

SERFF Tracking Number: FRCS-125699398 State: Arkansas  
Filing Company: AIG Life Insurance Company State Tracking Number: 39442  
Company Tracking Number: 5004  
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium  
Product Name: FPDA-Filing  
Project Name/Number: AIGLIFE-DE/70/70

## Filing at a Glance

Company: AIG Life Insurance Company

Product Name: FPDA-Filing

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: FRCS-125699398 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39442

Co Tr Num: 5004

Co Status: None

Author: Johnna Kemp

Date Submitted: 06/26/2008

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/27/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AIGLIFE-DE/70

Project Number: 70

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/27/2008

State Status Changed: 06/27/2008

Corresponding Filing Tracking Number:

Filing Description:

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

Our fee of \$150 has been sent by EFT on this same date. This fee is based on the domicile state.

These forms are new and are not intended to replace any previously approved forms.



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Product Name: FPDA-Filing  
Project Name/Number: AIGLIFE-DE/70/70

### Filing Contact Information

(This filing was made by a third party - FC01)

Johnna Kemp, Technician johnna.kemp@firstconsulting.com  
1020 Central, Suite 201 (800) 927-2730 [Phone]  
Kansas City, MO 64105 (816) 391-2755[FAX]

### Filing Company Information

AIG Life Insurance Company CoCode: 66842 State of Domicile: Delaware  
One Alico Plaza Group Code: 12 Company Type:  
Wilmington, DE 19801 Group Name: State ID Number:  
(732) 922-7793 ext. [Phone] FEIN Number: 25-1118523  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation: This fee is based on the domicile state fee of \$50.00 per form and we are filing three forms therefore the fee for this filing will be \$150.00.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Life Insurance Company	\$150.00	06/26/2008	21117368

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/27/2008	06/27/2008

*SERFF Tracking Number:* FRCS-125699398      *State:* Arkansas  
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*Product Name:* FPDA-Filing  
*Project Name/Number:* AIGLIFE-DE/70/70

## **Disposition**

Disposition Date: 06/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Form</b>	Group Fixed Flexible Premium Deferred Annuity Certificate		Yes
<b>Form</b>	Extended Care Rider		Yes
<b>Form</b>	Deferred Annuity Enrollment Form		Yes

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## Form Schedule

Lead Form Number: 08114

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08114	Certificate	Group Fixed Flexible Premium Deferred Annuity Certificate	Initial		60	08114_GROUP_FLEX_5&8_FIXED_ANNUITY_dist.pdf
	04049C	Policy/Contract/Fratern	al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		56	04049C_AIG_EXTENDED_CARE_RIDER(final)_dist.pdf
	AGLC103193	Application/Deferred Annuity Enrollment Form	Enrollment Form	Initial		50	Enrollment Form - FINAL-AGLC103193_jd_dist.pdf



AIG Life Insurance Company  
600 King Street  
Wilmington, Delaware 19801  
A Capital Stock Company

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**This annuity certificate is issued by AIG Life Insurance Company** to the Owner named on the Schedule Page, and is evidence of the Owner's interest under the Group Annuity Contract issued to the Policyholder named on the Schedule Page.

This certificate is issued in consideration of Your Enrollment Form and receipt of the initial premium payment. Once an Income Plan has been selected We will make payments to the Owner or a designated payee as described in the Income Plan section. This certificate also provides for payment of a death benefit as described in the Death Benefits section.

Withdrawals may be made at any time before an Income Plan begins (subject to the provisions in this certificate and the minimums stated on the Schedule Page). Withdrawal Charges may apply. Free Withdrawals may be made as provided in the Free Withdrawal provision.

#### **NOTICE OF TWENTY DAY RIGHT TO EXAMINE CERTIFICATE**

You may return this certificate within twenty days after delivery if You are not satisfied with it for any reason. The certificate may be returned to Us or to the agent through whom it was purchased. Upon surrender of the certificate within the twenty day period, it will be void from the beginning, and We will refund any premium paid.

This is a **FLEXIBLE PREMIUM DEFERRED ANNUITY CERTIFICATE**. If an Income Plan is elected at maturity, income payments will begin on the Annuity Date. **NONPARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS.**

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.

Secretary

President

**FLEXIBLE PREMIUM DEFERRED ANNUITY CERTIFICATE**  
**READ YOUR CERTIFICATE CAREFULLY**

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## DEFINITIONS

**Annuity Date.** The Annuity Date is the first Certificate Anniversary following the Annuitant's 100<sup>th</sup> birthday. If the Date of Issue occurs on the Annuitant's birthday, the Annuity Date will be the Annuitant's 100<sup>th</sup> birthday. The Annuity Date is shown on the Schedule Page and cannot be changed (except for a change of Annuitant). The Annuity Date is the date the certificate matures. At that time, the certificate will be surrendered and the Withdrawal Value paid or an Income Plan will begin.

**Company Reference.** "We", "Our", "Us", or "Company" mean AIG Life Insurance Company.

**Contract Anniversary.** Each anniversary of the Date of Issue of this certificate.

**Date of Issue.** The date on which the initial premium is allocated. All certificate months, years, and anniversaries are measured from this date. The Date of Issue is shown on the Schedule Page.

**Death.** Reference to death means the death of an individual or natural person, not the termination or dissolution of a corporation, trust or other legal entity.

**Issue Age.** Age of the Annuitant on the Annuitant's last birthday before the Date of Issue. If the Date of Issue occurs on the Annuitant's birthday, "last birthday" will mean the birthday that occurred on the Date of Issue.

**Written, In Writing.** A written request or notice in acceptable form and content, which is signed, dated and received by Us.

**You, Your.** The words "You" or "Your" mean the Owner of this certificate.

## NOTICE

This Is A Legal Certificate Between  
The Certificate Owner And The Company.

## SCHEDULE PAGE

Policyholder:	AIG Trust		
Group Annuity Number:	P123456		
Annuitant	John Doe	Certificate Number:	123456789
Certificate Owner:	John Doe	Date of Issue:	September 5, 2007
Certificate Jurisdiction:	State Name	Issue Age:	35
This Is A [Sex Distinct] Certificate		Annuity Date:	September 5, 2072

Flexible Premium Deferred Annuity  
 Initial Premium Payment \$20,000.00

Product Option Plan: 5-Year

Initial Interest Rate (Guaranteed For  
 First Certificate Year): [4.00%]

Minimum Guaranteed Interest Rate: 2.00%

Premium Bonus Percentage [4.00%]

Minimum Annuity Value [\$2,000]

Minimum Partial Withdrawal \$250

Minimum Systematic Withdrawal \$50

Minimum Withdrawal Value Percentage 90%

Interest Rate For Minimum Withdrawal Values [3.00%]

Minimum Electronic Funds Transfer (EFT) Payments:

Monthly	[ \$50 ]
Quarterly	[ \$150 ]
Semi-Annually	[ \$300 ]
Annually	[ \$600 ]

Minimum Additional Payments Other Than EFT: [ \$2,000 ]

Withdrawal Charges: Percentages shown below will be applied to any amount withdrawn which exceeds the permitted free withdrawals during the first five certificate years (Withdrawal Charge Period).

