

SERFF Tracking Number: KCLF-125511313 State: Arkansas  
Filing Company: Kansas City Life Insurance Company State Tracking Number: 38438  
Company Tracking Number: J176-AR  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: Flexible Premium Variable Life Insurance Contract  
Project Name/Number: /J176-AR

## Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: Flexible Premium Variable Life Insurance Contract SERFF Tr Num: KCLF-125511313 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 38438

Sub-TOI: L06I.002 Single Life - Flexible Premium

Co Tr Num: J176-AR

State Status: Approved-Closed

Filing Type: Form

Co Status: Pending

Reviewer(s): Linda Bird

Author: Dieter Foster-Redmond

Disposition Date: 05/01/2008

Date Submitted: 03/17/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: J176-AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/01/2008

State Status Changed: 05/01/2008

Deemer Date:

Corresponding Filing Tracking Number: J176-AR

Filing Description:

Enclosed for your review and approval are copies of the above-referenced forms. These forms are new and will not replace or supersede any previously approved forms.

Both form No. J176-AR and J177-AR are Flexible Premium Variable Life Insurance Policies. For DEFRA compliance J176-AR uses the guideline premium test while J177-AR uses the cash value accumulation test. In all other regards the two forms are exactly the same.

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Accelerated Death Benefit Rider (R215) will pay the accelerated death benefit payment amount if the Insured is diagnosed as having a terminal illness by a physician after the effective date and while this rider is in force  
Spouse's Term Insurance Rider (R216) will pay the Insured Spouse's specified amount to the beneficiary under this rider upon receiving proof of the Insured Spouse's death on or before the expiration date and while this rider is in force.  
Children's Term Insurance Rider (R217) will pay the children's specified amount to the beneficiary under this rider upon receiving proof that the death of any Insured Child occurred:

Monthly Benefit Rider (R218) will pay the applicable monthly benefit amount from the monthly anniversary on or following the date of the Insured's death

Guaranteed Minimum Death Benefit Rider (R219) guarantees payment of the death benefit of this contract at the death of the Insured, regardless of the sub accounts' investment performance, while this rider is in effect and the cumulative premium requirement is met.

Lifetime Guaranteed Minimum Death Benefit Rider (R220) guarantees payment of the death benefit of this contract at the death of the Insured, regardless of the sub accounts' investment performance, while this rider is in effect and the cumulative premium requirement is met.

Please note each of the policies and the riders that accompany them are securities subject to federal regulation and must comply with the requirements of the Securities and Exchange Commission. Therefore, these forms are exempt from readability requirements as intended for use with forms subject to the Federal Jurisdiction of the Securities and Exchange Commission

## Company and Contact

### Filing Contact Information

Dietter Foster-Redmond, Compliance Analyst dfoster-redmond@kclife.com  
P O Box 219139 (800) 821-5529 [Phone]  
Kansas City, MO 64121-9139 (816) 753-3018[FAX]

### Filing Company Information

Kansas City Life Insurance Company CoCode: 65129 State of Domicile: Missouri  
P O Box 219139 Group Code: 588 Company Type: Life

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*      *J176-AR*  
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*Product Name:*              *Flexible Premium Variable Life Insurance Contract*  
*Project Name/Number:*      */J176-AR*

**Kansas City, MO 64121-9139**                      **Group Name:**                      **State ID Number:**  
**(800) 821-5529 ext. [Phone]**                      **FEIN Number: 44-0308260**

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: two policies at \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$100.00	03/17/2008	18710013

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 Project Name/Number: /J176-AR

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/01/2008	05/01/2008

### 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	03/21/2008	03/21/2008	Dietter Foster- Redmond	05/01/2008	05/01/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
response	Note To Reviewer	Dietter Foster- Redmond	05/01/2008	05/01/2008
Objection letter dated 3/21/08	Note To Filer	Linda Bird	05/01/2008	05/01/2008

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
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*Project Name/Number:*      */J176-AR*

## **Disposition**

Disposition Date: 05/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: /J176-AR

<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		Yes
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	J176 Act Memo		No
<b>Supporting Document</b>	J177 Act Memo		No
<b>Supporting Document</b>	R215 Act Memo		No
<b>Supporting Document</b>	R216 Act Memo		No
<b>Supporting Document</b>	R217 Act Memo		No
<b>Supporting Document</b>	R218 Act Memo		No
<b>Supporting Document</b>	R219 Act Memo		No
<b>Supporting Document</b>	R220 Act Memo		No
<b>Supporting Document</b>	disclosure		Yes
<b>Form</b>	Flexible Premium Variable Life		Yes
<b>Form</b>	Flexible Premium Variable Life		Yes
<b>Form</b>	Accelerated Death Benefit Rider		Yes
<b>Form</b>	Spouse's Term Insurance Rider		Yes
<b>Form</b>	Children's Term Insurance Rider		Yes
<b>Form</b>	Monthly Benefit Rider		Yes
<b>Form</b>	Guaranteed Minimum Death Benefit Rider		Yes
<b>Form</b>	Lifetime Guranteed Death Benefit Rider		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/21/2008  
Submitted Date 03/21/2008  
Respond By Date

Dear Dieter Foster-Redmond,

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 05/01/2008  
Submitted Date 05/01/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: I have attached the disclosure

### 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.

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**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: disclosure

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Dietter Foster-Redmond

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**Note To Reviewer**

**Created By:**

Dietter Foster-Redmond on 05/01/2008 09:50 AM

**Subject:**

response

**Comments:**

I would like more time to respond. I apologize for any inconvenience.

Thank you

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*Project Name/Number:* /J176-AR

**Note To Filer**

**Created By:**

Linda Bird on 05/01/2008 07:13 AM

**Subject:**

Objection letter dated 3/21/08

**Comments:**

It has come to our attention that you have not responded to our 3/21/08 problem report regarding this submission.

Please advise the Department if the company would like to withdraw the filing or if additional time is needed to comply?

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## Form Schedule

Lead Form Number: J176-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	J176-AR	Policy/Cont	Flexible Premium ract/Fratern Variable Life al Certificate	Initial		0	J176 VUL 2008 GLP - AR.pdf
	J177-AR	Policy/Cont	Flexible Premium ract/Fratern Variable Life al Certificate	Initial		0	J177 VUL 2008 CVAT.pdf
	R215	Policy/Cont	Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	R215 (TIR).pdf
	R216	Policy/Cont	Spouse's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	R216 (STI).pdf
	R217	Policy/Cont	Children's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert	Initial		0	R217 (CTI).pdf

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	Page, Endorseme nt or Rider			
R218	Policy/Cont Monthly Benefit RiderInitial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	R218 (MBR).pdf
R219	Policy/Cont Guaranteed ract/Fratern Minimum Death al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	R219 (GMDB).pdf
R220	Policy/Cont Lifetime Guranteed ract/Fratern Death Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0	R220 (LGM).pdf





**KANSAS CITY LIFE  
INSURANCE COMPANY**

***Flexible Premium Variable  
Life Insurance Contract -  
Nonparticipating***

***Contract Number***

9999999

***Insured***

John Doe

***Agency***

0001

Adjustable death benefit. Death Proceeds payable at death of Insured. Flexible premiums payable until prior to the death of Insured.

**The amount and duration of the death benefit may increase or decrease as described in this contract, depending on the investment experience of the Subaccounts.**

**The Contract Value of this contract may increase or decrease daily depending on the investment experience of the Subaccounts. There is no guaranteed minimum Contract Value.**

Kansas City Life Insurance Company will pay the Proceeds of this contract according to the provisions on this and the following pages, all of which are part of the contract. This contract is a legal contract between you and Kansas City Life Insurance Company. **READ YOUR CONTRACT CAREFULLY.**

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President, CEO and Chairman

***10-Day Right to Examine Contract***

Please examine this contract carefully. If you are not satisfied, you may return the contract to us or your agent within 10 days of its receipt. If returned, the contract will be void from the beginning and any premium paid will be refunded.

**GUIDE TO CONTRACT PROVISIONS**

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A copy of the original application and any additional benefits provided by rider or endorsement follows the last page of this contract.

***Features of Your Variable Universal Life Insurance Contract***

Your variable universal life insurance contract provides for flexible premium payments and an adjustable death benefit. The Contract Values are affected by such things as the investment experience of the Subaccounts, the amount of your premium payments, monthly contract charges and the monthly interest credited to your Fixed Account Values.

Some aspects of your variable universal life insurance contract are guaranteed, including the maximum Cost of Insurance charges. Other aspects of your contract, such as the investment experience of the Subaccounts, the current interest rate on the Fixed Account and current Cost of Insurance charges, are not guaranteed. Fluctuations in the non-guaranteed elements of your contract will affect the Contract Values and premium payments necessary to keep your contract in force.

Contract loans and partial surrenders may adversely affect the amount of death benefit, Contract Values and premium payments necessary to keep your contract in force.

## ***Section 1: Contract Data***

### ***Beneficiary***

As stated in the application or in any subsequent agreements, amendments, or endorsements.

### ***Owner***

[Insured]

### ***Issue Age***

[35]

### ***Sex***

[Male]

### ***Minimum Specified Amount***

[\$100,000]

### ***Guaranteed Monthly Premium During Guaranteed Payment Period***

[\$70.00] \*\*

### ***Guaranteed Payment Period***

First [seven] years following the Contract Date.

### ***Fixed Account Guaranteed Interest Rate***

3%

### ***[Guaranteed Minimum Death Benefit Rider Interest Rate]***

[5%]

### ***[Lifetime Guaranteed Minimum Death Benefit Rider Interest Rate]***

[5%]

### ***Loan Interest Rate***

[5%]

### ***Mortality Tables***

2001 Commissioners' Standard Ordinary Smoker and Non-Smoker, Male and Female Mortality Tables, Age nearest birthday.

\*Coverage may expire if the Cash Surrender Value or premium payments are insufficient as described in Section 5.8, Grace Period.

\*\*This amount will change if you increase the Specified Amount or delete or add any benefits provided by riders.

### ***Contract Number***

[9999999]

### ***Insured***

[John Doe]

### ***Initial Specified Amount***

[\$100,000]

### ***Contract Date***

[January 1, 2008]

### ***Maturity Date \****

none

**Section 1: Contract Data (continued)**

**Date Prepared:** [01/01/2008]

**Insured**  
[John Doe]

**Contract Number**  
[9999999]

Planned Premium Payment: [\$70.00 Monthly]

<b><u>Form Number</u></b>	<b><u>Benefit Description</u></b>	<b><u>Specified Amount</u></b>	<b><u>Risk Class</u></b>	<b><u>Monthly Cost of Insurance</u></b>
J176-AR	[Coverage Option A: Death Benefit equals the Specified Amount at the time of death.  (Effective: January 1, 2008)]	[\$100,000]*	[Standard Non-Tobacco]	See Section 2

\* This is the initial Specified Amount on the Contract Date. The Specified Amount may be changed as provided in Section 6, Contract Change Provisions.

**Section 1: Contract Data (continued)**

**Date Prepared:** [01/01/2008]

**Insured**  
[John Doe]

**Contract Number**  
[9999999]

**Premium Expense Charge**

[5.00%] deducted from each premium payment

**Monthly Expense Charges**

**Current Expense Charges**

[\$10.00] per month for all Contract Years

[Contract Years [1-5] [\$0.05] per month per 1,000 of Specified Amount]

[Contract Years [6+] [\$0.00] per month per 1,000 of Specified Amount]

**Guaranteed Expense Charges**

[\$10.00] per month for all Contract Years

[Contract Years [1-20] [\$0.05] per month per 1,000 of Specified Amount]

[Contract Years [21+] [\$0.00] per month per 1,000 of Specified Amount]

**Mortality and Expense Risk Charge**

0.90% annually

**Partial Surrender Fee**

The lesser of 2% of the amount surrendered or \$25.00

**Table of Surrender Charges**

<u>Contract Year</u>	<u>Amount at End of Year</u>
1	[\$985.95]
2	[\$1,599.43]
3	[\$2,191.00]
4	[\$2,191.00]
5	[\$2,191.00]
6	[\$1,971.90]
7	[\$1,752.80]
8	[\$1,533.70]
9	[\$1,314.60]
10	[\$1,095.50]
11	[\$876.40]
12	[\$701.12]
13	[\$525.84]
14	[\$350.56]
15	[\$175.28]
16+	[\$0.00]

There will not be a surrender charge after the end of the 15th Contract Year unless you have requested an increase in the Specified Amount.

When a requested increase in the Specified Amount is made, an additional surrender charge and surrender charge period will be applicable for 15 years following the effective date of the increase in Specified Amount. We will send you an updated surrender charge schedule for the increase. The additional surrender charge will apply only if the increase is in connection with an increase as provided in Section 6.2, Changes in Specified Amount, or, if applicable, under the terms of any increase rider.

The surrender charges listed above are applicable at the end of each Contract Year. After the first Contract Year the surrender charge between years will be pro-rated. The charge for the entire first Contract Year will be level.

*Insured*  
[John Doe]

*Contract Number*  
[9999999]

*Investment Options*

[KCL Fixed Account

Subaccounts that invest in the Kansas City Life Variable Life Separate Account:

AIM V.I. Capital Appreciation Fund (Series I Shares)  
AIM V.I. Core Equity Fund (Series I Shares)  
AIM V.I. Technology Fund (Series I Shares)  
American Century VP Capital Appreciation Fund  
American Century VP Income & Growth Fund  
American Century VP International Fund  
American Century VP Mid Cap Value Fund  
American Century VP Ultra® Fund  
American Century VP Value Fund  
American Century VP Inflation Protection Fund (Class II)  
Calamos Growth and Income Portfolio  
Dreyfus Appreciation Portfolio – Initial Shares  
Dreyfus Developing Leaders Portfolio – Initial Shares  
Dreyfus Stock Index Fund, Inc. – Initial Shares  
The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares  
Federated American Leaders Fund II  
Federated High Income Bond Fund II  
\*Federated Prime Money Fund II  
Fidelity VIP Contrafund Portfolio (Service Class 2)  
Fidelity VIP Freedom Income Portfolio (Service Class 2)  
Fidelity VIP Freedom 2010 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2015 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2020 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2025 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2030 Portfolio (Service Class 2)  
Franklin Global Real Estate Securities Fund (Class 2)  
Franklin Small-Mid Cap Growth Securities Fund (Class 2)  
Templeton Developing Markets Securities Fund (Class 2)  
Templeton Foreign Securities Fund (Class 2)  
JPMorgan Mid Cap Value Portfolio  
JPMorgan Small Company Portfolio  
JPMorgan U.S. Large Cap Core Equity Portfolio  
MFS Emerging Growth Series  
MFS Research Series  
MFS Research Bond Series  
MFS Strategic Income Series  
MFS Total Return Series  
MFS Utilities Series  
Seligman Capital Portfolio (Class 2)  
Seligman Communications and Information Portfolio (Class 2)  
Seligman Smaller-Cap Value Portfolio (Class 2)

\*The Federated Prime Money Fund II Subaccount is referred to in this contract as the money market Subaccount.]

## Section 2: Monthly Cost of Insurance Rates

Table of Guaranteed Maximum Monthly Cost of Insurance Rates  
per \$1,000 -- Tobacco User Risk Class

Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
15	\$0.05084	\$0.02917	44	\$0.34345	\$0.23839	73	\$4.07151	\$3.21111	102	\$35.01097	\$28.34637
16	\$0.06584	\$0.03417	45	\$0.38098	\$0.26090	74	\$4.40683	\$3.49635	103	\$36.43322	\$30.40644
17	\$0.08084	\$0.03833	46	\$0.41601	\$0.28592	75	\$4.79707	\$3.78343	104	\$37.93389	\$32.64981
18	\$0.09251	\$0.04167	47	\$0.45521	\$0.31760	76	\$5.21287	\$4.09671	105	\$39.87487	\$35.49326
19	\$0.10084	\$0.04500	48	\$0.47689	\$0.35679	77	\$5.69390	\$4.43374	106	\$41.94705	\$38.42340
20	\$0.10584	\$0.04834	49	\$0.50192	\$0.40099	78	\$6.25049	\$4.79707	107	\$44.16014	\$41.44337
21	\$0.11085	\$0.05084	50	\$0.53779	\$0.44937	79	\$6.88457	\$5.19013	108	\$46.52136	\$44.49915
22	\$0.11668	\$0.05417	51	\$0.58034	\$0.50192	80	\$7.56260	\$5.61384	109	\$49.04367	\$47.70095
23	\$0.12168	\$0.05584	52	\$0.63874	\$0.55948	81	\$8.32286	\$6.21084	110	\$51.73391	\$50.99608
24	\$0.12835	\$0.06000	53	\$0.70466	\$0.62038	82	\$9.09107	\$6.86007	111	\$54.60665	\$54.18326
25	\$0.13585	\$0.06417	54	\$0.78729	\$0.68714	83	\$9.89784	\$7.49323	112	\$57.67409	\$57.29201
26	\$0.14252	\$0.06750	55	\$0.88078	\$0.75724	84	\$10.77656	\$8.17462	113	\$60.94980	\$60.13810
27	\$0.15086	\$0.07251	56	\$0.97595	\$0.83236	85	\$11.81206	\$8.86201	114	\$64.44883	\$64.17791
28	\$0.15169	\$0.07667	57	\$1.07699	\$0.91250	86	\$12.94801	\$9.43570	115	\$68.18682	\$67.96341
29	\$0.15086	\$0.08251	58	\$1.15634	\$0.99015	87	\$14.17221	\$10.34679	116	\$72.18101	\$71.91859
30	\$0.15002	\$0.08584	59	\$1.24822	\$1.07616	88	\$15.46210	\$11.25783	117	\$76.45137	\$76.29014
31	\$0.15002	\$0.09334	60	\$1.35935	\$1.16552	89	\$16.80008	\$12.17563	118	\$81.01778	\$80.35500
32	\$0.15169	\$0.09918	61	\$1.49724	\$1.25825	90	\$18.16837	\$12.91894	119	\$83.33333	\$83.33333
33	\$0.15586	\$0.10668	62	\$1.66360	\$1.36269	91	\$19.40523	\$13.08056	120	\$83.33333	\$83.33333
34	\$0.16169	\$0.11585	63	\$1.84841	\$1.46715	92	\$20.67027	\$13.74126			
35	\$0.16669	\$0.12752	64	\$2.03748	\$1.57748	93	\$21.98111	\$14.80774			
36	\$0.17586	\$0.13752	65	\$2.22410	\$1.69788	94	\$23.34419	\$16.17152			
37	\$0.18587	\$0.14919	66	\$2.40410	\$1.82583	95	\$24.85705	\$18.24094			
38	\$0.20004	\$0.15669	67	\$2.57913	\$1.96971	96	\$26.19622	\$20.14012			
39	\$0.21421	\$0.16669	68	\$2.76345	\$2.12785	97	\$27.61193	\$22.05510			
40	\$0.23089	\$0.17670	69	\$2.94615	\$2.29944	98	\$29.11098	\$22.14738			
41	\$0.25256	\$0.18837	70	\$3.16750	\$2.49119	99	\$30.69938	\$23.08506			
42	\$0.27758	\$0.20254	71	\$3.40992	\$2.70982	100	\$32.38239	\$24.70128			
43	\$0.30759	\$0.21921	72	\$3.73977	\$2.95118	101	\$33.66029	\$26.43322			

*Table of Guaranteed Maximum Monthly Cost of Insurance Rates  
per \$1,000 -- Non-Tobacco User Risk Class*

<b>Age</b>	<b>Male</b>	<b>Female</b>									
0	\$0.08084	\$0.04000	34	\$0.08834	\$0.06834	68	\$1.69035	\$1.18223	102	\$34.25451	\$27.58993
1	\$0.04667	\$0.02917	35	\$0.09084	\$0.07417	69	\$1.83586	\$1.28749	103	\$35.98673	\$29.95805
2	\$0.03250	\$0.02167	36	\$0.09584	\$0.07917	70	\$2.01237	\$1.40363	104	\$37.83604	\$32.57783
3	\$0.02250	\$0.01667	37	\$0.10001	\$0.08584	71	\$2.20987	\$1.53736	105	\$39.78296	\$35.42535
4	\$0.01750	\$0.01583	38	\$0.10751	\$0.08917	72	\$2.46942	\$1.68701	106	\$41.86111	\$38.36050
5	\$0.01750	\$0.01500	39	\$0.11418	\$0.09418	73	\$2.74334	\$1.84925	107	\$44.07929	\$41.38462
6	\$0.01833	\$0.01500	40	\$0.12168	\$0.10001	74	\$3.03166	\$2.02744	108	\$46.44744	\$44.44460
7	\$0.01833	\$0.01750	41	\$0.13168	\$0.10584	75	\$3.34700	\$2.22494	109	\$48.97489	\$47.65064
8	\$0.01833	\$0.01750	42	\$0.14419	\$0.11251	76	\$3.69107	\$2.44178	110	\$51.67124	\$50.95006
9	\$0.01917	\$0.01750	43	\$0.15836	\$0.12085	77	\$4.09083	\$2.68050	111	\$54.55012	\$54.14066
10	\$0.01917	\$0.01833	44	\$0.17503	\$0.13085	78	\$4.55818	\$2.94448	112	\$57.62282	\$57.25382
11	\$0.02250	\$0.01917	45	\$0.19420	\$0.14252	79	\$5.09836	\$3.22956	113	\$60.90571	\$60.10438
12	\$0.02750	\$0.02250	46	\$0.21255	\$0.15586	80	\$5.68800	\$3.54838	114	\$64.41012	\$64.14865
13	\$0.03250	\$0.02500	47	\$0.23255	\$0.17253	81	\$6.36020	\$3.98162	115	\$68.15449	\$67.93870
14	\$0.03917	\$0.02750	48	\$0.24423	\$0.19087	82	\$7.06118	\$4.47073	116	\$72.15515	\$71.89944
15	\$0.05084	\$0.02917	49	\$0.25757	\$0.21088	83	\$7.81815	\$4.95863	117	\$76.43109	\$76.27566
16	\$0.06167	\$0.03250	50	\$0.27674	\$0.23422	84	\$8.65764	\$5.49840	118	\$81.00512	\$80.34528
17	\$0.07084	\$0.03417	51	\$0.29926	\$0.26007	85	\$9.59706	\$6.10707	119	\$83.33333	\$83.33333
18	\$0.07667	\$0.03500	52	\$0.33011	\$0.28925	86	\$10.64036	\$6.65989	120	\$83.33333	\$83.33333
19	\$0.07834	\$0.03750	53	\$0.36347	\$0.32094	87	\$11.78220	\$7.49323			
20	\$0.07917	\$0.03750	54	\$0.40600	\$0.35429	88	\$13.00872	\$8.36523			
21	\$0.07917	\$0.03833	55	\$0.45854	\$0.39015	89	\$14.30594	\$9.29646			
22	\$0.07917	\$0.04000	56	\$0.51193	\$0.43185	90	\$15.66322	\$10.15628			
23	\$0.08001	\$0.04000	57	\$0.56949	\$0.47523	91	\$16.94312	\$10.59184			
24	\$0.08084	\$0.04167	58	\$0.61872	\$0.52194	92	\$18.28068	\$11.44961			
25	\$0.08167	\$0.04167	59	\$0.67546	\$0.56866	93	\$19.69542	\$12.72489			
26	\$0.08501	\$0.04417	60	\$0.74389	\$0.61705	94	\$21.19403	\$14.33938			
27	\$0.08917	\$0.04750	61	\$0.82735	\$0.66961	95	\$22.77289	\$16.33935			
28	\$0.08751	\$0.04834	62	\$0.92920	\$0.72720	96	\$24.22200	\$18.24612			
29	\$0.08584	\$0.05167	63	\$1.04359	\$0.78645	97	\$25.77166	\$20.21644			
30	\$0.08501	\$0.05334	64	\$1.16385	\$0.85072	98	\$27.43069	\$20.55482			
31	\$0.08417	\$0.05667	65	\$1.29083	\$0.92168	99	\$29.20718	\$21.68875			
32	\$0.08417	\$0.06000	66	\$1.41951	\$1.00017	100	\$31.11386	\$23.49431			
33	\$0.08667	\$0.06334	67	\$1.54990	\$1.08618	101	\$32.63203	\$25.42630			

### ***Section 3: Definition of Certain Terms***

The following key words are used in the contract and are important in describing it. Please refer back to these definitions as you read the contract.

#### ***3.1 Accumulation Unit***

An accounting unit used to calculate the Variable Account Value. It is a measure of the net investment results of each of the Subaccounts.

#### ***3.2 Age***

This contract is issued at the Age shown in Section 1, Contract Data, which is the Insured's Age on the birthday closest to the Contract Date. Age means the issue age plus the number of completed Contract Years.

#### ***3.3 Allocation Date***

The date on which the initial Net Premium is allocated to the money market Subaccount. The Allocation Date is the later of the date we approve your application or the date we receive the initial premium at our Home Office.

#### ***3.4 Beneficiary***

The beneficiary is the person you have designated in the application (or in the last designation filed with us) to receive any Proceeds payable under this contract at the death of the Insured.

#### ***3.5 Cash Surrender Value***

The Contract Value less any applicable surrender charge and any loan balance.

#### ***3.6 Contract Anniversary***

The same day and month as the Contract Date each year that the contract remains in force.

#### ***3.7 Contract Date***

The date on which coverage takes effect. Contract months, years and anniversaries are measured from the Contract Date.

#### ***3.8 Contract Value***

The sum of the Variable Account Value and the Fixed Account Value (including the loan account value). These values are described in more detail in Section 7, Contract Values.

#### ***3.9 Contract Year***

Any period of twelve months starting with the Contract Date or any Contract Anniversary.

#### ***3.10 Cost of Insurance***

The charge we make based on the amount of pure insurance protection using the current Cost of Insurance rates for this contract. It does not include the cost of any additional benefits provided by riders.

#### ***3.11 Coverage Options***

The coverage option selected determines the amount of death Proceeds payable. Three coverage options (A, B or C) are available. These options are described in Section 4.2, Death Proceeds.

#### ***3.12 Fixed Account***

An account that is part of our general account. The investment performance of the Variable Account has no impact on the Fixed Account.

#### ***3.13 Fixed Account Value***

The Contract Value in the Fixed Account.

#### ***3.14 Insured***

The person whose life is insured under this contract.

#### ***3.15 Maturity Date***

The date shown in Section 1, Contract Data, when coverage terminates and we pay any Cash Surrender Value.

#### ***3.16 Monthly Anniversary Day***

The day of each month when we make the Monthly Deduction for this contract. It is the same day of each month as shown in the Contract Date (or the last day of the month for those months not having such a day).

#### ***3.17 Monthly Deduction***

The amount we deduct on the Monthly Anniversary Day from the Contract Value to pay the Cost of Insurance, Monthly Expense Charges, and the cost of any additional benefits provided by riders for the month beginning on that Monthly Anniversary Day.

#### ***3.18 Monthly Expense Charges***

The charges we deduct from the Contract Value on each Monthly Anniversary Day to compensate us for the costs associated with administration of the contract. We show this charge in Section 1, Contract Data.

#### ***3.19 Mortality and Expense Risk Charge***

The charge we deduct from the assets of the Subaccounts to compensate us for the mortality and expense risks for this contract. We show this charge in Section 1, Contract Data.

#### ***3.20 Net Investment Factor***

The ratio of the Subaccount performance of the current Valuation Day to the immediately prior Valuation Day. The Subaccount performance includes gains or losses in the Subaccounts, dividends paid, any capital gains or losses, any taxes, and Mortality and Expense Risk Charges.

#### ***3.21 Net Premium***

The premium payment minus the Premium Expense Charge.

#### ***3.22 Non-Tobacco User***

A rate class that defines an Insured who does not use tobacco products in any form during the time period as defined in our underwriting guidelines.

#### ***3.23 Owner***

The person entitled to exercise all rights and privileges provided in the contract.

### **3.24 Planned Premium**

The amount and frequency of premium payments you elected to pay in your last application. This is only an indication of your preference of future premium payments. You may change the amount and frequency of premium payments at any time. Section 5.8, Grace Period, describes the amount of premium required to keep your contract in force.

### **3.25 Premium Expense Charge**

The amount we deduct from each premium payment. We show this charge in Section 1, Contract Data.

### **3.26 Proceeds**

The total amount we are obligated to pay under the terms of this contract.

### **3.27 Reallocation Date**

The date the Contract Value in the money market Subaccount is allocated to the Subaccounts and to the Fixed Account based on the Net Premium payment allocation percentages specified in the application. The Reallocation Date is 30 days after the Allocation Date.

### **3.28 Specified Amount**

The amount of insurance coverage on the Insured. The actual death benefit will depend upon the coverage option in effect at the time of death less any loan balance.

### **3.29 Subaccounts**

The division of accounts making up the Variable Account. The assets of each Subaccount are invested in a corresponding portfolio of a designated mutual fund.

### **3.30 Tobacco User**

A rate class that defines an Insured who uses tobacco products in any form during the time period as defined in our underwriting guidelines.

### **3.31 Valuation Day**

Each day on which the New York Stock Exchange is open for business.

### **3.32 Valuation Period**

The interval of time commencing at the close of business one Valuation Day and ending at the close of business on the next Valuation Day.

### **3.33 Variable Account**

The Kansas City Life Variable Life Separate Account. This is not part of our general account. The Variable Account has Subaccounts each of which is invested in a corresponding portfolio of a designated mutual fund.

### **3.34 Variable Account Value**

The total value of the contract allocated to Subaccounts of the Variable Account.

### **3.35 We, Our, Us**

Kansas City Life Insurance Company.

### **3.36 Written Notice/Written Request**

A Written Notice or Written Request in a form satisfactory to us, which is signed by the Owner and received at the Home Office.

### **3.37 You, Your**

The Owner of this contract. The Owner may be someone other than the Insured.

## **Section 4: Contract Proceeds**

### **4.1 Types of Proceeds and Method of Payment**

There are various types of Proceeds available under this contract. These include:

- Death Proceeds
- Surrender Proceeds
- Partial Surrender Proceeds

We will pay death or surrender Proceeds as either a lump sum or under a payment option as described in Section 13, Payment of Proceeds. The amount of Proceeds payable will vary by the type of Proceeds and the form of payment selected. We will only pay partial surrender Proceeds as a lump sum.

We have the right to require that this contract be returned to us when we pay death or surrender Proceeds.

To the extent permitted by law, Proceeds will not be subject to any claims of your creditors or the Beneficiary's creditors.

### **4.2 Death Proceeds**

If the Insured dies, we will pay the death Proceeds to the Beneficiary. We will require proof that the Insured's death occurred while this contract was in force.

We will pay the Proceeds to the Beneficiary in a lump sum unless you or the Beneficiary elect one of the payment options listed in Section 13, Payment of Proceeds.

The amount of death Proceeds payable upon the Insured's death is determined according to the coverage option you have elected. The coverage option is shown in Section 1, Contract Data.

### **Coverage Option A**

The death benefit will be the greater of:

- (1) the Specified Amount on the date of death; or
- (2) the Contract Value on the date of death multiplied by the corridor percentage as shown in the following table for the Insured's Age on the date of death.

### **Coverage Option B**

The death benefit will be the greater of:

- (1) the Specified Amount on the date of death, plus the Contract Value on the date of death; or
- (2) the Contract Value on the date of death multiplied by the corridor percentage as shown in the following table for the Insured's Age on the date of death.

### **Coverage Option C**

The death benefit will be the greater of:

- (1) the Specified Amount on the date of death, plus the total premiums paid, minus the total amount of partial surrenders; or
- (2) the Contract Value on the date of death multiplied by the corridor percentage as shown in the following table for the Insured's Age on the date of death.

We will increase the death benefit under any coverage option by any additional benefits provided by riders in force at the Insured's death and any premiums received after the date of death. We will also refund any Cost of Insurance charge deducted for the period beyond the date of death. We will reduce the death benefit by any loan balance.

The purpose of the corridor percentage is to ensure that your contract will not be disqualified as a life insurance contract under Section 7702 of the Internal Revenue Code, as amended.

**Corridor Percentages**

Age	Corridor Percentage	Age	Corridor Percentage
0-40	250%	63	124%
41	243%	64	122%
42	236%	65	120%
43	229%	66	119%
44	222%	67	118%
45	215%	68	117%
46	209%	69	116%
47	203%	70	115%
48	197%	71	113%
49	191%	72	111%
50	185%	73	109%
51	178%	74	107%
52	171%	75-90	105%
53	164%	91	104%
54	157%	92	103%
55	150%	93	102%
56	146%	94	101%
57	142%	95+	100%
58	138%		
59	134%		
60	130%		
61	128%		
62	126%		

If changes occur in the Internal Revenue Code which would disqualify the contract as a life

insurance contract, we have the right to amend the contract in order to make it qualify under any new federal income tax laws.

We will pay interest on lump sum death Proceeds from the date of the Insured's death until the date of payment. Interest will be at an annual rate determined by us, but never less than the rate required by the state in which this contract is delivered. However, we will pay interest on lump sum proceeds not paid within a reasonable amount of time (not to exceed 30 days) after we receive proof of death.

#### **4.3 Surrender Proceeds**

We will pay Proceeds of a full surrender as either a lump sum or under a payment option as described in Section 13, Payment of Proceeds. Unless you specify otherwise, we will pay full surrender Proceeds as a lump sum. We will only pay partial surrender Proceeds as a lump sum.

The amount of Proceeds payable upon a full surrender is the Cash Surrender Value as described in Section 7.8, Cash Surrender. The amount of Proceeds payable under the partial surrender provision is defined in Section 7.9, Partial Surrenders.

### **Section 5: Premium and Reinstatement Provisions**

#### **5.1 Payment**

You must pay your first premium when the contract is delivered. Subsequent premiums may be paid at any time. There is no insurance until we receive the first premium. All premiums after the first must be paid at the Home Office or to a representative authorized to receive premiums.

#### **5.2 Right to Refund**

We will inform you if we receive a premium payment which affects the tax qualification of this contract as described in Section 7702 of the Internal Revenue Code, as amended. We will offer you the choice of a refund of the premium or the option to increase the Specified Amount subject to our underwriting requirements.

If you choose to increase the Specified Amount and the Insured fails to meet our underwriting requirements for the required increase in coverage, we have the right to refund, with interest, any premium that would cause your contract to violate Section 7702.

#### **5.3 Planned Premiums**

The planned annual, semi-annual, quarterly or monthly premium payment is shown in Section 1, Contract Data.

#### **5.4 Amount and Frequency**

Planned premiums may be paid at twelve, six or three month intervals. They may also be paid

monthly with our consent. You may change the amount and frequency of Planned Premiums at any time. However, in order to keep the contract in force the premium you pay must be sufficient to keep your contract from lapsing as described in Section 5.8, Grace Period. The actual amount and frequency of premium payments affects the Contract Value and the amount and duration of insurance.

We have the right to limit the amount of any increase in Planned Premium payments.

#### **5.5 *Unscheduled Premiums***

You may pay unscheduled premiums at any time. We reserve the right to limit the number and amount of unscheduled premium payments. We may require satisfactory evidence of insurability prior to accepting any unscheduled premium payments.

Unscheduled premiums are subject to the requirements of Section 5.2, Right to Refund, if such premiums would require an increase in the death benefit under Section 7702 of the Internal Revenue Code, as amended.

#### **5.6 *Guaranteed Payment Period***

The period of time, shown in Section 1, Contract Data, during which one of the following conditions must exist to prevent your contract from lapsing:

- (1) the Cash Surrender Value of the contract on a Monthly Anniversary Day must be sufficient to cover the Monthly Deduction; or
- (2) total premiums paid must be at least equal to the sum of the guaranteed monthly premiums for each month the contract has been in force, plus any loan balance and the total amount of partial surrenders, as provided in Section 5.8, Grace Period.

#### **5.7 *Guaranteed Monthly Premium***

If you pay the guaranteed monthly premiums as due, your contract will not lapse during the guaranteed payment period (assuming you do not make any contract loans or partial surrenders). Section 5.8, Grace Period, describes this in detail.

The guaranteed monthly premium will change if you increase the Specified Amount or add or delete any additional benefits provided by riders.

#### **5.8 *Grace Period***

The conditions which will result in your contract lapsing will vary, as follows, depending on whether the guaranteed payment period, shown in Section 1, Contract Data, has expired.

##### ***During the Guaranteed Payment Period***

The contract will lapse if there is no Cash Surrender Value and if the accumulated premiums paid as of each Monthly Anniversary Day are less than:

$$X + Y + Z$$

"X" is the guaranteed monthly premium shown in Section 1, Contract Data, times the number of Monthly Anniversary Days during which the contract has been in force before any requested increases to the Specified Amount.

If requested increases to the Specified Amount have occurred, "X" will also include each new guaranteed monthly premium after an increase times the number of Monthly Anniversary Days during which each applicable increase to the Specified Amount has been in force.

"Y" is the amount of any loan balance.

"Z" is the total amount of partial surrenders.

We will provide a grace period of 61 days from the date your contract lapses to pay total premiums equal to or greater than  $X + Y + Z$ .

##### ***After the Guaranteed Payment Period***

The contract will lapse if the Cash Surrender Value on a Monthly Anniversary Day will not cover the Monthly Deduction for the month beginning on that Monthly Anniversary Day.

We will provide a grace period of 61 days from the date your contract lapses to pay a premium that will provide enough Cash Surrender Value to cover the balance of the Monthly Deduction.

The contract will terminate without value if sufficient premium is not paid by the end of the grace period.

Section 7, Contract Values, describes the Cash Surrender Value and Monthly Deduction. If the Insured dies during the grace period, we will pay the Proceeds reduced by any past due Monthly Deductions.

#### **5.9 *Reinstatement***

If the grace period expires without sufficient premiums being paid to prevent lapse, the contract may be reinstated within three years after the expiration of the grace period. Your contract cannot be reinstated if it has been surrendered.

In order to reinstate we must receive:

- (1) satisfactory evidence of insurability of the Insured; and
- (2) payment of the premium amount which would have been sufficient to keep the contract from lapsing, as described in Section 5.8, Grace Period, with interest from the date of lapse; plus:
  - (a) two months of guaranteed monthly premium if the contract lapsed during the guaranteed payment period; or
  - (b) three Monthly Deductions if the contract lapsed after the guaranteed payment period.

Interest at the loan interest rate, shown in Section 1, Contract Data, on any loan balance will be payable to the date of reinstatement. We will reinstate the contract on the Monthly Anniversary Day after the date we approve the reinstatement.

If lapse occurs during the guaranteed payment period or during a time when any surrender charges are applicable, the balance of the guaranteed payment period and surrender charge periods at the time of lapse will resume upon reinstatement.

If the contract lapses and it is reinstated, we cannot contest the reinstated contract after the contract has been in force during the Insured's lifetime for two years from the date of the reinstatement application.

## ***Section 6: Contract Change Provisions***

### ***6.1 Right to Change***

We require that the changes provided for in this section be made by Written Notice or Written Request. These changes may be made at any time the contract is in force.

### ***6.2 Changes in Specified Amount***

The Specified Amount may be changed after the contract has been in force one year. Once the Specified Amount has been changed, it cannot be changed again for the next twelve months. Specified Amount changes are subject to the conditions outlined below. Changes in Specified Amount will be effective on the Monthly Anniversary Day on or following the date we approve your application.

#### ***Decreases in the Specified Amount***

We will apply a decrease first against any increases to the Specified Amount in the reverse order in which they were made. We will then apply any remaining decrease against the initial Specified Amount.

We have the right to decline to make any Specified Amount decrease that we determine would cause this contract to not qualify as life insurance under applicable tax laws.

A decrease in the Specified Amount will not affect the surrender charge and a decrease in the contract's Specified Amount will not decrease the guaranteed monthly premium.

The Specified Amount remaining in force after any requested decrease may not be less than the minimum Specified Amount shown in Section 1, Contract Data.

#### ***Increases in the Specified Amount***

A request for an increase in the Specified Amount will be subject to the following requirements:

- (1) you must submit an application satisfactory to us;

- (2) you must submit evidence of insurability satisfactory to us;
- (3) the Insured's Age must be less than the current maximum issue age for the contract;
- (4) the increased Monthly Deduction will not cause the contract to lapse, as described in Section 5.8, Grace Period, as of the effective date of the increase; and
- (5) any increase will be subject to our issue rules and limits at the time of increase.

After an increase, additional surrender charges will apply to your contract. We will send you a new surrender charge schedule.

A new guaranteed monthly premium will be applicable during the remainder of the guaranteed payment period.

### ***6.3 Change in Coverage Option***

You may change the coverage option any time after the contract has been in force one year. Once you have changed the coverage option, you cannot change it again for the next twelve months.

If the coverage option is Option B or Option C, it may be changed to Option A. The new Specified Amount will be the death benefit as of the effective date of the change. The effective date of change will be the Monthly Anniversary Day on or next following the date we receive and approve your application for change.

If the coverage option is Option A or Option B you may not change it to Option C. Coverage Option C is only available at issue.

If the coverage option is Option A or Option C, you may change it to Option B subject to satisfactory evidence of insurability. The Specified Amount does not change. The new death benefit will be the Specified Amount plus the Contract Value. The effective date of change will be the Monthly Anniversary Day on or following the date we approve your application for change.

We have the right to decline any coverage option change that we determine would cause this contract to not qualify as life insurance under applicable tax laws.

### ***6.4 Changing Your Contract***

Any change to your contract that is not provided for in this section must be approved by us and signed by our President, Vice President, Secretary or Assistant Secretary.

We will send you an amendment or endorsement for attachment to your contract showing the approved change. No agent has the authority to make any changes or waive any of the terms of your contract.

## ***Section 7: Contract Values***

### ***7.1 Net Premium***

The Net Premium is the premium payment received less the Premium Expense Charge shown in Section 1, Contract Data.

### ***7.2 Contract Value***

On the Contract Date the Contract Value equals:

- (1) the initial Net Premium paid; less
- (2) the Monthly Deduction, as defined in Section 3.17 of this contract.

On any day after the Contract Date, the Contract Value is equal to the Fixed Account Value (including the loan account value) plus the Variable Account Value.

### ***7.3 Fixed Account Value***

On the Contract Date the Fixed Account Value equals:

- (1) the portion of the Net Premium allocated to the Fixed Account; less
- (2) the portion of the Monthly Deduction allocated to the Fixed Account.

On each Valuation Day the Fixed Account Value will be equal to:

$$A + B + C - D - E - F$$

"A" is the Fixed Account Value on the preceding Valuation Day plus interest from the preceding Valuation Day to the date of calculation.

"B" is the portion of the Net Premiums allocated to the Fixed Account and received since the preceding Valuation Day, plus interest from the date we receive such Net Premiums to the date of calculation.

"C" is the amount of any transfers from the Subaccounts to the Fixed Account since the preceding Valuation Day, plus interest on such transferred amounts from the effective dates of such transfers to the date of calculation.

"D" is the amount of any transfers from the Fixed Account to the Subaccounts since the preceding Valuation Day, plus interest on such transferred amount from the effective dates of such transfers to the date of calculation.

"E" is the amount of any partial surrenders from the Fixed Account since the preceding Valuation Day, plus interest on these surrendered amounts from the effective date of the partial surrenders to the date of calculation.

"F" is a pro-rata share of the Monthly Deduction, as described in Section 7.6, Monthly Deduction, for the month beginning on that Monthly Anniversary Day.

### ***7.4 Interest Rate for Fixed Account Value***

The value in the Fixed Account is guaranteed to accumulate at the minimum effective annual interest rate which is shown in Section 1, Contract Data. We may credit a rate in excess of the Fixed Account guaranteed interest rate shown in Section 1, Contract Data, while the contract is in force.

We may change the interest rate credited to new deposits at any time. We will not change the interest rate credited to funds in the Fixed Account more often than once each year.

### ***7.5 Variable Account Value***

The Variable Account Value is the sum of the values of the Subaccounts under this contract.

As of the Allocation Date the value of each Subaccount equals:

- (1) the portion of the initial Net Premium allocated to the Subaccount; less
- (2) the pro-rata share of the Monthly Deduction allocated to the Subaccounts.

### ***7.6 Monthly Deduction***

We will make a Monthly Deduction from the Contract Value on each Monthly Anniversary Day equal to the sum of the following:

- (1) the Cost of Insurance, as described in Section 7.7, Cost of Insurance;
- (2) the Monthly Expense Charges as shown in Section 1, Contract Data; and
- (3) the cost of any additional benefits provided by riders for the contract month.

### ***7.7 Cost of Insurance***

The Cost of Insurance on any Monthly Anniversary Day is equal to:

$$\frac{Q \times (R - S)}{1000}$$

"Q" is the Cost of Insurance rate.

"R" is the Insured's death benefit on that day discounted for one month at a rate not less than the Fixed Account guaranteed interest rate, shown in Section 1, Contract Data.

"S" is the Contract Value, as described in Section 7.2, Contract Value.

We determine the Cost of Insurance rates ('Q' in the above formula) based on the Insured's Age, number of completed Contract Years, sex, and risk class. We guarantee that these rates will never exceed the guaranteed Cost of Insurance rates shown in Section 2, Monthly Cost of Insurance Rates, except as described below for special risk classes.

We will make any change in the current Cost of Insurance rates on a uniform basis for Insureds of the same Age, sex and risk class whose contracts

have been in force the same length of time. We will never increase the current Cost of Insurance rates to recover losses incurred, or decrease them to distribute gains realized by us, prior to the change.

These guaranteed maximum rates shown in Section 2, Monthly Cost of Insurance Rates, are based on the mortality table as shown in Section 1, Contract Data. We will adjust the guaranteed maximum Cost of Insurance rates appropriately for special risk classes.

### **7.8 Cash Surrender**

You may surrender this contract for its Cash Surrender Value at any time by submitting a Written Notice or Written Request to us.

The Cash Surrender Value of this contract is:

- (1) the Contract Value of this contract at the time of surrender; less
- (2) any applicable surrender charge; less
- (3) any loan balance.

We will also refund any Cost of Insurance deducted for the period beyond the date of contract surrender.

Section 1, Contract Data, shows the surrender charges. These charges apply in the first 15 Contract Years. Additional surrender charges will apply for 15 years following any increases in Specified Amount.

Certain federal income tax consequences may apply to cash surrenders. You should consult with your tax advisor before requesting any surrenders.

### **7.9 Partial Surrenders**

You may surrender a portion of the Contract Value and have the Proceeds paid to you in a lump sum. A partial surrender must occur before the death of the Insured while the contract is in force. The partial surrender amount will be the Proceeds, plus the partial surrender fee shown in Section 1, Contract Data. The minimum amount for a partial surrender is \$500. The maximum partial surrender is the Cash Surrender Value, less \$300. We will deduct the partial surrender amount from the Contract Value on the day we receive Written Notice for the partial surrender.

We will deduct the partial surrender amount from the Subaccounts and/or the Fixed Account according to your instructions. If you provide no instructions, we will deduct the partial surrender amount from the Subaccounts and/or the Fixed Account on a pro-rata basis. In the event that the partial surrender amount exceeds the Subaccount value and/or the Fixed Account Value, we will process the partial surrender for the amount available and contact you for further instructions.

Under Options A, B and C, we will reduce the Contract Value by the partial surrender amount.

In addition, for Option A, we will reduce the Specified Amount by the partial surrender amount minus the excess, if any, of the death benefit over the Specified Amount at the time the partial surrender is made. However, if the partial surrender amount is less than or equal to the excess of the death benefit over the Specified Amount, we will not reduce the Specified Amount. We have the right to require that the Specified Amount remaining in force after any partial surrender be at least equal to the minimum Specified Amount shown in Section 1, Contract Data.

Certain federal income tax consequences may apply to partial surrenders from the contract. You should consult with your tax advisor before requesting any partial surrenders.

### **7.10 Time Period for Payment**

We will normally pay out any surrender, partial surrender, loan or death benefit within seven days of receiving your Written Notice or Written Request, or receipt and filing of due proof of death. However, we have the right to suspend or delay the date of any surrender, partial surrender, loan or death benefit payment from the Subaccounts for any period during which:

- (1) the New York Stock Exchange is closed, other than customary weekend and holiday closings, or trading on the New York Stock Exchange is restricted as determined by the Securities and Exchange Commission; or
- (2) the Securities and Exchange Commission permits by an order the postponement for the protection of contract Owners; or
- (3) The Securities and Exchange Commission determines that an emergency exists that would make the disposal of securities held in the Variable Account or the determination of the value of the Variable Account's net assets not reasonably practicable.

For any surrender, partial surrender, loan or transfer from the Fixed Account, we have the right to postpone making a payment to you for up to six months from the date of Written Notice. If payment is not made within 30 days after receipt of documentation necessary to complete the transaction (or such shorter period required by a particular jurisdiction) we will add interest to the amount paid from the date of receipt of documentation. We will determine this annual interest rate but it will never be less than the rate required by the state in which this contract is delivered.

### **7.11 Extended Term Insurance**

If your contract lapses, as described in Section 5.8, Grace Period, we will apply the Cash Surrender

Value to continue the Specified Amount and any additional benefits provided by riders for a portion of the next month.

The amount of extended term insurance is determined according to the coverage option in effect as of the date insurance is extended under this option.

#### ***7.12 Basis of Computation***

Guaranteed values and reserves are based on the guaranteed interest rate and the mortality table shown in Section 1, Contract Data.

Guaranteed Fixed Account Values and reserves under this contract are equal to, or greater than, the minimum values required by law of the state in which your contract is delivered. Where required, we have filed a detailed statement of the method of computing these values with the insurance department of that state.

The guaranteed Fixed Account Values are based on the minimum Fixed Account guaranteed interest rate as shown in Section 1, Contract Data, and the guaranteed maximum Cost of Insurance rates as described in Section 7.7, Cost of Insurance.

### ***Section 8: Loan Provisions***

#### ***8.1 Contract Loans***

You may obtain a contract loan by submitting a Written Notice or Written Request to us. This contract assigned to us is the only security needed.

When a loan is made, we will transfer an amount equal to the loan from the Fixed and Variable Accounts to the loan account. The loan account is part of the Fixed Account, which is part of our general account. If you do not specify allocation instructions in your loan application, we will withdraw the loan pro-rata from all Subaccounts of the Variable Account having Subaccount values and from the Fixed Account.

Amounts transferred to the loan account do not participate in the investment experience of the Fixed or Variable Account from which they were withdrawn. Amounts in the loan account will earn interest at the minimum Fixed Account guaranteed interest rate shown in Section 1, Contract Data. Different interest rates may be applied to the loan account than the Fixed Account. Any interest credited on loaned amounts will remain in the Fixed Account.

You may repay your loan balance in full or in part while your contract is in force prior to the death of the Insured. Repayments must be clearly marked as "loan repayments" or we will credit them as premiums. Each loan repayment will result in a transfer of an amount equal to the loan repayment from the loan account to the Fixed and/or Variable Account. We will use your current premium

allocation schedule to allocate the loan repayments. We have the right to not accept partial loan repayments for amounts less than \$50.

A loan balance that exists at the end of the grace period may not be repaid unless this contract is reinstated.

#### ***8.2 Amount of Loan Available***

The amount of loan available will be equal to the Cash Surrender Value of the contract less any loan interest to the next Contract Anniversary.

#### ***8.3 Loan Interest***

We will charge interest on any loan balance from the date of the loan at the rate shown in Section 1, Contract Data. We may establish a lower rate for any period for which the loan balance is outstanding.

Interest is payable at the end of each Contract Year and on the date the loan balance is repaid. If interest is not received by the Contract Anniversary we will transfer the accrued loan interest from the Fixed and Variable Accounts to the loan account on a pro-rata basis.

#### ***8.4 Loan Balance***

Loan balance means all unpaid contract loans and accrued loan interest. We will deduct any outstanding loan balance from the contract Proceeds.

Your contract is terminated whenever your Cash Surrender Value is no longer positive. We will mail notice to your last known address recorded with us and to the holder of any assignment of record at least 31 days before such termination.

### ***Section 9: Other Contract Provisions***

#### ***9.1 Contract***

This contract, application and any supplemental applications are the entire contract. This contract is issued in consideration of the application and payment of the premiums. We will attach a copy of any application when we issue the contract and will attach or endorse on the contract any supplemental applications when the supplemental coverage becomes effective.

In the absence of fraud, all statements made in any applications, either by you or by the Insured, will be considered representations and not warranties. We may use statements to contest a claim or the validity of this contract only if they are contained in an application.

#### ***9.2 Incontestability***

After this contract has been in force during the Insured's lifetime for two years from the Contract Date, we cannot contest this contract, except if the contract lapses as described in Section 5.8, Grace Period.

We will not contest any increase in the Specified Amount after the increase has been in force during the Insured's lifetime for two years following the effective date of the increase.

### **9.3 Suicide**

If the Insured dies by suicide, while sane or insane, within two years of the Contract Date, the amount payable by us will be equal to the Contract Value less any loan balance.

If the Insured dies by suicide, while sane or insane, within two years after the effective date of any increase in the Specified Amount, the amount payable by us associated with such increase will be limited to the Cost of Insurance associated with the increase.

### **9.4 Age and Sex**

If, while this contract is in force and the Insured is alive, it is determined that the Age or sex of the Insured as stated in Section 1, Contract Data, is not correct, we will adjust the Contract Value under this contract. The adjustment will be the difference between the following two amounts accumulated at the Fixed Account guaranteed interest rate annually. The two amounts are:

- (1) the Cost of Insurance deductions that have been made; and
- (2) the Cost of Insurance deductions that would have been made at the correct Age and sex.

If, after the death of the Insured and while this contract is in force, it is determined that the Age or sex of the Insured as stated in Section 1, Contract Data, is not correct, the death benefit will be the net amount at risk that the most recent Cost of Insurance deductions at the correct Age and sex would have provided, plus the Contract Value on the date of death, less any loan balance.

### **9.5 Termination of Coverage**

Coverage under this contract terminates when any of the following events occur:

- (1) you request that coverage terminate;
- (2) the Insured dies; or
- (3) the contract lapses, as described in Section 5.8, Grace Period, and the grace period ends without sufficient premiums being paid.

### **9.6 Modifications**

Upon notice to you, we may modify the contract, but only if such modification is necessary to:

- (1) make the contract or the Variable Account comply with any law or regulation issued by a governmental agency to which we are subject; or

- (2) assure continued qualification of the contract under the Internal Revenue Code or other federal or state laws relating to variable life contracts; or
- (3) reflect a change in the operation of the Variable Account; or
- (4) provide additional Fixed and/or Variable Account accumulation options.

We have the right to modify the contract as necessary to attempt to prevent the contract Owner from being considered the Owner of the assets of the Variable Account. In the event of any such modification, we will issue an appropriate endorsement to the contract, if required.

### **9.7 Nonparticipating**

This contract is nonparticipating. It will not participate in any of our profits, losses or surplus earnings.

### **9.8 Annual Report**

At least annually we will send you a report showing the following:

- (1) the Contract Value;
- (2) the Cash Surrender Value; and
- (3) any other information required by law or regulation.

Upon receiving your Written Notice or Written Request, we will send you a report at any other time during the year for a reasonable charge as determined by us.

## **Section 10: Control of Contract**

### **10.1 Ownership**

The Insured is the Owner unless otherwise provided in the application. As Owner, you may exercise every right provided by your contract. These rights and privileges end at the Insured's death.

We require the consent of the Beneficiary to exercise these rights if you have waived the right to change the Beneficiary.

### **10.2 Change of Ownership**

You may change the ownership of this contract while the Insured is alive. You must give Written Notice to us at our home office. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it. We may require that you submit the contract for endorsement to show the change.

### **10.3 Assignment**

An assignment is a transfer of some or all of your rights under this contract. No assignment will be binding on us unless made in writing and filed at our Home Office. We assume no responsibility for the validity or effect of any assignment.

#### **10.4 Beneficiary**

The Beneficiary is shown on the application or in the last Beneficiary designation filed with us.

We will pay death Proceeds to the Beneficiary except as provided in this section.

If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other beneficiaries according to their respective interests.

If all beneficiaries die before the Insured, we will pay the death Proceeds to you, if living, otherwise to your estate or legal successors.

Unless you have waived the right to do so, you may change the Beneficiary by filing a Written Request in a form satisfactory to us. In order to be effective, you must sign the Written Request for change of Beneficiary while your contract is in force and the Insured is living. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it.

The interest of any Beneficiary will be subject to:

- (1) any assignment of this contract which is binding on us; and
- (2) any optional settlement agreement as described in Section 13, Payment of Proceeds, which is in effect at the Insured's death.

#### **10.5 Simultaneous Death of Beneficiary and Insured**

We will pay death Proceeds as though the Beneficiary died before the Insured if:

- (1) the Beneficiary dies at the same time as, or within 15 days of, the Insured's death; and
- (2) we have not paid the Proceeds to the Beneficiary within this 15-day period.

### **Section 11: The Variable Account**

#### **11.1 General Description**

The name of the Variable Account is the Kansas City Life Variable Life Separate Account. The income, gains and losses (whether or not realized) from assets allocated to the Variable Account are credited or charged against the Variable Account without regard to our other income, gains or losses. The portion of the assets of the Variable Account equal to the reserves and other contract liabilities with respect to the Variable Account will not be chargeable with liabilities arising out of any other business we may conduct.

The assets of the Variable Account are segregated by investment options, thus establishing a series of Subaccounts within the Variable Account.

When permitted by law, we reserve the right to:

- (1) create new separate accounts;

- (2) combine separate accounts;
- (3) remove, combine or add Subaccounts and make the new Subaccounts available to you at our discretion;
- (4) substitute shares of another portfolio of the funds or shares of another investment company for those of the funds;
- (5) add new portfolios to the funds;
- (6) deregister the Variable Account under the Investment Company Act of 1940 if registration is no longer required;
- (7) make any changes required by the Investment Company Act of 1940; and
- (8) operate the Variable Account as a managed investment company under the Investment Company Act of 1940 or any other form permitted by law.

If a change is made, we will send you a revised prospectus and any notice required by law. If required, we would first seek the approval of the Securities and Exchange Commission, and when required, the appropriate state regulatory authorities before making a change in the investment options.

#### **11.2 Subaccounts**

The Subaccounts are separate investment accounts that together make up the Variable Account. The assets of each Subaccount are invested in a corresponding portfolio of a designated mutual fund. They are named in Section 1, Contract Data.

Subaccount values will fluctuate in accordance with the investment experience of the applicable portfolio of the fund held within the Subaccount.

The Subaccount value is equal to the number of Accumulation Units credited to the Subaccount times the appropriate Accumulation Unit value.

The number of Accumulation Units to be purchased or redeemed in a transaction is found by dividing:

- (1) the dollar amount of the transaction; by
- (2) the Subaccount's unit value for the Valuation Period for that transaction.

The number of units in any Subaccount will be increased at the end of the Valuation Period by:

- (1) any Net Premiums allocated to the Subaccount during the current Valuation Period; and
- (2) any transfers to the Subaccount from another Subaccount or from the Fixed Account during the current Valuation Period.

The number of units in any Subaccount will be decreased at the end of the Valuation Period by:

- (1) any amounts transferred from the Subaccount to another Subaccount or the Fixed Account;
- (2) amounts surrendered during the current Valuation Period.

The number of units in any Subaccount will also be reduced on each Monthly Anniversary Day by a pro-rata share of the Monthly Deduction. The Monthly Deduction will reduce the Subaccount units in proportion to each Subaccount's value to the entire Contract Value.

The value of an Accumulation Unit for each of the Subaccounts was arbitrarily set at \$10 when the first investments were bought. The value for any later Valuation Period is equal to:

$$A \times B$$

"A" is equal to the Subaccount's Accumulation Unit value for the end of the immediately preceding Valuation Day.

"B" is equal to the Net Investment Factor for the most current Valuation Day.

The Net Investment Factor equals:

$$\frac{X}{Y} - Z$$

"X" equals the sum of:

- (1) the net asset value per Accumulation Unit held in the Subaccount at the end of the current Valuation Day; plus
- (2) the per Accumulation Unit amount of any dividend or capital gain distribution on shares held in the Subaccount during the current Valuation Day; less
- (3) the per Accumulation Unit amount of any capital loss distribution on shares held in the Subaccount during the current Valuation Day; less
- (4) the per Accumulation Unit amount of any taxes or any amount set aside during the Valuation Day as a reserve for taxes.

"Y" equals the net asset value per Accumulation Unit held in the Subaccount as of the end of the immediately preceding Valuation Day.

"Z" equals the charges deducted from the Subaccount on each Valuation Day for the Mortality and Expense Risk Charge.

We deduct the Mortality and Expense Risk Charge from each of the Subaccounts on each Valuation Day. This charge compensates us for assuming the mortality and expense risks under this contract. These charges are shown in Section 1, Contract Data.

The value of a Subaccount may increase, decrease or remain the same.

### ***11.3 Allocations***

This contract provides investment options for the amount in the Contract Value. The initial premium allocation percentages are indicated in the application for this contract. These percentages will also apply to subsequent premium allocations until you change them. Such allocation percentages may be changed by Written Notice.

Allocation percentages must be zero or a whole number not greater than 100. The sum of the premium allocation percentages must equal 100.

We have the right to limit the number of Subaccount allocations in effect at any one time.

On the Allocation Date we will allocate the Contract Value to a money market Subaccount. We will also allocate any subsequent premiums that are received from this time until the Reallocation Date to a money market Subaccount. On the Reallocation Date, Contract Value in the money market Subaccount will be allocated to the Subaccounts and to the Fixed Account based on the premium Payment allocation percentages in the contract application. After the Reallocation Date, planned periodic premiums and unscheduled premiums will be allocated as requested on the Valuation Day they are received by the Home Office.

## ***Section 12: Transfers***

### ***12.1 Transfer Fees***

Six transfers per year may be made from Subaccounts and the Fixed Account free of charge. Any unused free transfers do not carry over to the next Contract Year. We will charge a \$25 transfer fee on any additional transfers during a Contract Year. For the purpose of assessing a fee, we consider each Written Notice or Written Request, or telephone request to be one transfer. We will deduct the processing fee from the amount being transferred, or from the remaining Contract Value, according to your instructions.

### ***12.2 Transfers From Subaccounts***

After the right to examine period and Reallocation Date, you may transfer all or a part of the value in any Subaccount of the Variable Account to one or more of the Subaccounts of the Variable Account or to the Fixed Account. The minimum amount that you may transfer is the lesser of:

- (1) \$250; or
- (2) the total value in that Subaccount on that date.

We will treat any transfer that would reduce the amount in a Subaccount below \$250 as a transfer request for the entire amount in that Subaccount.

A transfer fee may apply as described in Section 12.1, Transfer Fees.

An excessive number of transfers, including short-term "market timing" transfers, may adversely affect the performance of the underlying fund in which a Subaccount invests. If, in our sole opinion, a pattern of excessive transfers develops, we have the right not to process a transfer request. We also have the right not to process a transfer request when the sale or purchase of shares of a fund is not reasonably practicable due to actions taken or limitations imposed by the fund.

We may suspend or modify this transfer privilege at any time.

### ***12.3 Transfers From the Fixed Account***

At your request, you may transfer an amount from the unloaned value in the Fixed Account to one or more Subaccounts of the Variable Account. We must receive the request in writing or other form acceptable to us. You may make only one transfer from the Fixed Account each Contract Year.

The maximum amount you may transfer from the Fixed Account each Contract Year will be the greatest of:

- (1) 25% of the unloaned Fixed Account Value, unless the balance after the transfer is less than \$250, in which case the entire amount will be transferred;
- (2) \$2,000, or the unloaned Fixed Account Value, if less; or
- (3) the amount transferred from of the Fixed Account the previous Contract Year.

A transfer fee may apply as described in Section 12.1, Transfer Fees.

We may suspend or modify this transfer privilege at any time.

## ***Section 13: Payment of Proceeds***

### ***13.1 Payment Options***

You may apply Proceeds of \$2,000 or more which are payable under this contract to any of the following options:

#### ***Option 1: Interest Payments***

We will make interest payments to the payee annually or monthly as elected. We will pay interest on the Proceeds at the guaranteed rate of 1.50% per year and we may increase this by additional interest paid annually. You may withdraw the Proceeds and any unpaid interest in full at any time.

#### ***Option 2: Installments of a Specified Amount***

We will make annual or monthly payments until the Proceeds plus interest are fully paid. We will pay interest on the Proceeds at the guaranteed

rate of 1.50% per year and we may increase this by additional interest. You may withdraw the present value of any unpaid installments at any time.

#### ***Option 3: Installments for a Specified Period***

We will pay the Proceeds in equal, annual or monthly payments for a specified number of years. We will pay interest on the Proceeds at the guaranteed rate of 1.50% per year and we may increase this by additional interest. You may withdraw the present value of any unpaid installments at any time. The amount of each payment is shown in Table A.

#### ***Option 4: Life Income***

We will pay an income during the payee's lifetime. A minimum guaranteed payment period may be chosen. We will continue payments under the Installment Refund Option until the total income payments equal the Proceeds applied. The amount of each payment is shown in Table B.

#### ***Option 5: Joint and Survivor Income***

We will pay an income during the lifetime of two persons and will continue to pay the same income as long as either person is living. The minimum guaranteed payment period will be ten years. The amount of each payment is shown in Table C.

If the payout rates in use by us at the time Proceeds become payable are more favorable than those shown in Tables B and C, we will provide a life income using the more favorable rates.

### ***13.2 Payee***

The payee is the person receiving Proceeds under a settlement option. The payee can be you, the Insured or a Beneficiary. We will require satisfactory proof of the payee's Age under Options 4 and 5.

The contingent payee is the person named to receive Proceeds if the payee is not alive.

### ***13.3 Minimum Payments***

The payment under any settlement option must be at least \$25. We may make payments less frequently so that each payment is at least \$25.

### ***13.4 Choice of Options***

You may choose an option by Written Notice during the Insured's lifetime. If a settlement option is not in effect at the Insured's death, a choice may be made by the Beneficiary.

### ***13.5 Availability of Options***

We have the right to restrict these options if you designate an executor, administrator, trustee, corporation, partnership or association as the payee.

### ***13.6 Operative Date***

The first payment will be payable on the payment mode following the date Proceeds become payable.

**13.7 Death of Payee**

At the death of the payee, we will pay any payments remaining according to the terms of the settlement option chosen, unless the contingent payee elects in writing to receive the present value of any remaining guaranteed payments in a single sum.

If a contingent payee has not been named or does not survive the payee, we will pay the following amounts in one sum to the estate of the payee:

- (1) any amount left on deposit under Option 1;  
and

- (2) the present value of any remaining guaranteed payments under Options 2 through 5.

If you have not named a contingent payee, or if every contingent payee named by you dies before the payee, you may, by Written Notice to us, name a new contingent payee. The new contingent payee will receive any amount that would otherwise have been payable to the payee's estate.

**13.8 Claims of Creditors**

To the extent permitted by law, Proceeds will not be subject to any claims of a payee's creditors.

**TABLE A - INSTALLMENT OPTION\***

for each \$1,000 of Proceeds Applied

Term of Years	Annual	Monthly	Term of Years	Annual	Monthly	Term of Years	Annual	Monthly
1	\$1000.00	\$84.47	11	97.83	8.21	21	55.04	4.62
2	503.72	42.26	12	90.33	7.58	22	52.91	4.44
3	338.31	28.39	13	83.98	7.05	23	50.97	4.28
4	255.61	21.45	14	78.55	6.59	24	49.19	4.13
5	206.00	17.28	15	73.84	6.20	25	47.55	3.99
6	172.93	14.51	16	69.72	5.85	26	46.04	3.86
7	149.32	12.53	17	66.09	5.55	27	44.65	3.75
8	131.61	11.04	18	62.86	5.27	28	43.35	3.64
9	117.84	9.89	19	59.98	5.03	29	42.15	3.54
10	106.83	8.96	20	57.38	4.81	30	41.02	3.44

**TABLE B - LIFE INCOME OPTIONS\***

Monthly Income for each \$1,000 of Proceeds Applied

Age	MALE Minimum Guaranteed Payment Period				FEMALE Minimum Guaranteed Payment Period			
	None	120 Months	240 Months	Installment Refund	None	120 Months	240 Months	Installment Refund
50	\$3.01	\$2.99	\$2.92	\$2.75	\$2.77	\$2.76	\$2.73	\$2.62
51	3.07	3.05	2.97	2.80	2.83	2.82	2.78	2.66
52	3.14	3.12	3.03	2.85	2.89	2.87	2.83	2.70
53	3.21	3.19	3.08	2.90	2.95	2.93	2.88	2.75
54	3.29	3.26	3.14	2.95	3.01	3.00	2.94	2.80
55	3.37	3.34	3.20	3.00	3.08	3.06	3.00	2.85
56	3.45	3.42	3.27	3.06	3.15	3.13	3.05	2.90
57	3.54	3.50	3.33	3.11	3.23	3.21	3.12	2.95
58	3.64	3.59	3.39	3.17	3.31	3.28	3.18	3.01
59	3.74	3.68	3.46	3.23	3.39	3.36	3.24	3.06
60	3.85	3.78	3.52	3.30	3.48	3.45	3.31	3.12
61	3.96	3.88	3.59	3.36	3.58	3.54	3.38	3.19
62	4.08	3.99	3.65	3.43	3.68	3.63	3.45	3.25
63	4.21	4.11	3.72	3.51	3.79	3.73	3.52	3.32
64	4.35	4.23	3.79	3.58	3.90	3.84	3.59	3.39
65	4.50	4.35	3.85	3.66	4.02	3.95	3.66	3.47
66	4.66	4.48	3.91	3.74	4.15	4.07	3.74	3.54
67	4.83	4.62	3.97	3.83	4.29	4.19	3.81	3.63
68	5.01	4.76	4.03	3.91	4.44	4.33	3.88	3.71
69	5.20	4.91	4.08	4.00	4.60	4.46	3.94	3.80
70	5.41	5.06	4.13	4.10	4.78	4.61	4.01	3.89
71	5.62	5.22	4.18	4.20	4.96	4.76	4.07	3.99
72	5.85	5.38	4.23	4.30	5.17	4.93	4.13	4.09
73	6.10	5.54	4.26	4.41	5.39	5.09	4.18	4.19
74	6.36	5.71	4.30	4.52	5.62	5.27	4.23	4.30
75	6.65	5.88	4.33	4.63	5.88	5.45	4.27	4.42

**TABLE C - JOINT AND SURVIVOR OPTION\***

Monthly Income - Ten Year Guaranteed Payment Period for each \$1,000 of Proceeds Applied

Male Age	Female Age					
	50	55	60	65	70	75
50	\$2.52	\$2.64	\$2.75	\$2.83	\$2.89	\$2.94
55		2.76	2.92	3.05	3.16	3.24
60			3.07	3.28	3.45	3.59
65				3.49	3.76	3.99
70					4.04	4.41
75						4.78

\*Amounts not shown for available options will be furnished on request.



***Flexible Premium Variable  
Life Insurance Contract -  
Nonparticipating***

Adjustable death benefit. Death Proceeds payable at death of Insured. Flexible premiums payable until prior to the death of Insured.

If you have any questions concerning this contract or if anyone suggests that you change or replace this contract, please contact your Kansas City Life agent or the Home Office of the Company.



***Flexible Premium Variable  
Life Insurance Contract -  
Nonparticipating***

***Contract Number***  
9999999  
***Insured***  
John Doe  
***Agency***  
0001

Adjustable death benefit. Death Proceeds payable at death of Insured. Flexible premiums payable until prior to the death of Insured.

**The amount and duration of the death benefit may increase or decrease as described in this contract, depending on the investment experience of the Subaccounts.**

**The Contract Value of this contract may increase or decrease daily depending on the investment experience of the Subaccounts. There is no guaranteed minimum Contract Value.**

Kansas City Life Insurance Company will pay the Proceeds of this contract according to the provisions on this and the following pages, all of which are part of the contract. This contract is a legal contract between you and Kansas City Life Insurance Company. **READ YOUR CONTRACT CAREFULLY.**

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President, CEO and Chairman

***10-Day Right to Examine Contract***

Please examine this contract carefully. If you are not satisfied, you may return the contract to us or your agent within 10 days of its receipt. If returned, the contract will be void from the beginning and any premium paid will be refunded.

**GUIDE TO CONTRACT PROVISIONS**

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A copy of the original application and any additional benefits provided by rider or endorsement follows the last page of this contract.

***Features of Your Variable Universal Life Insurance Contract***

Your variable universal life insurance contract provides for flexible premium payments and an adjustable death benefit. The Contract Values are affected by such things as the investment experience of the Subaccounts, the amount of your premium payments, monthly contract charges and the monthly interest credited to your Fixed Account Values.

Some aspects of your variable universal life insurance contract are guaranteed, including the maximum Cost of Insurance charges. Other aspects of your contract, such as the investment experience of the Subaccounts, the current interest rate on the Fixed Account and current Cost of Insurance charges, are not guaranteed. Fluctuations in the non-guaranteed elements of your contract will affect the Contract Values and premium payments necessary to keep your contract in force.

Contract loans and partial surrenders may adversely affect the amount of death benefit, Contract Values and premium payments necessary to keep your contract in force.

## ***Section 1: Contract Data***

### ***Beneficiary***

As stated in the application or in any subsequent agreements, amendments, or endorsements.

### ***Owner***

[Insured]

### ***Issue Age***

[35]

### ***Sex***

[Male]

### ***Minimum Specified Amount***

[\$100,000]

### ***Guaranteed Monthly Premium During Guaranteed Payment Period***

[\$70.00] \*\*

### ***Guaranteed Payment Period***

First [seven] years following the Contract Date.

### ***Fixed Account Guaranteed Interest Rate***

3%

### ***[Guaranteed Minimum Death Benefit Rider Interest Rate]***

[5%]

### ***[Lifetime Guaranteed Minimum Death Benefit Rider Interest Rate]***

[5%]

### ***Loan Interest Rate***

[5%]

### ***Mortality Tables***

2001 Commissioners' Standard Ordinary Smoker and Non-Smoker, Male and Female Mortality Tables, Age nearest birthday.

\*Coverage may expire if the Cash Surrender Value or premium payments are insufficient as described in Section 5.8, Grace Period.

\*\*This amount will change if you increase the Specified Amount or delete or add any benefits provided by riders.

### ***Contract Number***

[9999999]

### ***Insured***

[John Doe]

### ***Initial Specified Amount***

[\$100,000]

### ***Contract Date***

[January 1, 2008]

### ***Maturity Date \****

none

**Section 1: Contract Data (continued)**

**Date Prepared:** [01/01/2008]

**Insured**  
[John Doe]

**Contract Number**  
[9999999]

Planned Premium Payment: [\$70.00 Monthly]

<b><u>Form Number</u></b>	<b><u>Benefit Description</u></b>	<b><u>Specified Amount</u></b>	<b><u>Risk Class</u></b>	<b><u>Monthly Cost of Insurance</u></b>
J177	[Coverage Option A: Death Benefit equals the Specified Amount at the time of death.  (Effective: January 1, 2008)]	[\$100,000]*	[Standard Non-Tobacco]	See Section 2

\* This is the initial Specified Amount on the Contract Date. The Specified Amount may be changed as provided in Section 6, Contract Change Provisions.

**Section 1: Contract Data (continued)**

**Date Prepared:** [01/01/2008]

**Insured**  
[John Doe]

**Contract Number**  
[9999999]

**Premium Expense Charge**

[5.00%] deducted from each premium payment

**Monthly Expense Charges**

**Current Expense Charges**

[\$10.00] per month for all Contract Years

[Contract Years [1-5] [\$0.05] per month per 1,000 of Specified Amount]

[Contract Years [6+] [\$0.00] per month per 1,000 of Specified Amount]

**Guaranteed Expense Charges**

[\$10.00] per month for all Contract Years

[Contract Years [1-20] [\$0.05] per month per 1,000 of Specified Amount]

[Contract Years [21+] [\$0.00] per month per 1,000 of Specified Amount]

**Mortality and Expense Risk Charge**

0.90% annually

**Partial Surrender Fee**

The lesser of 2% of the amount surrendered or \$25.00

Table of Surrender Charges

<u>Contract Year</u>	<u>Amount at End of Year</u>
1	[\$985.95]
2	[\$1,599.43]
3	[\$2,191.00]
4	[\$2,191.00]
5	[\$2,191.00]
6	[\$1,971.90]
7	[\$1,752.80]
8	[\$1,533.70]
9	[\$1,314.60]
10	[\$1,095.50]
11	[\$876.40]
12	[\$701.12]
13	[\$525.84]
14	[\$350.56]
15	[\$175.28]
16+	[\$0.00]

There will not be a surrender charge after the end of the 15th Contract Year unless you have requested an increase in the Specified Amount.

When a requested increase in the Specified Amount is made, an additional surrender charge and surrender charge period will be applicable for 15 years following the effective date of the increase in Specified Amount. We will send you an updated surrender charge schedule for the increase. The additional surrender charge will apply only if the increase is in connection with an increase as provided in Section 6.2, Changes in Specified Amount, or, if applicable, under the terms of any increase rider.

The surrender charges listed above are applicable at the end of each Contract Year. After the first Contract Year the surrender charge between years will be pro-rated. The charge for the entire first Contract Year will be level.

*Insured*  
[John Doe]

*Contract Number*  
[9999999]

*Investment Options*

[KCL Fixed Account

Subaccounts that invest in the Kansas City Life Variable Life Separate Account:

AIM V.I. Capital Appreciation Fund (Series I Shares)  
AIM V.I. Core Equity Fund (Series I Shares)  
AIM V.I. Technology Fund (Series I Shares)  
American Century VP Capital Appreciation Fund  
American Century VP Income & Growth Fund  
American Century VP International Fund  
American Century VP Mid Cap Value Fund  
American Century VP Ultra® Fund  
American Century VP Value Fund  
American Century VP Inflation Protection Fund (Class II)  
Calamos Growth and Income Portfolio  
Dreyfus Appreciation Portfolio – Initial Shares  
Dreyfus Developing Leaders Portfolio – Initial Shares  
Dreyfus Stock Index Fund, Inc. – Initial Shares  
The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares  
Federated American Leaders Fund II  
Federated High Income Bond Fund II  
\*Federated Prime Money Fund II  
Fidelity VIP Contrafund Portfolio (Service Class 2)  
Fidelity VIP Freedom Income Portfolio (Service Class 2)  
Fidelity VIP Freedom 2010 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2015 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2020 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2025 Portfolio (Service Class 2)  
Fidelity VIP Freedom 2030 Portfolio (Service Class 2)  
Franklin Global Real Estate Securities Fund (Class 2)  
Franklin Small-Mid Cap Growth Securities Fund (Class 2)  
Templeton Developing Markets Securities Fund (Class 2)  
Templeton Foreign Securities Fund (Class 2)  
JPMorgan Mid Cap Value Portfolio  
JPMorgan Small Company Portfolio  
JPMorgan U.S. Large Cap Core Equity Portfolio  
MFS Emerging Growth Series  
MFS Research Series  
MFS Research Bond Series  
MFS Strategic Income Series  
MFS Total Return Series  
MFS Utilities Series  
Seligman Capital Portfolio (Class 2)  
Seligman Communications and Information Portfolio (Class 2)  
Seligman Smaller-Cap Value Portfolio (Class 2)

\*The Federated Prime Money Fund II Subaccount is referred to in this contract as the money market Subaccount.]

Insured  
[John Doe]

Contract Number  
[9999999]

Table of Corridor Percentages

Age	Corridor Percentage	Age	Corridor Percentage	Age	Corridor Percentage
35	490.48%	64	197.97%	93	112.21%
36	474.21%	65	192.51%	94	110.91%
37	458.52%	66	187.30%	95	109.56%
38	443.42%	67	182.32%	96	108.15%
39	428.87%	68	177.54%	97	106.69%
40	414.88%	69	172.94%	98	105.24%
41	401.43%	70	168.50%	99	104.01%
42	388.51%	71	164.23%	100+	100.00%
43	376.08%	72	160.13%		
44	364.12%	73	156.23%		
45	352.59%	74	152.53%		
46	341.48%	75	149.05%		
47	330.76%	76	145.77%		
48	320.43%	77	142.69%		
49	310.47%	78	139.78%		
50	300.87%	79	137.03%		
51	291.62%	80	134.42%		
52	282.71%	81	131.96%		
53	274.14%	82	129.64%		
54	265.89%	83	127.46%		
55	257.96%	84	125.44%		
56	250.33%	85	123.57%		
57	242.97%	86	121.85%		
58	235.86%	87	120.24%		
59	228.98%	88	118.75%		
60	222.32%	89	117.34%		
61	215.88%	90	116.01%		
62	209.66%	91	114.73%		
63	203.69%	92	113.47%		

## Section 2: Monthly Cost of Insurance Rates

Table of Guaranteed Maximum Monthly Cost of Insurance Rates  
per \$1,000 -- Tobacco User Risk Class

Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
15	\$0.05084	\$0.02917	44	\$0.34345	\$0.23839	73	\$4.07151	\$3.21111	102	\$35.01097	\$28.34637
16	\$0.06584	\$0.03417	45	\$0.38098	\$0.26090	74	\$4.40683	\$3.49635	103	\$36.43322	\$30.40644
17	\$0.08084	\$0.03833	46	\$0.41601	\$0.28592	75	\$4.79707	\$3.78343	104	\$37.93389	\$32.64981
18	\$0.09251	\$0.04167	47	\$0.45521	\$0.31760	76	\$5.21287	\$4.09671	105	\$39.87487	\$35.49326
19	\$0.10084	\$0.04500	48	\$0.47689	\$0.35679	77	\$5.69390	\$4.43374	106	\$41.94705	\$38.42340
20	\$0.10584	\$0.04834	49	\$0.50192	\$0.40099	78	\$6.25049	\$4.79707	107	\$44.16014	\$41.44337
21	\$0.11085	\$0.05084	50	\$0.53779	\$0.44937	79	\$6.88457	\$5.19013	108	\$46.52136	\$44.49915
22	\$0.11668	\$0.05417	51	\$0.58034	\$0.50192	80	\$7.56260	\$5.61384	109	\$49.04367	\$47.70095
23	\$0.12168	\$0.05584	52	\$0.63874	\$0.55948	81	\$8.32286	\$6.21084	110	\$51.73391	\$50.99608
24	\$0.12835	\$0.06000	53	\$0.70466	\$0.62038	82	\$9.09107	\$6.86007	111	\$54.60665	\$54.18326
25	\$0.13585	\$0.06417	54	\$0.78729	\$0.68714	83	\$9.89784	\$7.49323	112	\$57.67409	\$57.29201
26	\$0.14252	\$0.06750	55	\$0.88078	\$0.75724	84	\$10.77656	\$8.17462	113	\$60.94980	\$60.13810
27	\$0.15086	\$0.07251	56	\$0.97595	\$0.83236	85	\$11.81206	\$8.86201	114	\$64.44883	\$64.17791
28	\$0.15169	\$0.07667	57	\$1.07699	\$0.91250	86	\$12.94801	\$9.43570	115	\$68.18682	\$67.96341
29	\$0.15086	\$0.08251	58	\$1.15634	\$0.99015	87	\$14.17221	\$10.34679	116	\$72.18101	\$71.91859
30	\$0.15002	\$0.08584	59	\$1.24822	\$1.07616	88	\$15.46210	\$11.25783	117	\$76.45137	\$76.29014
31	\$0.15002	\$0.09334	60	\$1.35935	\$1.16552	89	\$16.80008	\$12.17563	118	\$81.01778	\$80.35500
32	\$0.15169	\$0.09918	61	\$1.49724	\$1.25825	90	\$18.16837	\$12.91894	119	\$83.33333	\$83.33333
33	\$0.15586	\$0.10668	62	\$1.66360	\$1.36269	91	\$19.40523	\$13.08056	120	\$83.33333	\$83.33333
34	\$0.16169	\$0.11585	63	\$1.84841	\$1.46715	92	\$20.67027	\$13.74126			
35	\$0.16669	\$0.12752	64	\$2.03748	\$1.57748	93	\$21.98111	\$14.80774			
36	\$0.17586	\$0.13752	65	\$2.22410	\$1.69788	94	\$23.34419	\$16.17152			
37	\$0.18587	\$0.14919	66	\$2.40410	\$1.82583	95	\$24.85705	\$18.24094			
38	\$0.20004	\$0.15669	67	\$2.57913	\$1.96971	96	\$26.19622	\$20.14012			
39	\$0.21421	\$0.16669	68	\$2.76345	\$2.12785	97	\$27.61193	\$22.05510			
40	\$0.23089	\$0.17670	69	\$2.94615	\$2.29944	98	\$29.11098	\$22.14738			
41	\$0.25256	\$0.18837	70	\$3.16750	\$2.49119	99	\$30.69938	\$23.08506			
42	\$0.27758	\$0.20254	71	\$3.40992	\$2.70982	100	\$32.38239	\$24.70128			
43	\$0.30759	\$0.21921	72	\$3.73977	\$2.95118	101	\$33.66029	\$26.43322			

*Table of Guaranteed Maximum Monthly Cost of Insurance Rates  
per \$1,000 -- Non-Tobacco User Risk Class*

<b>Age</b>	<b>Male</b>	<b>Female</b>									
0	\$0.08084	\$0.04000	34	\$0.08834	\$0.06834	68	\$1.69035	\$1.18223	102	\$34.25451	\$27.58993
1	\$0.04667	\$0.02917	35	\$0.09084	\$0.07417	69	\$1.83586	\$1.28749	103	\$35.98673	\$29.95805
2	\$0.03250	\$0.02167	36	\$0.09584	\$0.07917	70	\$2.01237	\$1.40363	104	\$37.83604	\$32.57783
3	\$0.02250	\$0.01667	37	\$0.10001	\$0.08584	71	\$2.20987	\$1.53736	105	\$39.78296	\$35.42535
4	\$0.01750	\$0.01583	38	\$0.10751	\$0.08917	72	\$2.46942	\$1.68701	106	\$41.86111	\$38.36050
5	\$0.01750	\$0.01500	39	\$0.11418	\$0.09418	73	\$2.74334	\$1.84925	107	\$44.07929	\$41.38462
6	\$0.01833	\$0.01500	40	\$0.12168	\$0.10001	74	\$3.03166	\$2.02744	108	\$46.44744	\$44.44460
7	\$0.01833	\$0.01750	41	\$0.13168	\$0.10584	75	\$3.34700	\$2.22494	109	\$48.97489	\$47.65064
8	\$0.01833	\$0.01750	42	\$0.14419	\$0.11251	76	\$3.69107	\$2.44178	110	\$51.67124	\$50.95006
9	\$0.01917	\$0.01750	43	\$0.15836	\$0.12085	77	\$4.09083	\$2.68050	111	\$54.55012	\$54.14066
10	\$0.01917	\$0.01833	44	\$0.17503	\$0.13085	78	\$4.55818	\$2.94448	112	\$57.62282	\$57.25382
11	\$0.02250	\$0.01917	45	\$0.19420	\$0.14252	79	\$5.09836	\$3.22956	113	\$60.90571	\$60.10438
12	\$0.02750	\$0.02250	46	\$0.21255	\$0.15586	80	\$5.68800	\$3.54838	114	\$64.41012	\$64.14865
13	\$0.03250	\$0.02500	47	\$0.23255	\$0.17253	81	\$6.36020	\$3.98162	115	\$68.15449	\$67.93870
14	\$0.03917	\$0.02750	48	\$0.24423	\$0.19087	82	\$7.06118	\$4.47073	116	\$72.15515	\$71.89944
15	\$0.05084	\$0.02917	49	\$0.25757	\$0.21088	83	\$7.81815	\$4.95863	117	\$76.43109	\$76.27566
16	\$0.06167	\$0.03250	50	\$0.27674	\$0.23422	84	\$8.65764	\$5.49840	118	\$81.00512	\$80.34528
17	\$0.07084	\$0.03417	51	\$0.29926	\$0.26007	85	\$9.59706	\$6.10707	119	\$83.33333	\$83.33333
18	\$0.07667	\$0.03500	52	\$0.33011	\$0.28925	86	\$10.64036	\$6.65989	120	\$83.33333	\$83.33333
19	\$0.07834	\$0.03750	53	\$0.36347	\$0.32094	87	\$11.78220	\$7.49323			
20	\$0.07917	\$0.03750	54	\$0.40600	\$0.35429	88	\$13.00872	\$8.36523			
21	\$0.07917	\$0.03833	55	\$0.45854	\$0.39015	89	\$14.30594	\$9.29646			
22	\$0.07917	\$0.04000	56	\$0.51193	\$0.43185	90	\$15.66322	\$10.15628			
23	\$0.08001	\$0.04000	57	\$0.56949	\$0.47523	91	\$16.94312	\$10.59184			
24	\$0.08084	\$0.04167	58	\$0.61872	\$0.52194	92	\$18.28068	\$11.44961			
25	\$0.08167	\$0.04167	59	\$0.67546	\$0.56866	93	\$19.69542	\$12.72489			
26	\$0.08501	\$0.04417	60	\$0.74389	\$0.61705	94	\$21.19403	\$14.33938			
27	\$0.08917	\$0.04750	61	\$0.82735	\$0.66961	95	\$22.77289	\$16.33935			
28	\$0.08751	\$0.04834	62	\$0.92920	\$0.72720	96	\$24.22200	\$18.24612			
29	\$0.08584	\$0.05167	63	\$1.04359	\$0.78645	97	\$25.77166	\$20.21644			
30	\$0.08501	\$0.05334	64	\$1.16385	\$0.85072	98	\$27.43069	\$20.55482			
31	\$0.08417	\$0.05667	65	\$1.29083	\$0.92168	99	\$29.20718	\$21.68875			
32	\$0.08417	\$0.06000	66	\$1.41951	\$1.00017	100	\$31.11386	\$23.49431			
33	\$0.08667	\$0.06334	67	\$1.54990	\$1.08618	101	\$32.63203	\$25.42630			

### ***Section 3: Definition of Certain Terms***

The following key words are used in the contract and are important in describing it. Please refer back to these definitions as you read the contract.

#### ***3.1 Accumulation Unit***

An accounting unit used to calculate the Variable Account Value. It is a measure of the net investment results of each of the Subaccounts.

#### ***3.2 Age***

This contract is issued at the Age shown in Section 1, Contract Data, which is the Insured's Age on the birthday closest to the Contract Date. Age means the issue age plus the number of completed Contract Years.

#### ***3.3 Allocation Date***

The date on which the initial Net Premium is allocated to the money market Subaccount. The Allocation Date is the later of the date we approve your application or the date we receive the initial premium at our Home Office.

#### ***3.4 Beneficiary***

The beneficiary is the person you have designated in the application (or in the last designation filed with us) to receive any Proceeds payable under this contract at the death of the Insured.

#### ***3.5 Cash Surrender Value***

The Contract Value less any applicable surrender charge and any loan balance.

#### ***3.6 Contract Anniversary***

The same day and month as the Contract Date each year that the contract remains in force.

#### ***3.7 Contract Date***

The date on which coverage takes effect. Contract months, years and anniversaries are measured from the Contract Date.

#### ***3.8 Contract Value***

The sum of the Variable Account Value and the Fixed Account Value (including the loan account value). These values are described in more detail in Section 7, Contract Values.

#### ***3.9 Contract Year***

Any period of twelve months starting with the Contract Date or any Contract Anniversary.

#### ***3.10 Cost of Insurance***

The charge we make based on the amount of pure insurance protection using the current Cost of Insurance rates for this contract. It does not include the cost of any additional benefits provided by riders.

#### ***3.11 Coverage Options***

The coverage option selected determines the amount of death Proceeds payable. Three coverage options (A, B or C) are available. These options are described in Section 4.2, Death Proceeds.

#### ***3.12 Fixed Account***

An account that is part of our general account. The investment performance of the Variable Account has no impact on the Fixed Account.

#### ***3.13 Fixed Account Value***

The Contract Value in the Fixed Account.

#### ***3.14 Insured***

The person whose life is insured under this contract.

#### ***3.15 Maturity Date***

The date shown in Section 1, Contract Data, when coverage terminates and we pay any Cash Surrender Value.

#### ***3.16 Monthly Anniversary Day***

The day of each month when we make the Monthly Deduction for this contract. It is the same day of each month as shown in the Contract Date (or the last day of the month for those months not having such a day).

#### ***3.17 Monthly Deduction***

The amount we deduct on the Monthly Anniversary Day from the Contract Value to pay the Cost of Insurance, Monthly Expense Charges, and the cost of any additional benefits provided by riders for the month beginning on that Monthly Anniversary Day.

#### ***3.18 Monthly Expense Charges***

The charges we deduct from the Contract Value on each Monthly Anniversary Day to compensate us for the costs associated with administration of the contract. We show this charge in Section 1, Contract Data.

#### ***3.19 Mortality and Expense Risk Charge***

The charge we deduct from the assets of the Subaccounts to compensate us for the mortality and expense risks for this contract. We show this charge in Section 1, Contract Data.

#### ***3.20 Net Investment Factor***

The ratio of the Subaccount performance of the current Valuation Day to the immediately prior Valuation Day. The Subaccount performance includes gains or losses in the Subaccounts, dividends paid, any capital gains or losses, any taxes, and Mortality and Expense Risk Charges.

#### ***3.21 Net Premium***

The premium payment minus the Premium Expense Charge.

#### ***3.22 Non-Tobacco User***

A rate class that defines an Insured who does not use tobacco products in any form during the time period as defined in our underwriting guidelines.

#### ***3.23 Owner***

The person entitled to exercise all rights and privileges provided in the contract.

### **3.24 Planned Premium**

The amount and frequency of premium payments you elected to pay in your last application. This is only an indication of your preference of future premium payments. You may change the amount and frequency of premium payments at any time. Section 5.8, Grace Period, describes the amount of premium required to keep your contract in force.

### **3.25 Premium Expense Charge**

The amount we deduct from each premium payment. We show this charge in Section 1, Contract Data.

### **3.26 Proceeds**

The total amount we are obligated to pay under the terms of this contract.

### **3.27 Reallocation Date**

The date the Contract Value in the money market Subaccount is allocated to the Subaccounts and to the Fixed Account based on the Net Premium payment allocation percentages specified in the application. The Reallocation Date is 30 days after the Allocation Date.

### **3.28 Specified Amount**

The amount of insurance coverage on the Insured. The actual death benefit will depend upon the coverage option in effect at the time of death less any loan balance.

### **3.29 Subaccounts**

The division of accounts making up the Variable Account. The assets of each Subaccount are invested in a corresponding portfolio of a designated mutual fund.

### **3.30 Tobacco User**

A rate class that defines an Insured who uses tobacco products in any form during the time period as defined in our underwriting guidelines.

### **3.31 Valuation Day**

Each day on which the New York Stock Exchange is open for business.

### **3.32 Valuation Period**

The interval of time commencing at the close of business one Valuation Day and ending at the close of business on the next Valuation Day.

### **3.33 Variable Account**

The Kansas City Life Variable Life Separate Account. This is not part of our general account. The Variable Account has Subaccounts each of which is invested in a corresponding portfolio of a designated mutual fund.

### **3.34 Variable Account Value**

The total value of the contract allocated to Subaccounts of the Variable Account.

### **3.35 We, Our, Us**

Kansas City Life Insurance Company.

### **3.36 Written Notice/Written Request**

A Written Notice or Written Request in a form satisfactory to us, which is signed by the Owner and received at the Home Office.

### **3.37 You, Your**

The Owner of this contract. The Owner may be someone other than the Insured.

## **Section 4: Contract Proceeds**

### **4.1 Types of Proceeds and Method of Payment**

There are various types of Proceeds available under this contract. These include:

- Death Proceeds
- Surrender Proceeds
- Partial Surrender Proceeds

We will pay death or surrender Proceeds as either a lump sum or under a payment option as described in Section 13, Payment of Proceeds. The amount of Proceeds payable will vary by the type of Proceeds and the form of payment selected. We will only pay partial surrender Proceeds as a lump sum.

We have the right to require that this contract be returned to us when we pay death or surrender Proceeds.

To the extent permitted by law, Proceeds will not be subject to any claims of your creditors or the Beneficiary's creditors.

### **4.2 Death Proceeds**

If the Insured dies, we will pay the death Proceeds to the Beneficiary. We will require proof that the Insured's death occurred while this contract was in force.

We will pay the Proceeds to the Beneficiary in a lump sum unless you or the Beneficiary elect one of the payment options listed in Section 13, Payment of Proceeds.

The amount of death Proceeds payable upon the Insured's death is determined according to the coverage option you have elected. The coverage option is shown in Section 1, Contract Data.

### **Coverage Option A**

The death benefit will be the greater of:

- (1) the Specified Amount on the date of death; or
- (2) the Contract Value on the date of death multiplied by the corridor percentage as shown in the Table of Corridor Percentages in Section 1, Contract Data, for the Insured's Age on the date of death.

### **Coverage Option B**

The death benefit will be the greater of:

- (1) the Specified Amount on the date of death, plus the Contract Value on the date of death; or
- (2) the Contract Value on the date of death multiplied by the corridor percentage as shown in the Table of Corridor Percentages in Section 1, Contract Data, for the Insured's Age on the date of death.

### **Coverage Option C**

The death benefit will be the greater of:

- (1) the Specified Amount on the date of death, plus the total premiums paid, minus the total amount of partial surrenders; or
- (2) the Contract Value on the date of death multiplied by the corridor percentage as shown in the Table of Corridor Percentages in Section 1, Contract Data, for the Insured's Age on the date of death.

We will increase the death benefit under any coverage option by any additional benefits provided by riders in force at the Insured's death and any premiums received after the date of death. We will also refund any Cost of Insurance charge deducted for the period beyond the date of death. We will reduce the death benefit by any loan balance.

The purpose of the corridor percentage is to ensure that your contract will not be disqualified as a life insurance contract under Section 7702 of the Internal Revenue Code, as amended.

If changes occur in the Internal Revenue Code which would disqualify the contract as a life insurance contract, we have the right to amend the contract in order to make it qualify under any new federal income tax laws.

We will pay interest on lump sum death Proceeds from the date of the Insured's death until the date of payment. Interest will be at an annual rate determined by us, but never less than the rate required by the state in which this contract is delivered.

#### **4.3 Surrender Proceeds**

We will pay Proceeds of a full surrender as either a lump sum or under a payment option as described in Section 13, Payment of Proceeds. Unless you specify otherwise, we will pay full surrender Proceeds as a lump sum. We will only pay partial surrender Proceeds as a lump sum.

The amount of Proceeds payable upon a full surrender is the Cash Surrender Value as described in Section 7.8, Cash Surrender. The amount of Proceeds payable under the partial surrender

provision is defined in Section 7.9, Partial Surrenders.

## **Section 5: Premium and Reinstatement Provisions**

### **5.1 Payment**

You must pay your first premium when the contract is delivered. Subsequent premiums may be paid at any time. There is no insurance until we receive the first premium. All premiums after the first must be paid at the Home Office or to a representative authorized to receive premiums.

### **5.2 Right to Refund**

We will inform you if we receive a premium payment which affects the tax qualification of this contract as described in Section 7702 of the Internal Revenue Code, as amended. We will offer you the choice of a refund of the premium or the option to increase the Specified Amount subject to our underwriting requirements.

If you choose to increase the Specified Amount and the Insured fails to meet our underwriting requirements for the required increase in coverage, we have the right to refund, with interest, any premium that would cause your contract to violate Section 7702.

### **5.3 Planned Premiums**

The planned annual, semi-annual, quarterly or monthly premium payment is shown in Section 1, Contract Data.

### **5.4 Amount and Frequency**

Planned premiums may be paid at twelve, six or three month intervals. They may also be paid monthly with our consent. You may change the amount and frequency of Planned Premiums at any time. However, in order to keep the contract in force the premium you pay must be sufficient to keep your contract from lapsing as described in Section 5.8, Grace Period. The actual amount and frequency of premium payments affects the Contract Value and the amount and duration of insurance.

We have the right to limit the amount of any increase in Planned Premium payments.

### **5.5 Unscheduled Premiums**

You may pay unscheduled premiums at any time. We reserve the right to limit the number and amount of unscheduled premium payments. We may require satisfactory evidence of insurability prior to accepting any unscheduled premium payments.

Unscheduled premiums are subject to the requirements of Section 5.2, Right to Refund, if such premiums would require an increase in the death benefit under Section 7702 of the Internal Revenue Code, as amended.

### **5.6 Guaranteed Payment Period**

The period of time, shown in Section 1, Contract Data, during which one of the following conditions must exist to prevent your contract from lapsing:

- (1) the Cash Surrender Value of the contract on a Monthly Anniversary Day must be sufficient to cover the Monthly Deduction; or
- (2) total premiums paid must be at least equal to the sum of the guaranteed monthly premiums for each month the contract has been in force, plus any loan balance and the total amount of partial surrenders, as provided in Section 5.8, Grace Period.

### **5.7 Guaranteed Monthly Premium**

If you pay the guaranteed monthly premiums as due, your contract will not lapse during the guaranteed payment period (assuming you do not make any contract loans or partial surrenders). Section 5.8, Grace Period, describes this in detail.

The guaranteed monthly premium will change if you increase the Specified Amount or add or delete any additional benefits provided by riders.

### **5.8 Grace Period**

The conditions which will result in your contract lapsing will vary, as follows, depending on whether the guaranteed payment period, shown in Section 1, Contract Data, has expired.

#### ***During the Guaranteed Payment Period***

The contract will lapse if there is no Cash Surrender Value and if the accumulated premiums paid as of each Monthly Anniversary Day are less than:

$$X + Y + Z$$

"X" is the guaranteed monthly premium shown in Section 1, Contract Data, times the number of Monthly Anniversary Days during which the contract has been in force before any requested increases to the Specified Amount.

If requested increases to the Specified Amount have occurred, "X" will also include each new guaranteed monthly premium after an increase times the number of Monthly Anniversary Days during which each applicable increase to the Specified Amount has been in force.

"Y" is the amount of any loan balance.

"Z" is the total amount of partial surrenders.

We will provide a grace period of 61 days from the date your contract lapses to pay total premiums equal to or greater than  $X + Y + Z$ .

#### ***After the Guaranteed Payment Period***

The contract will lapse if the Cash Surrender Value on a Monthly Anniversary Day will not

cover the Monthly Deduction for the month beginning on that Monthly Anniversary Day.

We will provide a grace period of 61 days from the date your contract lapses to pay a premium that will provide enough Cash Surrender Value to cover the balance of the Monthly Deduction.

The contract will terminate without value if sufficient premium is not paid by the end of the grace period.

Section 7, Contract Values, describes the Cash Surrender Value and Monthly Deduction. If the Insured dies during the grace period, we will pay the Proceeds reduced by any past due Monthly Deductions.

### **5.9 Reinstatement**

If the grace period expires without sufficient premiums being paid to prevent lapse, the contract may be reinstated within two years after the expiration of the grace period. Your contract cannot be reinstated if it has been surrendered.

In order to reinstate we must receive:

- (1) satisfactory evidence of insurability of the Insured; and
- (2) payment of the premium amount which would have been sufficient to keep the contract from lapsing, as described in Section 5.8, Grace Period, with interest from the date of lapse; plus:
  - (a) two months of guaranteed monthly premium if the contract lapsed during the guaranteed payment period; or
  - (b) three Monthly Deductions if the contract lapsed after the guaranteed payment period.

Interest at the loan interest rate, shown in Section 1, Contract Data, on any loan balance will be payable to the date of reinstatement. We will reinstate the contract on the Monthly Anniversary Day after the date we approve the reinstatement.

If lapse occurs during the guaranteed payment period or during a time when any surrender charges are applicable, the balance of the guaranteed payment period and surrender charge periods at the time of lapse will resume upon reinstatement.

If the contract lapses and it is reinstated, we cannot contest the reinstated contract after the contract has been in force during the Insured's lifetime for two years from the date of the reinstatement application.

## ***Section 6: Contract Change Provisions***

### ***6.1 Right to Change***

We require that the changes provided for in this section be made by Written Notice or Written Request. These changes may be made at any time the contract is in force.

## **6.2 Changes in Specified Amount**

The Specified Amount may be changed after the contract has been in force one year. Once the Specified Amount has been changed, it cannot be changed again for the next twelve months. Specified Amount changes are subject to the conditions outlined below. Changes in Specified Amount will be effective on the Monthly Anniversary Day on or following the date we approve your application.

### ***Decreases in the Specified Amount***

We will apply a decrease first against any increases to the Specified Amount in the reverse order in which they were made. We will then apply any remaining decrease against the initial Specified Amount.

We have the right to decline to make any Specified Amount decrease that we determine would cause this contract to not qualify as life insurance under applicable tax laws.

A decrease in the Specified Amount will not affect the surrender charge and a decrease in the contract's Specified Amount will not decrease the guaranteed monthly premium.

The Specified Amount remaining in force after any requested decrease may not be less than the minimum Specified Amount shown in Section 1, Contract Data.

### ***Increases in the Specified Amount***

A request for an increase in the Specified Amount will be subject to the following requirements:

- (1) you must submit an application satisfactory to us;
- (2) you must submit evidence of insurability satisfactory to us;
- (3) the Insured's Age must be less than the current maximum issue age for the contract;
- (4) the increased Monthly Deduction will not cause the contract to lapse, as described in Section 5.8, Grace Period, as of the effective date of the increase; and
- (5) any increase will be subject to our issue rules and limits at the time of increase.

After an increase, additional surrender charges will apply to your contract. We will send you a new surrender charge schedule.

A new guaranteed monthly premium will be applicable during the remainder of the guaranteed payment period.

## **6.3 Change in Coverage Option**

You may change the coverage option any time after the contract has been in force one year. Once you

have changed the coverage option, you cannot change it again for the next twelve months.

If the coverage option is Option B or Option C, it may be changed to Option A. The new Specified Amount will be the death benefit as of the effective date of the change. The effective date of change will be the Monthly Anniversary Day on or next following the date we receive and approve your application for change.

If the coverage option is Option A or Option B you may not change it to Option C. Coverage Option C is only available at issue.

If the coverage option is Option A or Option C, you may change it to Option B subject to satisfactory evidence of insurability. The Specified Amount does not change. The new death benefit will be the Specified Amount plus the Contract Value. The effective date of change will be the Monthly Anniversary Day on or following the date we approve your application for change.

We have the right to decline any coverage option change that we determine would cause this contract to not qualify as life insurance under applicable tax laws.

## **6.4 Changing Your Contract**

Any change to your contract that is not provided for in this section must be approved by us and signed by our President, Vice President, Secretary or Assistant Secretary.

We will send you an amendment or endorsement for attachment to your contract showing the approved change. No agent has the authority to make any changes or waive any of the terms of your contract.

## **Section 7: Contract Values**

### ***7.1 Net Premium***

The Net Premium is the premium payment received less the Premium Expense Charge shown in Section 1, Contract Data.

### ***7.2 Contract Value***

On the Contract Date the Contract Value equals:

- (1) the initial Net Premium paid; less
- (2) the Monthly Deduction, as defined in Section 3.17 of this contract.

On any day after the Contract Date, the Contract Value is equal to the Fixed Account Value (including the loan account value) plus the Variable Account Value.

### ***7.3 Fixed Account Value***

On the Contract Date the Fixed Account Value equals:

- (1) the portion of the Net Premium allocated to the Fixed Account; less

- (2) the portion of the Monthly Deduction allocated to the Fixed Account.

On each Valuation Day the Fixed Account Value will be equal to:

$$A + B + C - D - E - F$$

"A" is the Fixed Account Value on the preceding Valuation Day plus interest from the preceding Valuation Day to the date of calculation.

"B" is the portion of the Net Premiums allocated to the Fixed Account and received since the preceding Valuation Day, plus interest from the date we receive such Net Premiums to the date of calculation.

"C" is the amount of any transfers from the Subaccounts to the Fixed Account since the preceding Valuation Day, plus interest on such transferred amounts from the effective dates of such transfers to the date of calculation.

"D" is the amount of any transfers from the Fixed Account to the Subaccounts since the preceding Valuation Day, plus interest on such transferred amount from the effective dates of such transfers to the date of calculation.

"E" is the amount of any partial surrenders from the Fixed Account since the preceding Valuation Day, plus interest on these surrendered amounts from the effective date of the partial surrenders to the date of calculation.

"F" is a pro-rata share of the Monthly Deduction, as described in Section 7.6, Monthly Deduction, for the month beginning on that Monthly Anniversary Day.

#### **7.4 Interest Rate for Fixed Account Value**

The value in the Fixed Account is guaranteed to accumulate at the minimum effective annual interest rate which is shown in Section 1, Contract Data. We may credit a rate in excess of the Fixed Account guaranteed interest rate shown in Section 1, