (if any) shown on the Certificate Information Page for this certificate.

TOTAL DISABLEMENT

Total disablement means disablement which:

1. Results from bodily injury or disease; and
2. Starts while this rider is in force; and
3. Starts before the anniversary following the disabled insured's 60th birthday; and
4. Has been continuous for at least six months; and
5. Results in the covered insured being under the regular care of a licensed physician who is not the owner, the covered insured or of the covered insured's immediate family, until the physician is of the opinion that regular care is no longer required for prudent medical management of the injury or sickness; and
6. Either:
 - a. Prevents the covered insured from doing any work for pay or profit. During the first two years of disablement, work means the regular occupation of the covered insured. After two years it means any work for which the covered insured is or becomes reasonably fitted by education, training or experience; or

- b. Includes the loss of the sight of both eyes, or the use of both hands, of both feet, or of one hand and one foot.

RISKS NOT ASSUMED

We will not assume the risk for total disablement that results from:

- 1. Intentional self-inflicted injury while sane or insane; or
- 2. War or any act due to war. The term "war" includes declared or undeclared war.

PROOF OF TOTAL DISABLEMENT

No premium will be waived unless due proof of total disablement is received at our Home Office:

- 1. While the covered insured is living, and still disabled; and
- 2. While the certificate and other insured rider (if any) are in force; but
- 3. No later than one year after the expiry date of this rider.

If you fail to give proof within this time because it is not reasonably possible, we will not reduce or deny your claim. In any event, you must give proof of total disablement as soon as it is reasonably possible to do so and you must give this proof within one year after the time limit unless you are legally incapacitated to do so.

PROOF OF CONTINUED TOTAL DISABLEMENT

We may require proof, at your expense, that total disablement has continued without break. This will be at reasonable intervals during the first two years of disablement, and no more than once a year after that. We may require, at our expense, an examination of the covered insured by a physician of our choice. If the required proof is not given, or if the covered insured is no longer totally disabled, no further premiums will be waived.

PREMIUMS

Until we approve a claim for the waiver of premium benefit, payment of premiums when due are required to avoid a lapse of insurance before we approve the claim for the waiver of premium benefit. If we approve a claim for the waiver of premium benefit, we will refund the premiums paid after the first of the benefit month on or following the date the covered insured's total disability began.

If total disability begins during the grace period of a premium in default, payment of the overdue premium is required to avoid a lapse of insurance before we approve the claim for the waiver of premium benefit.

You must resume payment of premiums that become due for this certificate and any riders after the earlier of either:

- 1. Recovery from total disablement; or
- 2. Failure to give due proof of continued total disablement when required.

INCONTESTABILITY

This rider will be incontestable after it has been in force during the lifetime of the covered insured for two years from the rider effective date, excluding any period when the covered insured is totally disabled, except for fraud in the procurement of this rider, when permitted by applicable law in the state where the certificate is delivered or issued for delivery. If this rider is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This rider will be incontestable after it has been in force while the covered insured is alive for two years from the reinstatement date.

APPLICABLE PROVISIONS

All of the terms of the certificate apply to this rider.

TERMINATION

This rider will be in effect as long as it has not expired and the certificate is in force. If the covered insured is not totally disabled on the expiry date shown above, the rider will terminate on the expiry date. If the covered insured is totally disabled on the expiry date, benefits will continue to be paid until the covered insured is no longer totally disabled. This rider will terminate at that time. At any time before the expiry date, this rider will terminate and no insurance will be in effect when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The certificate terminates.
3. The certificate expires.
4. The certificate lapses because the grace period ends without payment of the required premium.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

ACCELERATED DEATH BENEFIT RIDER

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this rider.

BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. IF SO, YOU AND THE BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR TAX PROFESSIONAL TO ASSESS THE IMPACT OF THIS BENEFIT. BENEFITS OF THIS RIDER ARE NOT PAYABLE IF THE CERTIFICATE TO WHICH IT IS ATTACHED IS NOT IN FORCE.

DEFINITIONS

CLAIMANT. Any covered insured who is requesting an accelerated death benefit under this rider.

COVERED INSURED. Any reference to a "covered insured" in this rider means the primary insured and the other insured (if any) shown on the Certificate Information pages for this certificate and any insured child.

PHYSICIAN. A licensed, medical practitioner performing within the scope of his/her license. This person cannot be the owner, a covered insured, or a person related to a covered insured by blood or marriage.

TERMINAL ILLNESS. A noncorrectable illness or physical condition resulting in a life expectancy of 12 months or less from the date of the claimant's application for the benefit. The terminal illness cannot be the result of an intentional self-inflicted injury.

BENEFIT PAYMENT LIEN. A debt or a loan secured by the certificate.

ACCELERATED DEATH BENEFIT

We will pay an accelerated death benefit upon receipt of due proof, acceptable to us, that the claimant has been diagnosed with a terminal illness. There must be at least 12 months remaining before the claimant's coverage under this certificate reaches its expiry date in order to receive an accelerated death benefit. The amount of any accelerated death benefit will be equal to 65% of the claimant's face amount. Payment will be made in one lump sum.

The accelerated death benefit is paid to the owner or owner's estate while the claimant is living, unless the benefit has been otherwise assigned or designated by the owner. Prior to the payment of the accelerated death benefit, we will obtain from any assignee a signed acknowledgement of concurrence for payout. If we are the assignee under the contract, no acknowledgement will be required.

If the claimant dies after the owner elects to receive accelerated death benefits but before any such benefits are received, the election shall be cancelled and the death benefit paid according to the contract.

BENEFIT PAYMENT LIEN

When an accelerated death benefit payment is made, we will establish a benefit payment lien in that amount against the claimant's face amount. Interest will be charged on the total amount of the lien. On the certificate anniversary, any interest not paid will be added to the lien and accrue interest at the same rate. The lien, and any accrued interest, may be repaid in full or in part at any time.

The lien interest rate may change monthly. At the beginning of each month we will set the rate which will apply for that month. The maximum lien interest rate for each month will be the greater of:

1. The yield on the 90 day Treasury Bills available on the first of the month preceding the month for which the lien rate is determined; or
2. Moody's Corporate Bond Yield Average – Monthly Average Corporates – as published by Moody's Investors Service, Inc. or any successor thereto, for the calendar month ending two months before the month for which the lien rate is determined.

EFFECT OF AN ACCELERATED DEATH BENEFIT ON CERTIFICATE

DEATH BENEFIT. Any proceeds payable upon death of the claimant will be reduced by the full amount of the claimant's benefit payment lien and accrued lien interest as described in the certificate.

CERTIFICATE VALUES. Upon request that the certificate be terminated, any surrender values remaining will be reduced by the full amount of any benefit payment lien and lien interest as described in the certificate.

Refunds on deposit will continue to be fully accessible once an accelerated benefit has been paid.

PREMIUM. Once an accelerated death benefit has been paid on the primary insured or other insured (if any), any required premium not paid before the end of its grace period will be added to the benefit payment lien.

If a disability waiver of premium rider is attached to the certificate and an accelerated death benefit is paid on the primary insured or other insured (if any), the primary insured or other insured (if any) will be deemed to be totally disabled for the purposes of that rider. During the second year of disablement and no more than once a year after that, we may require proof that the covered insured is still terminally ill.

An accelerated death benefit payment on a covered child has no effect on premiums. Contract premiums must continue to be paid for the certificate to remain in force and unpaid premiums are not added to the lien.

TERMINATION OF CONTRACT. The certificate will terminate if the benefit payment lien causes the primary insured's face amount, exclusive of refunds on deposit, to fall below zero. Any refunds on deposit at that time will be returned to the owner unless they are held as security for debt.

TERMINATION OF COVERAGE. Coverage for the claimant will terminate when the benefit payment lien causes the claimant's face amount to fall below zero.

STATEMENT OF COVERAGE. Concurrent with the claimant's request to accelerate the face amount, a statement of coverage will be sent to the owner by us showing the effect of the accelerated death benefit payment on the claimant's cash value, death benefit, contract premium and liens.

REQUIREMENTS OF DIAGNOSIS

We must be furnished with a diagnosis of terminal illness by a physician licensed in the United States. This includes current documentation supported by clinical, radiological, histological, or laboratory evidence of the terminal illness. We may require, at our expense, an additional examination by a physician of our choice.

ADMINISTRATIVE EXPENSE CHARGE

An administrative expense charge may be required at the time the accelerated death benefit is paid for each claimant. The charge will not exceed \$250.00 and will be deducted from the accelerated death benefit payment.

APPLICABLE PROVISIONS

All of the terms of the certificate apply to this rider.

REINSTATEMENT

This rider may be reinstated according to the same rules as we require for the certificate.

TERMINATION OF RIDER

This rider will be in effect while the certificate is in force; however, any option to exercise benefits under this rider will terminate when one of the following occurs:

1. The certificate expires, terminates or lapses.
2. We receive your signed request to terminate this rider.

If a qualifying event occurs while this rider is in force, termination will not affect consideration of a request for an acceleration of benefits.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

AVIATION EXCLUSION ENDORSEMENT

EFFECTIVE DATE [JULY 1, 2009]

CERTIFICATE NUMBER [123456789]

This is an endorsement to the above numbered certificate. It shall be attached to and become part of it. All terms are the same except those changed by this endorsement. The purpose of this endorsement is to exclude certain causes of death from coverage by this contract for the following insured(s):

[JOHN X WOODMEN]
[JANE L WOODMEN]

RISKS NOT ASSUMED

The risk for death will not be paid for an insured listed above if that insured's death results from travel or flight in or descent from or with any form or type of aircraft:

1. In which that insured was or was acting as pilot, officer, or member of the crew; or
2. In which that insured was taking part in aeronautics or aviation training, sky diving or hang gliding, ballooning; or
3. Which is operated for military purposes, except noncombatant passenger aircraft.

LIMIT OF LIABILITY

If death for an insured listed above does result from any of the above excluded risks, our liability for that insured will be limited to the sum of:

- The reserve for that insured's face amount.
- Any refunds on deposit with interest for that insured.
- Any premium paid for the payment period beyond the date of that insured's death.

AND MINUS

- Any debt with interest secured by that insured's face amount.
- Due and unpaid contract premium on the date of death.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

SUICIDE AND INCONTESTABILITY ENDORSEMENT

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

This is an endorsement to the above numbered certificate. It shall be attached to and become a part of it. All terms are the same except those changed by this endorsement.

The Incontestable Provision in this contract is hereby amended so that we will not contest this contract beyond the contestable period in the original certificate(s) or policy(ies), with the exception of Benefits Not Affected.

The Suicide Exclusion Provision is hereby amended so that we will not limit benefits for suicide for this contract beyond the exclusion period stated in the original certificate(s) or policy(ies) with the exception of Benefits Not Affected.

BENEFITS NOT AFFECTED

The change caused by this endorsement will not apply to any benefits for:

- Accidental death benefits in excess of the amount which was in force in any or all of the replaced or converted certificates or policies.
- Life insurance in excess of the amount which was in force in any or all of the replaced or converted certificates or policies.
- Life insurance in excess of the amount that the face amount or death benefit was reduced in any or all prior certificate(s) or policy(ies) by the use of certificate values to fund this certificate.
- Life insurance in excess of the amount that the face amount or death benefit was reduced in any or all prior certificate(s) or policy(ies) by amendment so as to purchase this certificate.
- Waiver of Premium, except to the extent that the right to convert this benefit was granted in any or all of the prior certificate(s) or policy(ies).
- Guaranteed Insurability Rider, except to the extent that the right to it was granted in any or all of the prior certificates.
- Additional Insurance Option Rider, except to the extent that the right to it was granted in any or all of the prior certificates.
- Life insurance coverage resulting from an exchange of term life insurance that was nonrenewable and for which no conversion right existed and was to expire within five years at the time of change in coverage.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

SERFF Tracking Number: *WDMM-125925677* *State:* *Arkansas*
Filing Company: *Woodmen of the World Life Insurance Society* *State Tracking Number:* *41050*
Company Tracking Number:
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.213 Specified Age or Duration -*
Fixed/Indeterminate Premium - Single Life

Product Name: *Family Term Life Cert & Riders*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WDMM-125925677 State: Arkansas
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 41050
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Family Term Life Cert & Riders
Project Name/Number: /

Supporting Document Schedules

Review Status: 12/01/2008
Satisfied -Name: Certification/Notice
Comments:
Attachments:
Rule19 Ctfn.pdf
Readability Ctfn.pdf

Review Status: 12/19/2008
Satisfied -Name: Disclosure Statement
Comments:
Attachment:
8069 10-08.pdf

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102

CERTIFICATION

I certify that to the best of my knowledge and belief the form(s) in this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

December 4, 2008

Date

Vice President & Chief Actuary

Form(s):

Form 8063 10-08

Form 8064 10-08

Form 8065 10-08

Form 8066 10-08

Form 8067 10-08

Form 8071 10-08

Form 8072-10-08

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102-2007

FLESCH CERTIFICATION

<u>Form Number(s)</u>	<u>Description</u>	<u>Flesch Score</u>
Form 8063 10-08	Term Life Insurance Certificate with Term Benefit for Children	46.0
Form 8064 10-08	Other Insured Rider	46.3
Form 8065 10-08	Children's Term Rider	44.8
Form 8066 10-08	Waiver of Premium Rider	51.5
Form 8067 10-08	Accelerated Death Benefit Rider	41.1
Form 8071 10-08	Aviation Rider	58.0
Form 8072 10-08	Suicide & Incontestability Rider	40.2

I certify that these Flesch Index numbers are accurate in accordance with the published rules of application of the test.

Randall P. Rotschafer
Vice President and Chief Actuary

WOODMEN OF THE WORLD/OMAHA WOODMEN LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102
Telephone: (402) 342-1890

ACCELERATED DEATH BENEFIT DISCLOSURE STATEMENT

If a covered insured is diagnosed with a terminal illness, that is a noncorrectable illness or physical condition resulting in a life expectancy of 12 months or less, the owner may request that Woodmen advance a portion of the certificate face amount in a form of an accelerated death benefit. The amount of any accelerated death benefit will be equal to 65% of the face amount for that covered insured. The payment will be made in one lump sum and may be used at your discretion.

There is no additional premium for this benefit. However, an Administrative Expense Charge of up to \$250 may be required for each covered insured requesting the accelerated death benefit at the time the accelerated death benefit payment is made. When an accelerated death benefit payment is made, a benefit payment lien of the same amount would be established by Woodmen against the face amount of the covered insured receiving the accelerated death benefit. Interest would be charged on the total amount of the lien. Any interest not paid on the certificate anniversary would be added to the lien and accrue interest at the same monthly rate. The lien and accrued interest may be repaid at any time.

When an accelerated death benefit payment is made, a statement of coverage showing the effect on contract benefits and values for the covered insured receiving an accelerated death benefit will be sent to the owner by Woodmen. These changes could be expected to result from the payment of an accelerated death benefit:

1. The face amount of the covered insured receiving the accelerated death benefit would be reduced by the full amount of the benefit payment lien and any accrued interest.
2. Certificate values would be reduced by the full amount of the benefit payment lien and any accrued interest.
3. For the primary insured or other insured (if any), any required premium not paid before the end of its grace period would be added to the benefit payment lien.
4. An accelerated death benefit payment on a covered child has no effect on premiums. Contract premiums must continue to be paid for the certificate to remain in force and unpaid premiums are not added to the lien.
5. The certificate would terminate if the benefit payment lien causes the primary insured's face amount, exclusive of refunds on deposit, to fall below zero. Any refunds on deposit at that time will be returned to the owner unless they are held as security for debt.
6. Coverage for the covered insured receiving the accelerated death benefit will terminate when the benefit payment lien causes the face amount for that insured to fall below zero.

This benefit would be available while the certificate is in force. The option to exercise this benefit would cease when the certificate expires, terminates or lapses. The owner may also send written request to the Home Office that the rider offering the benefit be terminated.

Benefits paid under this rider may be taxable. If so, you and your beneficiary may incur a tax obligation. As with all tax matters, you should consult your tax professional to assess the impact of this benefit.

SERFF Tracking Number: WMMM-125925677 State: Arkansas
 Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 41050
 Company Tracking Number:
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Family Term Life Cert & Riders
 Project Name/Number: /

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Term Life Insurance Certificate with Term Benefit for Children	12/02/2008	8063 10-08.pdf

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

A Fraternal Benefit Society

Home Office: 1700 Farnam Street, Omaha, Nebraska 68102
[www.woodmen.org]

**PARTICIPATING TERM LIFE INSURANCE
WITH TERM BENEFIT FOR CHILDREN
ANNUALLY RENEWABLE TO AGE 95 – CONVERTIBLE TO AGE 72
PREMIUMS LEVEL FOR FIRST 10 YEARS
PREMIUMS PAYABLE TO AGE 95**

RIGHT TO EXAMINE CERTIFICATE: All premiums paid, including certificate fee, will be returned if the owner wants to cancel this certificate within [20] days from the date it is received. To cancel this certificate, give it to our representative who delivered it or send it to our Home Office at 1700 Farnam Street, Omaha, Nebraska 68102.

This is a legal contract between the owner and Woodmen of the World Life Insurance Society.

READ THIS CERTIFICATE CAREFULLY.

We agree to provide the benefits described in this certificate and have caused it to be signed by our President and Secretary at Omaha, Nebraska, on its effective date.

[Danny E. Cummins]

President

[Pamela Hernandez]

Secretary

MODAL PREMIUM DISCLOSURE

PREMIUM PAYMENT OPTIONS

You have the right to choose one of the following premium payment modes: Annual, Semiannual, Quarterly, or Monthly Pre-Authorized Collection (PAC). If you choose a payment mode other than annual, you will pay additional charges for selecting that payment mode. **The chart below, based on an example of a \$1,000 annual premium, shows the additional payment charges for each premium payment mode.**

COST COMPARISON OF ADDITIONAL PAYMENT CHARGES FOR ALTERNATIVE PREMIUM PAYMENT MODES

PREMIUM PAYMENT MODE	NUMBER OF PREMIUM PAYMENTS PER YEAR	AMOUNT OF EACH MODAL PREMIUM PAYMENT (including Additional Payment Charges)	TOTAL OF MODAL PREMIUM PAYMENTS PER YEAR (including Additional Payment Charges)	TOTAL ADDITIONAL PAYMENT CHARGES PER YEAR
Annual	1	\$1,000.00	\$1,000.00	\$0.00
Semiannual	2	\$520.00	\$1,040.00	\$40.00
Quarterly	4	\$265.00	\$1,060.00	\$60.00
Monthly (PAC)	12	\$85.00	\$1,020.00	\$20.00

Fraternal dues are included in premium amounts.

CALCULATION OF MODAL PREMIUM

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

Annual – 1.00

Semiannual – .52

Quarterly – .265

Monthly (PAC) – .085

As shown above, if paid on a Semiannual, Quarterly, or Monthly (PAC) Premium Payment Mode, your total premiums will be higher than if you made a single payment using the Annual Premium Payment Mode. Premiums paid on other than the Annual Premium Payment Mode are increased to reflect the time value of money and to cover the administrative costs of processing additional premium payments.

NOTICE TO OWNER

Each Modal Premium Payment is a payment, in advance, for insurance. Insurance continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However, the failure to pay a premium may result in termination of your coverage. If you would like further information on modal premium payments or related annual percentage rates, please call our Home Office at [1-800-225-3108].

CERTIFICATE INFORMATION

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

OWNER[(S)] Primary Insured [JOHN X WOODMEN]
[Other Insured JANE L WOODMEN]

PRIMARY INSURED [JOHN X WOODMEN]

PRIMARY INSURED'S AGE [35]

PRIMARY INSURED'S FACE AMOUNT OF INSURANCE [\$100,000]

PRIMARY INSURED'S RATING CLASS [Standard]/[Tobacco][*]

PRIMARY INSURED'S EXPIRY DATE [July 1, 2069]

PRIMARY INSURED'S FINAL DATE FOR CONVERSION [June 30, 2046]

[OTHER INSURED] [JANE L WOODMEN]

[OTHER INSURED'S AGE] [35]

[OTHER INSURED'S FACE AMOUNT OF INSURANCE] [\$50,000]

[OTHER INSURED'S RATING CLASS] [Standard]/[Tobacco][*]

[OTHER INSURED'S EXPIRY DATE] [January 1, 2069]

[OTHER INSURED'S FINAL DATE FOR CONVERSION] [December 31, 2045]

[*Premiums include an additional amount because of increased risk due to a tobacco classification and/or special rating class.]

Refunds under this certificate are not guaranteed and are not anticipated to be paid.

Prepared on [01/01/2008]

CERTIFICATE INFORMATION continued

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	BENEFIT AMOUNT	FIRST YEAR ANNUAL PREMIUM
Term Life Insurance to age 95 with Term Insurance Benefit for Children	[\$100,000]	[\$354.00]
[Other Insured Term Rider]	[\$50,000]	[\$156.00]
[Accelerated Death Benefit Rider]		[\$0.00]
[Disability Waiver of Premium Rider]		[\$30.00]
TOTAL FIRST YEAR ANNUAL PREMIUM:		[\$540.00]

MODAL PREMIUM PAYMENT OPTIONS:

ANNUAL [\$540.00]
SEMIANNUAL \$[280.80]
QUARTERLY [\$143.10]
MONTHLY PRE-AUTHORIZED COLLECTION \$[45.90]

Premium amounts include annual fraternal dues of \$[30.00] and an annual certificate fee of \$[60.00].

Prepared on [01/01/2008]

CERTIFICATE INFORMATION continued

CERTIFICATE NUMBER [123456789]
PRIMARY INSURED [JOHN X WOODMEN]
[OTHER INSURED] [JANE L WOODMEN]
BENEFIT AMOUNT FOR EACH INSURED CHILD \$10,000
RATING CLASS FOR EACH INSURED CHILD STANDARD

**CHILDREN COVERED TO CERTIFICATE ANNIVERSARY FOLLOWING
AGE 25 UNDER CHILDREN'S TERM INSURANCE BENEFIT**

NAME OF INSURED CHILD	AGE	EXPIRY DATE/FINAL DATE FOR CONVERSION
[John Doe, Jr. Child]	[8]	[July 1, 2026]
[Jane Doe Child]	[6]	[July 1, 2028]
[Mary Doe Child]	[4]	[July 1, 2030]
[Susie Smith Child]	[8]	[July 1, 2026]
[Steven Smith Child]	[6]	[July 1, 2028]

Prepared on [01/01/2008]

TABLE OF ANNUAL PREMIUMS

CERTIFICATE YEAR	PRIMARY INSURED ANNUAL PREMIUM	[OTHER INSURED ANNUAL PREMIUM]	[DISABILITY WAIVER OF PREMIUM RIDER PREMIUM]	TOTAL ANNUAL PREMIUM
2	\$ 354.00	[\$ 156.00	[\$ 30.00	\$ [540.00
3	354.00	156.00	30.00	540.00
4	354.00	156.00	30.00	540.00
5	354.00	156.00	30.00	540.00
6	354.00	156.00	30.00	540.00
7	354.00	156.00	30.00	540.00
8	354.00	156.00	30.00	540.00
9	354.00	156.00	30.00	540.00
10	354.00	156.00	30.00	540.00
11	1,093.00	472.00	134.00	1,699.00
12	1,164.00	507.50	150.00	1,821.50
13	1,224.00	537.50	168.00	1,929.50
14	1,270.00	560.50	188.00	2,018.50
15	1,350.00	600.50	214.00	2,164.50
16	1,449.00	650.00	250.00	2,349.00
17	1,573.00	712.00	294.00	2,579.00
18	1,720.00	785.50	352.00	2,857.50
19	1,893.00	872.00	424.00	3,189.00
20	2,095.00	973.00	514.00	3,582.00
21	2,311.00	1,081.00	624.00	4,016.00
22	2,535.00	1,193.00	764.00	4,492.00
23	2,746.00	1,298.50	890.00	4,934.50
24	2,950.00	1,400.50	1,034.00	5,384.50
25	3,185.00	1,518.00	1,198.00]	5,901.00
26	3,467.00	1,659.00		5,126.00
27	3,806.00	1,828.50		5,634.50
28	4,190.00	2,020.50		6,210.50
29	4,600.00	2,225.50		6,825.50
30	5,013.00	2,432.00		7,445.00
31	5,423.00	2,637.00		8,060.00
32	5,827.00	2,839.00		8,666.00
33	6,242.00	3,046.50		9,288.50
34	6,671.00	3,261.00		9,932.00
35	7,143.00	3,497.00		10,640.00
36	7,683.00	3,767.00		11,450.00
37	8,335.00	4,093.00		12,428.00
38	9,085.00	4,468.00		13,553.00
39	9,850.00	4,850.50		14,700.50
40	10,674.00	5,262.50		15,936.50
41	11,581.00	5,716.00		17,297.00
42	12,584.00	6,217.50		18,801.50
43	13,731.00	6,791.00		20,522.00
44	15,035.00	7,443.00		22,478.00
45	16,467.00	8,159.00		24,626.00
46	18,061.00	8,956.00		27,017.00
47	19,794.00	9,822.50		29,616.50
48	21,577.00	10,714.00		32,291.00
49	23,465.00	11,658.00		35,123.00
50	25,571.00	12,711.00]		38,282.00]

TABLE OF ANNUAL PREMIUMS

CERTIFICATE YEAR	PRIMARY INSURED ANNUAL PREMIUM	[OTHER INSURED ANNUAL PREMIUM]	[DISABILITY WAIVER OF PREMIUM RIDER PREMIUM]	TOTAL ANNUAL PREMIUM
51	\$27,891.00	[\$13,871.00		\$(41,762.00
52	30,429.00	15,140.00		45,569.00
53	33,188.00	16,519.50		49,707.50
54	36,046.00	17,948.50		53,994.50
55	38,936.00	19,393.50		58,329.50
56	41,573.00	20,712.00		62,285.00
57	44,053.00	21,952.00		66,005.00
58	46,805.00	23,328.00		70,133.00
59	49,801.00	24,826.00		74,627.00
60	53,180.00	26,515.50]		79,695.50]

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Riders and amendments, if any, and a copy of the certificate application are attached following Page 15.

PART 1 – DEFINITIONS

ATTAINED AGE

The age shown on Page 3 plus the number of certificate anniversaries that have passed since the effective date shown on Page 3.

EFFECTIVE DATE

The date the certificate takes effect as shown on Page 3. This date is used to determine certificate years, certificate anniversaries, and premium payment periods.

MEMBER

The member(s) is/are the primary insured, the other insured (if any), and any insured child listed on the Certificate Information Pages.

PRIMARY INSURED

The person on whose life this certificate is written.

OWNER, YOU, YOUR

The owner of this certificate is shown on the Certificate Information Page. In this certificate and any attached riders, the words “you” and “your” refer to the owner. If the certificate is owned by more than one person, the words “you” and “your” refer to all current owners of the certificate.

TRANSFER OF OWNERSHIP. The owner of this certificate may be changed by sending a request to our Home Office. Once approved by us, the change will take effect as of the date the request was signed.

REQUEST

A form of communication we receive in our Home Office providing the information we need either in writing or another manner that we approve in advance.

WE, OUR, US

Woodmen of the World Life Insurance Society, also referred to as “we,” “our,” and “us.”

PART 2 – CERTIFICATE BENEFITS

DEATH BENEFIT

We will pay the death benefit to the beneficiary if the primary insured dies while this certificate is in force, subject to the terms of this certificate.

The death benefit will be the sum of:

- The face amount of insurance provided by this contract.
- Any refunds on deposit with interest.
- Any premium paid for the payment period beyond the date of death.

AND MINUS

- Any debt with interest secured by this certificate.
- Due and unpaid premium for the contract on the date of death.

The death benefit may be paid in one sum if the owner has so elected. If an optional method of payment has been elected, payment will be made under the settlement option chosen. Options are shown in PART 6, SETTLEMENT OPTIONS.

This benefit has no loan or cash values.

REFUNDS

This is a participating certificate. It will share in refunds, if any, as declared by our Board of Directors at the second certificate year end and each following certificate year end. Refunds are amounts returned if actual experience with regard to mortality, expense, lapses, and investment return is more favorable than assumed in setting the premiums for this certificate. We do not anticipate declaring refunds under this certificate.

According to the option chosen in the application or in a later request, such refunds will be as described in one of the options shown below.

- CASH. Paid in cash.
- REFUNDS ON DEPOSIT. Left with us to accumulate at interest. Interest will be at the rate of 3% per year or such higher rate as may be set by us.
- REDUCE PREMIUM. Applied to reduce the premium for the insurance.

Refunds will be held on deposit if another option has not been chosen or the option chosen is not applicable. The accumulated amount on deposit may be withdrawn at any time by request of the owner to our Home Office.

CONVERSION RIGHT

While this certificate is in force and no later than the final date for conversion shown on the Certificate Information page, it may be converted to any permanent life insurance coverage being offered by us at the time of conversion.

No proof of insurability will be required. The conversion is subject to the following:

- Receipt at our Home Office of the owner's signed application and any required premium for the new certificate.
- No premiums for this certificate are in default.
- If the certificate is converted while premiums are being waived under a Disability Waiver of Premium Benefit, no premiums under the new certificate will be waived.
- Any additional benefit riders or endorsements attached to this certificate will not be included on the new certificate unless we receive evidence of insurability satisfactory to us.
- The new certificate will have the same rating class as this certificate, if available, or if not available, the most similar rating class available at that time.
- The suicide and contestable periods on the new certificate will be measured from the effective date of this certificate.
- Rates will be those in effect for the primary insured's age at the time of conversion.
- The face amount of the new certificate cannot be more than the amount of insurance in force under this certificate at the time of conversion.
- The new certificate and any amount not converted, will be subject to our minimum certificate requirements in effect at the time of conversion.
- This certificate and any attached riders or endorsements will terminate upon conversion to any permanent life insurance certificate.

PART 3 – THE CONTRACT

ENTIRE CONTRACT

The contract between the owner and us consists of:

- This certificate.
- Riders, endorsements and amendments, if any.
- The application, a copy of which is attached to this certificate, and any applications for modification of this certificate which are based upon evidence of insurability.
- Our Articles of Incorporation.
- Our Constitution and Laws.

The Articles of Incorporation and the Constitution and Laws and any amendments to them are binding on the owner and the beneficiary but will not take away or reduce any of the benefits payable under this certificate.

This certificate is granted in consideration of the application and the timely payment of premiums.

MODIFICATION

Only we may change, reduce or add to the terms of this certificate. Any change must be in writing and signed by our President or Secretary. No one else has the right to modify this certificate.

STATEMENTS IN THE APPLICATION

Statements made by or for the applicant in the application are by law representations and not warranties. Only statements signed by the applicant and attached to this certificate can be used to contest this certificate.

INCONTESTABILITY

This certificate will be incontestable after it has been in force during the lifetime of the primary insured for two years from its effective date. If this certificate is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This certificate will be incontestable after it has been in force while the primary insured is alive for two years from the reinstatement date. See PART 4, REINSTATEMENT.

APPLICABLE STATE LAW

The terms of this certificate will be governed by the laws of the state in which it is delivered.

PART 4 – PREMIUMS, TERMINATION AND REINSTATEMENT

PREMIUMS

PREMIUM. "Premium" means a payment for the insurance and is to be paid along with fraternal dues. All premium payments after the first premium are payable without notice and must be received at our Home Office on or before the due date.

The first premium is payable at our Home Office or to our authorized representative. All other premiums are payable at our Home Office. A receipt signed by an officer will be sent on request.

PAYMENT PERIOD. Premiums are to be paid for periods of one, three, six or twelve months. The due date of any premium will be the first day of the payment period. Premiums are to continue until the expiry date shown on Page 3 or until the primary insured's death.

UNUSED PREMIUM. The part of any premium paid for the payment period beyond the date the primary insured dies will be paid as part of the death benefit of this certificate.

DEFAULT. A premium not paid on or before its due date is in default and will cause this certificate to terminate except as provided in the GRACE PERIOD provision below.

GRACE PERIOD. After the first premium is paid, a grace period of 31 days will be allowed for the payment of any premium in default. During the grace period this certificate will remain in force.

FRATERNAL DUES. Fraternal dues are payable with the premiums. The fraternal dues will be sent by us to the lodge where membership is held.

TERMINATION

This certificate will terminate and no insurance will be in effect when one of the following occurs:

1. We receive your signed request to terminate the certificate.
2. The certificate expires. See expiry date on Page 3.
3. The certificate is converted.
4. The certificate lapses because the grace period ends without payment of the required premium.

REINSTATEMENT

If this certificate has lapsed it may be reinstated prior to the expiry date by request of the owner within three years after the end of the grace period, while the primary insured is living, by payment of all due and past due premiums. Reinstatement takes effect and insurance commences on the day reinstatement is approved, and all required premiums are received, at our Home Office.

Reinstatement is subject to the following:

1. We may require proof satisfactory to us, at the owner's expense, that the primary insured is insurable.
2. If payment is received at our Home Office more than six months after the end of the grace period, the owner must also pay interest at the rate of 6% per year, compounded yearly, from the due date of each past due premium.

PART 5 – GENERAL PROVISIONS

MISSTATEMENT OF AGE

The primary insured's age on Page 3 is the age of the primary insured on the effective date.

If the primary insured's age has been misstated, all benefits will be those the premiums paid would have purchased for the primary insured's true age.

SUICIDE EXCLUSION PERIOD

If the primary insured dies by suicide while sane or insane within two years from the effective date, the death benefit will be limited to the payment of a benefit equal to the amount of the contract premiums paid, without interest, less any debt secured by this certificate.

RIGHT TO CONTINUE CERTIFICATE IF SEPARATED FROM MEMBERSHIP

If a member is separated for cause from fraternal membership, this certificate can remain in full force by meeting the terms of PART 4, PREMIUMS. All of the terms of this certificate will remain in force.

RESERVES

We must by law have on hand at all times assets which are equal to the certificate reserves. If our reserves as to all, or any class of, certificates should become impaired, our Board of Directors may require each certificate owner to make additional payments equal to the amount of the certificate's equitable proportion of such deficiency as determined by the Board. If the additional payment is not made, it shall be charged as an indebtedness against the certificate and draw interest at a rate not to exceed 5% per year, compounded yearly or, in the alternative, the owner may consent to a reduction of the corresponding insurance benefit proportionate to the value of the additional payment; provided, there will be no personal liability upon any certificate owner for any additional payments.

BASIS OF RESERVES

Reserves for this certificate are determined in accordance with the requirements of the state in which this certificate is delivered using the Commissioners Reserve Valuation method as defined in the Standard Valuation law. All calculations assume that premiums are paid continuously and the death benefit is paid at the time of death.

PART 6 – SETTLEMENT AND BENEFICIARY

SETTLEMENT

Application for any benefit provided by this certificate must be furnished to our Home Office with such proof as required by us. All benefits will be payable at our Home Office.

Final settlement of a claim for the death benefit will be made within two months after receipt of due proof of death.

BENEFICIARY

The beneficiary is the person, persons, or entity who may receive the death benefit. During the primary insured's life, the owner can change the primary insured's beneficiary at any time by sending a signed, dated and witnessed request to our Home Office. When the change has been received and approved at our Home Office, it will take effect as of the date the request was signed. However, such change will not apply to any action taken or payment made by us before the change is received and approved at our Home Office. No beneficiary will have any rights in this certificate during the primary insured's life.

SETTLEMENT OPTIONS (SEE PAGE 15 FOR MINIMUM SETTLEMENT OPTION MONTHLY PAYMENTS)

The death benefit of this certificate may be made payable in accordance with one of the options shown below, instead of in one sum. Other settlement options may be available upon your request and approval by our Home Office.

ELECTION OF OPTION. Election of an option may be made by the owner or, if the owner makes no election, by the beneficiary after any covered insured's death. Notice of an election must be made in writing to our Home Office. The elected option will take effect on the date it was signed, subject to any action taken by us before receipt of such election at our Home Office.

If the payee is other than a natural person, no option may be elected without our written consent.

Under any option, if the amount to be held by us is less than \$5,000, or if any periodic payment would be less than \$100, we may make payment in one sum.

The settlement option contract will pay an amount each payment period as selected by the owner or the beneficiary. The payment periods available are one, three, six, or twelve months.

- Option 1. **SINGLE LIFE ANNUITY.** An amount will be paid each payment period for a fixed period of years and after that for so long as the payee lives. The fixed period may be between 0 and 20 years.
- Option 2. **JOINT AND SURVIVOR LIFE ANNUITY.** An amount will be paid each payment period for so long as two joint payees are alive. On the death of each payee, the survivor will receive a percentage of the payment for so long as the survivor lives. The percentage of the payment to the survivor may be between 25% and 100%.
- Option 3. **FIXED PERIOD.** An amount will be paid each payment period for a fixed period of 1 to 30 years.
- Option 4. **FIXED AMOUNT.** A fixed amount will be paid each payment period until the fund, together with interest on the unpaid balance, is exhausted.

BASIS FOR SETTLEMENT OPTIONS

The rate of interest for Options 3 and 4 will not be less than 3% per year. Options 1 and 2 will be based on the Annuity 2000 Mortality Table blended 40% male, 60% female, with interest at the rate of 3% per year. Under these options, the amount of each payment will depend on the adjusted age of the payee and the joint payee where applicable. The adjusted age will be based on the actual age last birthday at the time the first payment is due, as follows:

Calendar Year of Birth	Adjusted Age
Before 1920	Actual age decreased by 1
1920 – 1939	Actual age decreased by 2
1940 – 1959	Actual age decreased by 3
1960 – 1979	Actual age decreased by 4
1980 – 1999	Actual age decreased by 5
2000 & up	Actual age decreased by 6

MINIMUM SETTLEMENT OPTION MONTHLY BENEFIT PAYMENTS FOR \$1,000 OF BENEFITS

OPTION 1 - FIXED PERIOD IN YEARS

ADJUSTED AGE	0	10	15	20
55	\$ 4.31	\$4.28	\$4.22	\$4.14
60	4.79	4.72	4.62	4.47
61	4.91	4.82	4.71	4.54
62	5.03	4.93	4.80	4.60
63	5.16	5.05	4.89	4.67
64	5.30	5.17	4.99	4.74
65	5.44	5.29	5.09	4.81
66	5.60	5.43	5.20	4.88
67	5.77	5.57	5.30	4.94
68	5.95	5.71	5.41	5.01
69	6.15	5.87	5.52	5.07
70	6.36	6.03	5.62	5.12
75	7.66	6.91	6.14	5.34
80	9.54	7.85	6.53	5.46
85	12.29	8.67	6.75	5.50
90	16.10	9.20	6.84	5.51
95	21.00	9.49	6.87	5.51

OPTION 2 - JOINT AND SURVIVOR OPTION – SURVIVOR PERCENTAGE 100%

ADJUSTED PAYEE AGE	ADJUSTED JOINT PAYEE AGE								
	55	60	65	70	75	80	85	90	95
55	\$3.79	\$3.93	\$4.05	\$4.14	\$4.20	\$4.25	\$ 4.28	\$ 4.29	\$ 4.30
60	3.93	4.13	4.31	4.46	4.58	4.67	4.72	4.75	4.77
65	4.05	4.31	4.58	4.83	5.03	5.19	5.30	5.36	5.40
70	4.14	4.46	4.83	5.20	5.55	5.83	6.04	6.18	6.25
75	4.20	4.58	5.03	5.55	6.08	6.57	6.97	7.24	7.42
80	4.25	4.67	5.19	5.83	6.57	7.34	8.04	8.59	8.96
85	4.28	4.72	5.30	6.04	6.97	8.04	9.16	10.14	10.89
90	4.29	4.75	5.36	6.18	7.24	8.59	10.14	11.68	13.00
95	4.30	4.77	5.40	6.25	7.42	8.96	10.89	13.00	15.00

JOINT AND SURVIVOR OPTION – SURVIVOR PERCENTAGE 75%

ADJUSTED PAYEE AGE	ADJUSTED JOINT PAYEE AGE								
	55	60	65	70	75	80	85	90	95
55	\$4.04	\$4.21	\$4.40	\$4.58	\$4.77	\$ 4.95	\$ 5.12	\$ 5.27	\$ 5.38
60	4.21	4.43	4.67	4.91	5.16	5.39	5.60	5.78	5.92
65	4.40	4.67	4.97	5.29	5.62	5.94	6.22	6.46	6.65
70	4.58	4.91	5.29	5.72	6.17	6.61	7.02	7.36	7.62
75	4.77	5.16	5.62	6.17	6.78	7.41	8.02	8.53	8.93
80	4.95	5.39	5.94	6.61	7.41	8.30	9.20	10.01	10.65
85	5.12	5.60	6.22	7.02	8.02	9.20	10.49	11.74	12.79
90	5.27	5.78	6.46	7.36	8.53	10.01	11.74	13.54	15.18
95	5.38	5.92	6.65	7.62	8.93	10.65	12.79	15.18	17.50

OPTIONS 3 AND 4 - FIXED PERIOD AND/OR FIXED AMOUNT

NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT	NUMBER OF YEARS	MONTHLY PAYMENT
10	\$9.61	17	\$6.23	24	\$4.84
11	8.86	18	5.96	25	4.71
12	8.24	19	5.73	26	4.59
13	7.71	20	5.51	27	4.47
14	7.26	21	5.32	28	4.37
15	6.87	22	5.15	29	4.27
16	6.53	23	4.99	30	4.18

Rates for other combinations of ages, under and over those shown, are available upon request.