Certificate Year	Withdrawal Charge	Certificate Year	Withdrawal Charge
1	8%	4	5%
2	7%	5	4%
3	6%	6 & Thereafter	0%

## SCHEDULE PAGE

Policyholder:	AIG Trust		
Group Annuity Number:	P123456		
Annuitant	John Doe	Certificate Number:	123456789
Certificate Owner:	John Doe	Date of Issue:	September 5, 2007
Certificate Jurisdiction:	State Name	Issue Age:	35
This Is A [Sex Distinct] Certificate		Annuity Date:	September 5, 2072
Flexible Premium Deferred Annuity Initial Premium Payment			\$20,000.00
Product Option Plan:			8-Year
Initial Interest Rate (Guaranteed For First Certificate Year):			[4.50%]
Minimum Guaranteed Interest Rate:			2.00%
Premium Bonus Percentage			[6.00%]
Minimum Annuity Value			[\$2,000.00]
Minimum Partial Withdrawal			\$250
Minimum Systematic Withdrawal			\$50
Minimum Withdrawal Value Percentage			90%
Interest Rate For Minimum Withdrawal Values			[3.00%]
Minimum Electronic Funds Transfer (EFT) Payments:			
Monthly			[\$50]
Quarterly			[\$150]
Semi-Annually			[\$300]
Annually			[\$600]
Minimum Additional Payments Other Than EFT:			[\$2,000]

Withdrawal Charges: Percentages shown below will be applied to any amount withdrawn which exceeds the permitted free withdrawals during the first eight certificate years (Withdrawal Charge Period).

Certificate Year	Withdrawal Charge	Certificate Year	Withdrawal Charge
1	8%	5	4%
2	7%	6	3%
3	6%	7	2%
4	5%	8	1%
		9 & Thereafter	0%

**Primary Owner.** The Primary Owner is the first person listed in the owner section of the Enrollment Form or who is subsequently named as Primary Owner.

**Joint Owners.** Joint Owners are the two persons (Primary Owner and other person listed in the owner section of the Enrollment Form) that own a non-qualified certificate.

**Non-Natural Owner.** A Non-Natural Owner is a corporation, trust or other legal entity listed in the owner section of the Enrollment Form that is not a natural person or any corporation, trust or other legal entity that is subsequently named as an Owner.

**Owner.** Unless noted otherwise, the Owner is any Primary Owner, Joint Owners or a Non-Natural Owner, under this certificate. Unless otherwise specified in the Enrollment Form, the person listed as the Owner is also the Annuitant of this certificate. As the Owner, You have the right to:

1. Name a different Owner;
2. Assign Your full interest in this certificate to another person;
3. Name or change the Beneficiary;
4. Withdraw money from Your certificate;
5. Select an Income Plan;
6. Receive income payments once the Income Plan has been established; or
7. Surrender Your certificate and receive the Withdrawal Value.

**Change of Owner.** The Owner may be changed unless the previous designation provides otherwise. The change may be made by submitting a Written request to Us. The change will take effect when We have recorded the change. However, after the change is

recorded, the change will be deemed effective as of the date of the Written request for change. The change will be subject to any payment made or action taken by Us before the request is received.

Any change of Owner may have income tax consequences.

**Annuitant.** The Annuitant is the "measuring life" for the Annuity. The Owner will, upon request, provide proof of the Annuitant's age and sex (proof of the Annuitant's age if issued on a gender neutral basis). The Annuitant's age and sex (age only if issued on a gender neutral basis) will be used to calculate income payments that are life contingent. The Annuitant is the person designated by the Owner in the Enrollment Form, unless changed prior to the Annuity Date or before an Income Plan begins.

**Change of the Annuitant.** The following rules apply to a change of the Annuitant:

1. A Non-Natural Owner cannot change the Annuitant or name a new Annuitant following the death of the Annuitant;
2. An Owner who is neither a Non-Natural Owner nor the Annuitant may designate himself the Annuitant at the time an Income Plan is requested;
3. A Primary Owner or Joint Owners who is (are) not the Annuitant may designate another person as the Annuitant before an Income Plan begins. If, upon the death of the Annuitant, no designation is made within 30 days after death, the Primary Owner will become the Annuitant. Any change of the Annuitant is subject to Our approval.

Any change of Annuitant may have income tax consequences.

**Beneficiary.** The Beneficiary is the person or persons who will receive payment of the death benefit:

1. Upon the death of the Owner before an Income Plan has begun; or
2. Upon the death of an Annuitant if payments are being made under an Income Plan that calls for payments to continue after the Annuitant's death.

If no Beneficiary is living when the death benefit becomes payable, We will pay the Owner's estate. If more than one Beneficiary is living

when the death benefit becomes payable, We will pay an equal amount to each living Beneficiary, unless directed otherwise.

**Change of Beneficiary.** The Beneficiary may be changed unless the previous designation provides otherwise. The change may be made by submitting a Written request to Us. The change will take effect when We have recorded the change. However, after the change is recorded, the change will be deemed effective as of the date of the Written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

## PREMIUM PAYMENTS, INTEREST AND ANNUITY VALUE

**Premium Payments.** After the initial premium payment, additional premium payments may be made at any time prior to the Annuity Date or before an Income Plan begins, subject to the Minimum Additional Payments Other Than EFT shown on the Schedule Page. However, if a periodic electronic funds transfer (EFT) is established through Your bank or payroll deduction, the Minimum EFT Payment amounts shown on the Schedule Page will apply.

Other restrictions may apply if this certificate is an Individual Retirement Annuity (IRA) or a Roth IRA. You should refer to the IRA or any other endorsement attached to this certificate.

**Interest.** Interest is credited daily to the Annuity Value. Interest rates will be set in advance of the periods to which they apply. Each declared rate will not be less than the Minimum Guaranteed Interest Rate shown on the Schedule Page.

Interest will be credited to the Annuity Value subject to the following:

The initial premium payment will earn interest at the Initial Interest Rate shown on the Schedule Page. Interest on all additional premium payments will be credited for one year at the then current interest rate in effect at the time such payment was received by Us. On each anniversary of each premium payment interest may continue to be credited at the same rate for one additional year or a new current interest rate may be applied. Each new rate will be in effect for one year.

Partial withdrawals (including any Withdrawal Charges) reduce the Annuity Value from the effective date of the withdrawal. Interest on the amount of a partial withdrawal is credited daily to the date of the withdrawal. Otherwise, interest is credited to the date of a full surrender, or to the date of death, if earlier.

## PREMIUM PAYMENTS, INTEREST AND ANNUITY VALUE (Continued)

**Premium Bonus.** A Premium Bonus, if any, will be added to the initial premium payment and to any additional premium payments received during the first certificate year. You will find the Premium Bonus Percentage, if any, on the Schedule Page. The Premium Bonus is calculated by multiplying the Premium Bonus Percentage by the premium received less premium tax, if any. The Premium Bonus, if any, will be applied at the same time the premium is applied to the certificate.

**Annuity Value.** The Annuity Value will be:

1. The sum of all premium payments received;
2. Plus the Premium Bonus, if any;
3. Plus all interest credited;
4. Minus any applicable premium tax;
5. Minus any previous withdrawals.

## FULL SURRENDER AND WITHDRAWALS

**Full Surrender.** At any time on or prior to the Annuity Date and during Your lifetime, You may surrender this certificate by sending Us a Written request. The amount payable on surrender is the Withdrawal Value, as defined below. We may require that this certificate be returned to Us prior to making payment. Upon payment of the Withdrawal Value this certificate will terminate.

**Partial Withdrawals.** A partial withdrawal is any withdrawal that is not a full surrender, systematic withdrawal or Life Expectancy Retirement Options/Minimum Required Distributions, as defined below. The Owner may withdraw a portion of the Withdrawal Value at any time before an Income Plan begins. The Minimum Partial Withdrawal and the Minimum Annuity Value after a withdrawal are shown on the Schedule Page.

**Systematic Withdrawals.** Systematic withdrawals include the scheduled withdrawal of interest or any other amount designated by the Owner to be withdrawn. Systematic withdrawals may begin 30 days after the Date of Issue, or at any other time thereafter. Payments may be monthly, quarterly, semiannually, or annually.

Systematic withdrawals are subject to the Minimum Systematic Withdrawal amount shown on the Schedule Page. A systematic withdrawal will not be allowed if it would cause the Annuity Value to fall below the Minimum Annuity Value shown on the Schedule Page.

**Withdrawal Value.** The Withdrawal Value equals the Annuity Value, less the Withdrawal Charge, if any, as defined below.

The Withdrawal Value will never be less than the Minimum Withdrawal Value.

**Minimum Withdrawal Value.** The Minimum Withdrawal Value is:

1. The total premium paid multiplied by the Minimum Withdrawal Value Percentage; less
2. Premium tax, if any; less
3. Any prior withdrawals (net withdrawals received by the Owner after the Withdrawal Charge); plus
4. Interest accumulated at the Interest Rate for Minimum Withdrawal Values.

## FULL SURRENDER AND WITHDRAWALS (Continued)

The Minimum Withdrawal Value Percentage and the Interest Rate for Minimum Withdrawal Values appear on the Schedule Page. The Minimum Withdrawal Value provision applies to amounts withdrawn pursuant to the Full Surrender and Withdrawals, Income Plans and Death Benefit provisions of this certificate.

**Free Withdrawal.** Each certificate year, You are allowed to withdraw up to 10% of the Annuity Value as of the previous certificate anniversary (or 10% of the initial premium payment if the withdrawal is in the first certificate year) without a Withdrawal Charge. However, beginning in the second certificate year this amount will increase to 20% if no withdrawal of any kind was taken in the previous certificate year. Free Withdrawals are subject to the following:

1. The Free Withdrawal may be taken in any combination of partial withdrawals, systematic withdrawals, Life Expectancy Retirement Options/Minimum Required Distributions or as part of a full surrender. Partial withdrawals and systematic withdrawals are limited to the Minimum Partial Withdrawal amount and Minimum Systematic Withdrawal amount stated on the Schedule Page; and
2. Any amount withdrawn within a certificate year that exceeds the Free Withdrawal amount, will be subject to a Withdrawal Charge if the certificate is still within the period of time this charge is assessed. Special provisions apply to Life Expectancy Retirement Options/Minimum Required Distributions withdrawals as stated below.

**Life Expectancy Retirement Options (LERO)/ Minimum Required Distributions (MRD).** A LERO/MRD is a distribution by the Company equal to the required minimum distribution amount as determined under Section 401(a)(9) of the Internal Revenue Code and its accompanying Treasury regulations as it applies to tax qualified certificates.

1. LERO/MRD payments based on the values in this certificate are always available without a Withdrawal Charge at any time after the Date of Issue and before the Annuity Date;
2. LERO/MRD payments count against the Free Withdrawal amount, thereby reducing or possibly eliminating the ability to take other Free Withdrawals within a certificate year;
3. If LERO/MRD is calculated by Us, then any previous withdrawals made within the applicable calendar year will reduce the amount withdrawn for the LERO/MRD distribution; and
4. The Minimum Annuity Value requirement stated on the Schedule Page does not apply to these distributions.

**Withdrawal Charges.** Withdrawal charges are applied as a percentage of the Annuity Value being withdrawn which exceeds the permitted Free Withdrawal. The Withdrawal Charge will be determined by multiplying the amount subject to the charge by the appropriate percentage shown in the table on the Schedule Page.

**Withdrawals May be Subject to Taxes.** Withdrawals from Your certificate may be subject to federal and/or state income taxes. For tax purposes, withdrawals will be treated as coming first from interest earnings, and as a return of premium only after earnings have been exhausted. Federal income tax penalties may also apply. Consult Your tax advisor regarding Your specific situation.

**Deferral of Payments.** In accordance with state law, We may, after making written request and receiving the written approval of the commissioner, defer payments up to six months after receiving a request for a withdrawal or full surrender. If We defer payment, We will pay You interest at the rate required by the laws of the state in which this certificate was delivered.

## INCOME PLANS

An Income Plan allows You to use the certificate to create a fixed income for life or for a specified period. We will pay the income to the Owner or a designated payee.

The amount of income paid under an Income Plan will depend on the amount applied to purchase the Income Plan, less premium tax, if any, and the Income Plan option selected. The minimum guaranteed basis for payment calculation is 2% annual interest and the age last birthday Annuity 2000 Mortality Table. If this certificate has been issued on a gender neutral basis, gender neutral mortality factors (50% male and 50% female blend) will be used. In using the table of income payment rates, the age of the Annuitant must be reduced by one year for each full five-year period that has elapsed since January 1, 2000.

The Annuity Value will be applied to compute income payments if:

1. Annuitization occurs after the 5th certificate year; and
2. The Income Plan selected is either life contingent or for a period certain equal to 5 years or more.

If either of the above conditions is not met the Withdrawal Value is applied.

Your Income Plan options are described below. Payments may be set up under one of these Income Plans or under another plan as We otherwise agree.

**Plan A – Lifetime Income:** Provides income payments for as long as the Annuitant lives. Income payments will end upon the Annuitant's death.

**Plan B – Lifetime Income with 5, 10, 15 or 20 Years Period Certain:** Provides income payments for as long as the Annuitant lives. If the Annuitant dies before the period certain is over, We will continue to make payments until the end of the period certain. You choose the

period certain of 5, 10, 15, or 20 years.

**Plan C – Life with an Installment Refund:** Provides income payments for as long as the Annuitant lives. If the Annuitant dies before the total amount received is at least equal to the amount applied to this plan, payments will continue until the total amount paid is equal to the amount applied.

**Plan D – Fixed Amount:** Provides fixed amount income payments for a minimum of 5 years in an amount elected until the amount applied is exhausted.

**Plan E – Period Certain:** Provides equal periodic income payments for a predetermined number of years only. The period certain may be from 5 to 20 years.

**Election of Option.** You may begin an Income Plan at any time prior to the Annuity Date. At least 30 days prior to the Annuity Date or to the date an Income Plan is to begin, You must return this certificate and indicate the Income Plan You have elected. Payments will be made according to Plan B, with a period certain of 10 years, if You do not choose another Income Plan.

**When an Income Plan Begins.** When an Income Plan begins:

1. This certificate will terminate and be replaced with an agreement to make payments under Your Income Plan;
2. No further withdrawals or premium payments may be made;
3. Income payments may be made monthly, quarterly, semiannually or annually. The minimum payment is \$50. We will make payments less frequently if Your chosen payment schedule results in a smaller payment; and
4. We may periodically require proof that the Annuitant is still living.

## DEATH BENEFITS

### Before an Income Plan Begins

**Death Benefit.** The death benefit will be equal to the Annuity Value as of the date of death of the Owner. In all instances, the death benefit will never be less than the Withdrawal Value.

**Death of the Primary Owner.** If the Primary Owner dies before the Annuity Date, or before an Income Plan begins, the death benefit will be paid to the Beneficiary under one of the following methods of payment:

1. Within 5 years after the date of death of the Owner as a single sum; or
2. Over a period not greater than the life or expected life of the Beneficiary, with annuity payments beginning within 1 year after the date of death of the Owner or such later date as IRS regulations may prescribe.

If We do not receive a Written notice within 60 days after We receive acceptable proof of death instructing Us how to pay the death benefit, the death benefit will be paid as a single sum.

If the Owner's spouse is the sole Beneficiary, there is an important exception, which is explained below. (See "Surviving Spouse Exception".)

**Death of Joint Owners.** If this certificate is issued to non-spousal Joint Owners, the death benefit will be paid upon the death of either person named as one of the Joint Owners in the manner described above. (See "Death of the Primary Owner".) The surviving person, if any, will be treated as the primary Beneficiary, (unless the Joint Owners have notified Us In Writing prior to

the death of either of the Joint Owners that the surviving person will not be the primary Beneficiary). Any other Beneficiary designation on record at the time of death will be treated as a contingent Beneficiary.

If this certificate is issued to spousal Joint Owners, upon the death of either person named as one of the Joint Owners, the surviving person will become the sole Beneficiary and be deemed a surviving spouse unless We are directed otherwise. (See "Surviving Spouse Exception".)

**Surviving Spouse Exception.** If a Primary Owner's spouse is the sole Beneficiary, upon the death of such Owner, the surviving spouse may request to:

1. Become the Primary Owner or the Primary Owner and Annuitant, continuing the certificate; or
2. Select one of the methods of payment described above.

**Death of the Annuitant.** If an Annuitant who is not an Owner dies before the Annuity Date, or before an Income Plan begins, an Owner other than a Non-Natural Owner, may designate a new Annuitant, subject to Our underwriting rules then in effect. If no designation is made within 30 days of the death, the Primary Owner will become the Annuitant. If the Owner is a Non-Natural Owner, the death of the Annuitant will be treated as the death of the Owner, and a new Annuitant may not be chosen.

## DEATH BENEFITS (Continued)

### After an Income Plan Begins

**Death of the Annuitant.** If the Annuitant dies while payments are being made under an Income Plan, those payments will end unless the Income Plan chosen calls for payments to continue after the Annuitant's death. These payments will be made at least as rapidly as they were being made at the time of death.

**Proof of Death.** We accept any of the following as proof of the Annuitant's or Owner's death:

1. A certified copy of the death certificate;
2. A certified copy of a decree from a court of competent jurisdiction as to the finding of death;
3. A Written statement by a medical doctor who attended the deceased at the time of death; or

4. Any other proof satisfactory to Us.

**Common Disaster.** If, before an Income Plan begins, We cannot determine whether a Beneficiary or the Owner died first in a Common Disaster, We will assume the Beneficiary died first. If, after an Income Plan begins, We cannot determine whether a Beneficiary or the Annuitant died first in a Common Disaster, We will assume the Beneficiary died first. If We cannot determine which of the Joint Owners died first in a Common Disaster, We will pay death benefits to the Beneficiary. Proceeds will be payable on this basis unless prior to the Common Disaster You have provided Us with Written instructions to pay in another manner.

## GENERAL INFORMATION

**Certificate.** This certificate, Your Enrollment Form (a copy of which is attached), any supplemental enrollments, and any riders or endorsements comprise the entire certificate. All statements made in the Enrollment are, in the absence of fraud, considered representations and not warranties.

**Assignment.** Only full assignments of certificates are allowed. We will not be bound by any assignment of this certificate unless it is received by Us In Writing. We will not be responsible for the validity of any assignment. We will not accept any attempt to assign a qualified certificate. Any change or assignment may have income tax consequences.

**Age or Gender Incorrectly Stated (Age Incorrectly Stated if issued on a Gender Neutral basis).** If the Annuitant's age or gender has been incorrectly stated, the amount payable will be that which would have been purchased at the correct age or gender (age only if issued on a gender neutral basis). After correction of the age or gender (age only if issued on a gender neutral basis), the payee will receive the sum of any shortages if underpayments have already been made by the Company. The amount of any overpayments made by the Company will be charged against benefits falling due after adjustment. Interest is not charged or credited in the event of a misstatement.

## GENERAL INFORMATION (Continued)

**Changes.** No change will be made that adversely affects Your rights unless the change is required by law. However, subject to any required regulatory approval, We may modify the certificate to qualify it as an annuity under the provisions of the Internal Revenue Code, as may be amended. You will be provided with notice of any change affecting this certificate, and, if required, the right to reject such change.

Any change in this certificate must be approved by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of this certificate.

**Nonparticipating.** This certificate will not pay dividends. It will not participate in any of Our surplus or earnings.

**Incontestable.** This certificate is incontestable.

**Gender Neutral Plans.** This certificate will have gender neutral mortality factors applied to its income plan if required by state or federal law, including participation in an employer-sponsored retirement plan under the provisions of Internal Revenue Code sections 401, 403, 457, or other pertinent sections.

**Report to the Owner.** At least once in each certificate year after the first, We will send to the Owner a statement of the Annuity and Withdrawal Values of this certificate. Statements will be sent until income payments begin or until the termination of this certificate.

**Premium Tax.** Some states charge a premium tax on annuities. If a premium tax is due, We will have the right to deduct the applicable amount from Your premium payment, or from Your Annuity Value at the time of a withdrawal or from the value applied to an Income Plan.

**MINIMUM MONTHLY INCOME PLAN PAYMENTS  
PER \$1,000 OF ANNUITY VALUE USED TO PURCHASE AN INCOME PLAN**

Attained Age of Payee When First Installment is Payable	PLAN A, B and C TABLES																		PLAN E TABLE	
	PLAN A				PLAN B								PLAN C				No. of Years Payable	Fixed Period Income		
	Life Income		Life Income with Guaranteed Period																	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
In 2005																				
35	\$2.78	\$2.65	\$2.78	\$2.65	\$2.78	\$2.64	\$2.77	\$2.64	\$2.76	\$2.64	\$2.76	\$2.64	\$2.76	\$2.64	\$2.61	\$2.72	\$2.61	5		
36	2.82	2.68	2.81	2.68	2.81	2.67	2.81	2.67	2.80	2.67	2.80	2.67	2.80	2.67	2.64	2.76	2.64	6		
37	2.86	2.71	2.85	2.71	2.84	2.70	2.84	2.70	2.83	2.70	2.83	2.70	2.83	2.70	2.67	2.79	2.67	7		
38	2.90	2.74	2.89	2.74	2.88	2.74	2.88	2.74	2.87	2.74	2.87	2.74	2.87	2.74	2.70	2.82	2.70	8		
39	2.94	2.78	2.94	2.78	2.93	2.78	2.92	2.77	2.91	2.77	2.91	2.77	2.91	2.77	2.73	2.86	2.73	9		
40	2.98	2.82	2.98	2.82	2.97	2.81	2.96	2.81	2.95	2.80	2.95	2.80	2.95	2.80	2.77	2.80	2.77	10		
41	3.03	2.85	3.03	2.85	3.02	2.84	3.01	2.84	2.99	2.84	2.99	2.84	2.99	2.84	2.80	2.84	2.80	11		
42	3.08	2.89	3.07	2.89	3.07	2.89	3.05	2.88	3.03	2.87	3.03	2.87	3.03	2.87	2.84	2.87	2.84	12		
43	3.13	2.94	3.12	2.94	3.12	2.93	3.10	2.92	3.07	2.91	3.07	2.91	3.07	2.91	2.87	2.91	2.87	13		
44	3.18	2.98	3.18	2.98	3.17	2.98	3.15	2.97	3.12	2.95	3.12	2.95	3.12	2.95	2.91	2.95	2.91	14		
45	3.23	3.03	3.23	3.03	3.22	3.02	3.20	3.01	3.17	3.00	3.17	3.00	3.17	3.00	2.95	3.10	2.95	15		
46	3.29	3.08	3.29	3.07	3.27	3.07	3.25	3.06	3.22	3.04	3.22	3.04	3.22	3.04	2.99	3.15	2.99	16		
47	3.35	3.13	3.35	3.12	3.33	3.12	3.31	3.11	3.27	3.09	3.27	3.09	3.27	3.09	3.04	3.20	3.04	17		
48	3.41	3.18	3.41	3.18	3.39	3.17	3.36	3.16	3.32	3.13	3.32	3.13	3.32	3.13	3.08	3.25	3.08	18		
49	3.48	3.24	3.47	3.23	3.45	3.23	3.42	3.21	3.37	3.18	3.37	3.18	3.37	3.18	3.13	3.30	3.13	19		
50	3.55	3.29	3.54	3.29	3.52	3.28	3.49	3.26	3.43	3.24	3.43	3.24	3.43	3.24	3.18	3.35	3.18	20		
51	3.62	3.36	3.61	3.35	3.59	3.34	3.55	3.32	3.49	3.29	3.49	3.29	3.49	3.29	3.23	3.41	3.23	15		
52	3.69	3.42	3.69	3.42	3.66	3.41	3.62	3.38	3.55	3.34	3.55	3.34	3.55	3.34	3.28	3.47	3.28	16		
53	3.77	3.49	3.76	3.48	3.74	3.47	3.69	3.45	3.61	3.40	3.61	3.40	3.61	3.40	3.34	3.53	3.34	17		
54	3.86	3.56	3.85	3.56	3.82	3.54	3.76	3.51	3.67	3.46	3.67	3.46	3.67	3.46	3.40	3.60	3.40	18		
55	3.95	3.64	3.94	3.63	3.90	3.61	3.84	3.58	3.74	3.52	3.74	3.52	3.74	3.52	3.46	3.66	3.46	19		
56	4.04	3.72	4.03	3.71	3.99	3.69	3.92	3.65	3.80	3.59	3.80	3.59	3.80	3.59	3.52	3.73	3.52	20		
57	4.14	3.80	4.13	3.79	4.08	3.77	4.00	3.73	3.87	3.65	3.87	3.65	3.87	3.65	3.59	3.81	3.59	15		
58	4.24	3.89	4.23	3.88	4.18	3.86	4.08	3.81	3.94	3.72	3.94	3.72	3.94	3.72	3.66	3.88	3.66	16		
59	4.36	3.99	4.34	3.98	4.28	3.95	4.17	3.89	4.00	3.79	4.00	3.79	4.00	3.79	3.74	3.96	3.74	17		
60	4.48	4.09	4.46	4.08	4.39	4.04	4.26	3.97	4.07	3.87	4.07	3.87	4.07	3.87	3.81	4.05	3.81	18		
61	4.60	4.19	4.58	4.18	4.50	4.14	4.36	4.06	4.14	3.94	4.14	3.94	4.14	3.94	3.90	4.14	3.90	19		
62	4.74	4.31	4.71	4.29	4.62	4.25	4.46	4.16	4.21	4.01	4.21	4.01	4.21	4.01	3.98	4.23	3.98	20		
63	4.88	4.43	4.85	4.41	4.75	4.36	4.56	4.26	4.28	4.09	4.28	4.09	4.28	4.09	4.07	4.32	4.07	15		
64	5.04	4.56	5.00	4.54	4.88	4.48	4.66	4.36	4.35	4.16	4.35	4.16	4.35	4.16	4.17	4.43	4.17	16		
65	5.20	4.70	5.16	4.68	5.02	4.60	4.76	4.46	4.41	4.24	4.41	4.24	4.41	4.24	4.26	4.54	4.26	17		
66	5.38	4.85	5.33	4.82	5.16	4.73	4.87	4.57	4.48	4.31	4.48	4.31	4.48	4.31	4.37	4.65	4.37	18		
67	5.57	5.00	5.51	4.97	5.31	4.87	4.97	4.68	4.54	4.39	4.54	4.39	4.54	4.39	4.48	4.77	4.48	19		
68	5.77	5.17	5.70	5.14	5.46	5.02	5.08	4.79	4.60	4.46	4.60	4.46	4.60	4.46	4.60	4.89	4.60	20		
69	5.98	5.36	5.90	5.32	5.62	5.17	5.18	4.91	4.65	4.53	4.65	4.53	4.65	4.53	4.72	5.02	4.72	15		
70	6.21	5.55	6.11	5.50	5.79	5.33	5.29	5.03	4.70	4.59	4.70	4.59	4.70	4.59	4.85	5.15	4.85	16		
71	6.45	5.77	6.33	5.71	5.95	5.50	5.39	5.14	4.75	4.66	4.75	4.66	4.75	4.66	4.99	5.30	4.99	17		
72	6.71	6.00	6.56	5.93	6.13	5.68	5.49	5.26	4.79	4.71	4.79	4.71	4.79	4.71	5.45	5.60	5.45	18		
73	6.99	6.25	6.81	6.16	6.30	5.87	5.58	5.38	4.83	4.76	4.83	4.76	4.83	4.76	5.29	5.60	5.29	19		
74	7.28	6.52	7.07	6.41	6.48	6.06	5.68	5.49	4.87	4.81	4.87	4.81	4.87	4.81	5.45	5.77	5.45	20		

**MINIMUM MONTHLY INCOME PLAN PAYMENTS  
PER \$1,000 OF ANNUITY VALUE USED TO PURCHASE AN INCOME PLAN**

Attained Age of Payee When First Installment is Payable	PLAN A, B and C TABLES																
	PLAN A							PLAN B							PLAN C		
	Life Income		Life Income with Guaranteed Period					Life Income with Guaranteed Period		Life Income with Guaranteed Period					Life Income with Installment Refund		
	Male	Female	5 Years		10 Years		15 Years		20 Years		Male	Female	Male	Female			
In 2005																	
75	\$7.60	\$6.81	\$7.35	\$6.67	\$6.66	\$6.26	\$5.76	\$5.60	\$4.90	\$4.85	\$5.94	\$5.62					
76	7.94	7.12	7.64	6.96	6.85	6.46	5.85	5.70	4.93	4.89	6.12	5.80					
77	8.30	7.46	7.95	7.26	7.03	6.66	5.92	5.80	4.95	4.92	6.31	5.99					
78	8.69	7.83	8.27	7.59	7.21	6.87	5.99	5.89	4.97	4.94	6.52	6.20					
79	9.10	8.23	8.60	7.93	7.38	7.07	6.06	5.97	4.98	4.97	6.73	6.41					
80	9.54	8.66	8.95	8.29	7.55	7.28	6.11	6.04	5.00	4.98	6.95	6.64					
81	10.02	9.13	9.31	8.67	7.72	7.48	6.17	6.10	5.01	5.00	7.18	6.88					
82	10.53	9.64	9.68	9.08	7.88	7.67	6.21	6.16	5.02	5.01	7.43	7.13					
83	11.07	10.19	10.06	9.50	8.03	7.85	6.25	6.21	5.03	5.02	7.68	7.39					
84	11.65	10.79	10.45	9.93	8.17	8.02	6.28	6.25	5.03	5.03	7.95	7.67					
85	12.27	11.44	10.85	10.37	8.30	8.17	6.31	6.29	5.03	5.03	8.23	7.96					
86	12.92	12.13	11.25	10.82	8.42	8.32	6.34	6.32	5.04	5.04	8.53	8.27					
87	13.62	12.87	11.66	11.28	8.53	8.45	6.36	6.34	5.04	5.04	8.84	8.59					
88	14.37	13.66	12.06	11.73	8.63	8.56	6.37	6.36	5.04	5.04	9.17	8.92					
89	15.16	14.50	12.47	12.17	8.73	8.66	6.39	6.38	5.04	5.04	9.51	9.27					
90	16.00	15.38	12.87	12.60	8.81	8.75	6.40	6.39	5.04	5.04	9.87	9.63					
91	16.90	16.30	13.26	13.01	8.88	8.83	6.40	6.40	5.04	5.04	10.26	10.01					
92	17.85	17.26	13.64	13.41	8.94	8.90	6.41	6.41	5.04	5.04	10.67	10.41					
93	18.86	18.26	14.02	13.80	9.00	8.96	6.41	6.41	5.04	5.04	11.11	10.83					
94	19.94	19.31	14.39	14.17	9.04	9.01	6.41	6.41	5.04	5.04	11.57	11.28					
95	21.11	20.41	14.76	14.53	9.08	9.06	6.42	6.41	5.04	5.04	12.08	11.76					
96	22.37	21.59	15.11	14.88	9.11	9.09	6.42	6.42	5.04	5.04	12.64	12.28					
97	23.77	22.86	15.46	15.23	9.14	9.12	6.42	6.42	5.04	5.04	13.25	12.85					
98	25.34	24.29	15.79	15.57	9.15	9.14	6.42	6.42	5.04	5.04	13.93	13.48					
99	27.12	25.90	16.11	15.91	9.16	9.16	6.42	6.42	5.04	5.04	14.68	14.19					
100	29.16	27.75	16.41	16.23	9.17	9.17	6.42	6.42	5.04	5.04	15.53	14.99					

**MINIMUM MONTHLY INCOME PLAN PAYMENTS  
PER \$1,000 OF ANNUITY VALUE USED TO PURCHASE AN INCOME PLAN**

Adjustable Age of Annuitant	PLAN A, B and C TABLES										PLAN E TABLE	
	GENDER NEUTRAL					GENDER NEUTRAL					No. of Years Payable	Fixed Period Income
	PLAN A Life Income	PLAN B Life Income with Guaranteed Period				PLAN C Life Income with Installment Refund						
	5 Years	10 Years	15 Years	20 Years		5 Years	10 Years	15 Years	20 Years			
35	\$2.71	\$2.71	\$2.71	\$2.70	\$2.67	\$2.71	\$2.71	\$2.71	\$2.70	\$2.67	5	\$17.49
36	2.75	2.74	2.74	2.73	2.70	2.75	2.74	2.74	2.73	2.70	6	14.72
37	2.78	2.78	2.77	2.76	2.73	2.78	2.78	2.77	2.76	2.73	7	12.74
38	2.82	2.82	2.81	2.80	2.76	2.82	2.82	2.81	2.80	2.76	8	11.25
39	2.86	2.86	2.85	2.83	2.80	2.86	2.85	2.85	2.83	2.80	9	10.10
40	2.90	2.90	2.89	2.87	2.83	2.90	2.89	2.89	2.87	2.83	10	9.18
41	2.94	2.94	2.93	2.91	2.87	2.94	2.93	2.93	2.91	2.87	11	8.42
42	2.98	2.98	2.97	2.95	2.91	2.98	2.98	2.97	2.95	2.91	12	7.80
43	3.03	3.03	3.02	2.99	2.95	3.03	3.02	3.01	2.99	2.95	13	7.26
44	3.08	3.08	3.07	3.04	2.99	3.08	3.07	3.06	3.04	2.99	14	6.81
45	3.13	3.13	3.12	3.08	3.03	3.13	3.12	3.10	3.08	3.03	15	6.42
46	3.18	3.18	3.17	3.13	3.07	3.18	3.17	3.15	3.13	3.07	16	6.07
47	3.24	3.24	3.22	3.18	3.12	3.24	3.22	3.21	3.18	3.12	17	5.77
48	3.29	3.29	3.28	3.23	3.17	3.29	3.28	3.26	3.23	3.17	18	5.50
49	3.35	3.35	3.34	3.28	3.22	3.35	3.34	3.31	3.28	3.22	19	5.26
50	3.42	3.42	3.40	3.33	3.27	3.41	3.40	3.37	3.33	3.27	20	5.04
51	3.48	3.48	3.46	3.39	3.32	3.48	3.46	3.43	3.39	3.32		
52	3.55	3.55	3.53	3.44	3.38	3.55	3.53	3.50	3.44	3.38		
53	3.63	3.63	3.60	3.50	3.44	3.62	3.60	3.56	3.50	3.44		
54	3.71	3.71	3.68	3.57	3.50	3.70	3.68	3.63	3.57	3.50		
55	3.79	3.79	3.75	3.63	3.56	3.78	3.75	3.71	3.63	3.56		
56	3.87	3.87	3.84	3.69	3.63	3.86	3.84	3.78	3.69	3.63		
57	3.96	3.96	3.92	3.76	3.70	3.95	3.92	3.86	3.76	3.70		
58	4.06	4.06	4.01	3.83	3.77	4.05	4.01	3.94	3.83	3.77		
59	4.16	4.16	4.11	3.90	3.85	4.15	4.11	4.03	3.90	3.85		
60	4.27	4.27	4.21	3.97	3.93	4.27	4.21	4.11	3.97	3.93		
61	4.39	4.39	4.32	4.04	4.02	4.37	4.32	4.21	4.04	4.02		
62	4.51	4.51	4.43	4.11	4.10	4.49	4.43	4.30	4.11	4.10		
63	4.65	4.65	4.55	4.18	4.20	4.62	4.55	4.40	4.18	4.20		
64	4.79	4.79	4.67	4.25	4.30	4.76	4.67	4.50	4.25	4.30		
65	4.94	4.94	4.80	4.32	4.40	4.91	4.80	4.61	4.32	4.40		
66	5.10	5.10	4.94	4.39	4.51	5.06	4.94	4.71	4.39	4.51		
67	5.27	5.27	5.08	4.46	4.62	5.23	5.08	4.82	4.46	4.62		
68	5.45	5.45	5.23	4.53	4.74	5.40	5.23	4.93	4.53	4.74		
69	5.65	5.65	5.39	4.59	4.87	5.59	5.39	5.04	4.59	4.87		
70	5.86	5.86	5.55	4.65	5.00	5.79	5.55	5.15	4.65	5.00		
71	6.08	6.08	5.72	4.70	5.14	6.00	5.72	5.26	4.70	5.14		
72	6.33	6.33	5.89	4.75	5.29	6.22	5.89	5.37	4.75	5.29		
73	6.59	6.59	6.07	4.80	5.44	6.46	6.07	5.48	4.80	5.44		
74	6.87	6.87	6.26	4.84	5.61	6.71	6.26	5.58	4.84	5.61		

**MINIMUM MONTHLY INCOME PLAN PAYMENTS  
PER \$1,000 OF ANNUITY VALUE USED TO PURCHASE AN INCOME PLAN**

Adjusted Age of Annuitant	PLAN A, B and C TABLES						
	PLAN A Life Income	GENDER NEUTRAL			PLAN C Life Income with Installment Refund		
		PLAN B Life Income with Guaranteed Period					
	5 Years	10 Years	15 Years	20 Years			
75	\$7.17	\$6.45	\$5.68	\$4.87	\$5.78		
76	7.49	6.64	5.77	4.91	5.96		
77	7.84	6.83	5.86	4.93	6.15		
78	8.21	7.02	5.94	4.96	6.35		
79	8.62	7.22	6.01	4.97	6.57		
80	9.05	7.40	6.07	4.99	6.79		
81	9.52	7.59	6.13	5.00	7.03		
82	10.03	7.76	6.18	5.01	7.28		
83	10.57	7.93	6.23	5.02	7.54		
84	11.16	8.09	6.27	5.03	7.81		
85	11.79	8.23	6.30	5.03	8.10		
86	12.47	8.36	6.33	5.04	8.40		
87	13.19	8.48	6.35	5.04	8.71		
88	13.96	8.59	6.37	5.04	9.05		
89	14.78	8.69	6.38	5.04	9.39		
90	15.64	8.78	6.39	5.04	9.75		
91	16.55	8.85	6.40	5.04	10.14		
92	17.50	8.92	6.41	5.04	10.54		
93	18.51	8.98	6.41	5.04	10.97		
94	19.57	9.03	6.41	5.04	11.43		
95	20.70	9.07	6.41	5.04	11.92		
96	21.91	9.10	6.42	5.04	12.46		
97	23.23	9.13	6.42	5.04	13.05		
98	24.71	9.15	6.42	5.04	13.70		
99	26.38	9.16	6.42	5.04	14.44		
100	28.31	9.17	6.42	5.04	15.26		

# **AIG Life Insurance Company**

A Capital Stock Company

This is a FLEXIBLE PREMIUM DEFERRED ANNUITY CERTIFICATE. If an Income Plan is elected at maturity, income payments will begin on the Annuity Date. NONPARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Customer Service Department

P.O. Box 3018  
Houston, TX 77253-3018  
800-242-4079

## AIG LIFE INSURANCE COMPANY

### EXTENDED CARE RIDER

(Providing Waiver Of Withdrawal Charges And Market Value Adjustment, If Applicable)

This rider has been added to and made a part of the certificate to which it is attached.

**Rider Benefit.** We will waive the Withdrawal Charge and Market Value Adjustment (if applicable) for a Transaction if:

1. The Owner receives Extended Care while confined in a Qualified Institution for at least 90 consecutive days; and
2. The Extended Care begins at least one year after the Date of Issue of the certificate.

**Request For Benefit.** To request waiver, We must receive a written request for a Transaction along with written proof of Extended Care:

1. Within 90 days of the last day Extended Care was received; or
2. While the Extended Care is being given.

Written proof of Extended Care must be in the form of a signed statement from a Qualified Institution or an invoice from a Qualified Institution that includes the name of the Owner and the dates of the Extended Care. Written proof must also include proof that the Extended Care Treatment: a) was prescribed by a Physician; and b) was provided by a Qualified Medical Professional while the Owner was confined in a Qualified Institution for at least 90 consecutive days.

**Termination.** This rider will terminate on the earlier of the following dates:

1. On the date the certificate to which this rider is attached is surrendered or terminated; or
2. The date on which any Owner becomes age 86 or dies, whichever comes first.

**Definitions.** The following definitions will apply:

1. "Extended Care" means Treatment which is:
  - a. Prescribed by a Physician;
  - b. Given by a Qualified Medical Professional; and
  - c. Received by the Owner while confined in a Qualified Institution.
2. The "Owner" is the primary Owner and any Joint Owner, collectively. The Annuitant shall be treated as the Owner for purposes of this rider if the Owner is a non-natural person.
3. A "Qualified Institution" is a hospital or skilled or intermediate care nursing facility licensed in the United States by a state or federal licensing authority for such facilities at which Treatment is provided daily and daily medical records are kept for each patient. The following are not Qualified Institutions:

- a. Drug or alcohol treatment centers;
  - b. Homes for the aged or mentally ill; or
  - c. Community living centers, or places that primarily provide accommodations, board or personal care services to persons who do not need daily medical or nursing care.
4. A "Qualified Medical Professional" is a legally qualified practitioner of the healing arts who is:
- a. Licensed in the United States by a state or federal licensing authority for such practitioners; and
  - b. Acting within the scope of his or her license; and
  - c. Not a resident of the Owner's or Annuitant's household; and
  - d. Not related to the Owner or Annuitant by blood or marriage.
5. A "Physician" is a legally qualified practitioner of the healing arts who is:
- a. Licensed in the United States by a state or federal licensing authority for such practitioners to diagnose and prescribe Treatment and Extended Care confinement; and
  - b. Not a resident of the Owner's or Annuitant's household; and
  - c. Not related to the Owner or Annuitant by blood or marriage.
6. "Transaction" is a current request to take funds from an annuity certificate by way of a full surrender, a partial withdrawal, upon death of the Owner or as an annuitization.
7. "Treatment" is the diagnosis and necessary medical care prescribed by a Physician for a medical condition requiring Extended Care confinement in a Qualified Institution.

The effective date of this rider is the Date of Issue of the certificate to which this rider is attached.



President

**AIG Life Insurance Company**  
A subsidiary of American International Group, Inc. (AIG)  
600 King Street, Wilmington, DE 19801

Group Annuity Number: \_\_\_\_\_  
Group Policyholder Name: \_\_\_\_\_

**Instructions:** Please type or print in black ink.

The Company has issued Group Annuity Number \_\_\_\_\_ to the AIG GROUP INSURANCE TRUST.  
The undersigned, hereby applies for enrollment as a Certificate Owner(s) under the Group Flexible Premium Deferred Annuity Contract referred to above in accordance with the information set forth below.

**1. Owner**

(If additional space is needed use Section 8, Special Remarks and check this box. )

Individual  Joint  Non-Natural

Name (FIRST, MI, LAST): Mr/Mrs/Ms John H. Doe

Sex:  Male  Female Date of Birth (MM/DD/YYYY): 05 / 26 / 1973 Age: 35

U.S. Citizen  Yes  No If no, Date of Entry: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Phone Number (DAYTIME): (111) 555-1212 SSN/TAX ID: 123-45-6789

Address (STREET): 123 Any Street

City: My Town State: USA Zip: 10000

Owner's Email Address: \_\_\_\_\_

If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under Section 8, Special Remarks.

Joint Owner (Both individual and joint sections need to be filled in for joint owners.)

Name (FIRST, MI, LAST): Mr/Mrs/Ms \_\_\_\_\_

Sex:  Male  Female Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ SSN/TAX ID: \_\_\_\_\_

U.S. Citizen  Yes  No If no, Date of Entry: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address (STREET): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to other Owner: \_\_\_\_\_

Trust  Corporation  Partnership  Other \_\_\_\_\_

Full Name \_\_\_\_\_

U.S. Citizen  Yes  No If no, Date of Entry: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Tax or Employer ID Number: \_\_\_\_\_

Address (STREET): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trustee's Name (IF TRUST IS NAMED): \_\_\_\_\_ Date of Trust (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(If additional space is needed use Section 8, Special Remarks and check this box. )

Trusts: If the Owner will be a trust, please submit the first and signature pages of the trust document, and the completed Trust Affidavit, form #AGLC102505

**2. Annuitant**

(Complete if Owner and Annuitant are different.)

Name (FIRST, MI, LAST): Mr/Mrs/Ms \_\_\_\_\_

Sex:  Male  Female Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN/TAX ID: \_\_\_\_\_

U.S. Citizen  Yes  No If no, Date of Entry: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address (STREET): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Annuitant Email: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

If a Joint Annuitant is involved then complete the same information requested above in the Special Remarks Section.

**3. Beneficiary Information**

(If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)

Name: Janet Doe  Primary  Contingent

100 % SSN/Tax ID: 123-45-9867 Relationship to Owner: daughter

Name: \_\_\_\_\_  Primary  Contingent

\_\_\_\_\_ % SSN/Tax ID: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

If more than 2 Beneficiaries, list in Section 8, Special Remarks, or on a separate sheet signed by the Owner and check this box.

#### 4. Premium Payment

CHECKS MUST BE MADE PAYABLE TO **AIG LIFE INSURANCE COMPANY**. Do not make checks payable to the agent or leave payee blank.

**Premium Payment:** \$ 20,000 **Premium Type:**  Single  Flexible  Modal (Complete EFT Section below)

**Method:** (check all that apply)  §1035 Exchange/Trustee Transfer  Check attached  Wire transfer

**Source of Premium:**  Non-qualified  IRA  Roth IRA  Other \_\_\_\_\_  
 Qualified\* (plan type/name) \_\_\_\_\_

\* Qualified: Funds from a retirement plan such as Keogh/HR-10, 401(k), 403(b), 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.

**Electronic Funds Transfer (EFT)**

**Payment Amount** (Flex Products only) \$ \_\_\_\_\_

**Mode:**  Monthly  Quarterly  Semi-Annually  Annually **Starting Date**(MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Account:**  Checking (attach voided check)  Savings (attach deposit slip)

**Name on Account:** \_\_\_\_\_ **Account Number:**

**Name of Institution:** \_\_\_\_\_ **ABA Routing/Transit Number:**

**Telephone Number:** \_\_\_\_\_

I authorize AIG to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to the account indicated above. **(Owner's initials)** \_\_\_\_\_

#### 5. Type of Annuity

(Select one of the following.) (Not all products qualify for all sections.)

**Type of Annuity requested:**  Non-qualified | **IRA:**  Traditional  Roth  SEP

**Qualified Plan:**  Other \_\_\_\_\_

#### 6. Annuity Product

(Select one of the following.)

**Flexible Premium:**

- AIG Group Flex 5 Fixed Annuity<sup>SM</sup>
- AIG Group Flex 5 Global Index Annuity<sup>SM</sup>
- AIG Group Flex 8 Fixed Annuity<sup>SM</sup>
- AIG Group Flex 8 Global Index Annuity<sup>SM</sup> ]

**7. Replacement (This section must be completed in its entirety.):**

- 1. Do you have any existing or pending annuity contracts or insurance policies?  Yes\*  No
- 2. Is this annuity intended to replace or change any existing annuity or life insurance contract?  Yes\*  No
- 3. If you answered yes to question 2, please complete the following section:

Insurance Company	Policy/Contract #

\* If you answered yes to either question, please complete any applicable replacement forms required by the state.

Certain states require completion of replacement-related forms even when existing or pending life insurance or annuities are not being replaced by the policy being applied for.

Replace means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity.

**8. Special Remarks**

**9. Client Signatures**

On behalf of myself and any person who may claim any interest under the certificate, I represent that all statements set forth are full, complete and true as written and correctly recorded to the best of my knowledge and belief. **I have read and understand the disclosures on page 4 of this application. I understand that a copy of the enrollment form will be attached to and made part of the certificate when issued.**

Signed at Anytown USA on 09/05/2007  
CITY STATE DATE

X John Doe X \_\_\_\_\_  
OWNER JOINT OWNER (IF APPLICABLE)

**10. Agent Signatures (This section must be completed in its entirety.):**

FOR AGENT: Does the owner have any existing or pending annuity or life insurance contracts?  Yes\*  No

To the best of your knowledge, is this annuity being purchased to replace or change any existing insurance or annuity?  Yes\*  No

\* If yes, please complete any applicable replacement forms required by the state.

I certify that the information provided by the Applicant has been truthfully and accurately recorded on the Enrollment Form.

X Sam Broker  
AGENT/BROKER SIGNATURE  
Sam Broker  
AGENT NAME (PRINT) \_\_\_\_\_ AGENT TELEPHONE NUMBER \_\_\_\_\_

## Disclosures

**For Arizona Residents Only:** Upon written request, we will provide you with factual information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with your annuity certificate for any reason, you may return it within 20 days (30 days if you were age 65 or above on the date of enrollment) after receipt for a refund of premium.

**REDEMPTIONS FROM QUALIFIED PLANS:** Distributions from employer-sponsored retirement programs will be subject to any limitations imposed by the plan.

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### FRAUD WARNING (Please check the box next to the appropriate signature state if listed.)

- Arkansas, North Dakota, Ohio, South Dakota, Texas and Washington Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.
- District of Columbia, Colorado, Kentucky, New Mexico and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.
- Louisiana and Massachusetts Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Tennessee Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- Maine and Virginia Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- Maryland Residents Only:** Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**In all other states:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

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### USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CERTIFICATE

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity certificate, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

*SERFF Tracking Number:* FRCS-125699398      *State:* Arkansas  
*Filing Company:* AIG Life Insurance Company      *State Tracking Number:* 39442  
*Company Tracking Number:* 5004  
*TOI:* A02G Group Annuities - Deferred Non-variable      *Sub-TOI:* A02G.002 Flexible Premium  
*Product Name:* FPDA-Filing  
*Project Name/Number:* AIGLIFE-DE/70/70

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125699398 State: Arkansas  
Filing Company: AIG Life Insurance Company State Tracking Number: 39442  
Company Tracking Number: 5004  
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium  
Product Name: FPDA-Filing  
Project Name/Number: AIGLIFE-DE/70/70

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

06/17/2008

### Comments:

### Attachments:

AR COC.pdf

AIGLife AUTHO - signed\_dist.pdf

AR RDB.pdf

AR Complaint Notice AIG.pdf

STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE

Company Name: AIG Life Insurance Company

Form Title(s): Group Fixed Flexible Premium Deferred Annuity Certificate, Extended Care Rider, Deferred Annuity Enrollment Form

Form Number(s): 08114, 04049C, AGLC103193

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



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Kathleen Toth  
Associate General Counsel

June 20, 2008

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Date

June 2, 2008

To: The Insurance Commissioner

### **Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

AIG Life Insurance Company

By:

A handwritten signature in cursive script that reads "Kathleen Toth". The signature is written in black ink and is positioned above a horizontal line.

Title: Associate General Counsel

STATE OF ARKANSAS  
READABILITY CERTIFICATION

COMPANY NAME: AIG Life Insurance Company

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
08114	60.4
04049C	55.9
AGLC103193	50.1



Kathleen Toth  
Associate General Counsel

June 20, 2008

Date

**IMPORTANT POLICYHOLDER SERVICE INFORMATION  
REGARDING YOUR INSURANCE**

If you need to contact someone about this annuity policy for any reason please contact your agent first, if an agent was involved in the sale. If no agent was involved, or if you have additional questions, you may contact the company issuing this annuity policy at the following address and telephone number:

**AIG LIFE INSURANCE COMPANY  
CUSTOMER SERVICE  
600 KING STREET (DPEN)  
WILMINGTON, DE 19801  
877-299-1724**

If you have been unable to contact or obtain satisfactory information from the Company or the agent, you may contact the Arkansas Insurance Department at:

**ARKANSAS INSURANCE DEPARTMENT  
CONSUMER SERVICES DIVISION  
1200 W. THIRD STREET  
LITTLE ROCK, AR 72201-1904  
800-282-9134**

When contacting your agent, the company, or the Arkansas Insurance Department, have your policy number available.

This notice is for information only and does not become a part or condition of your policy.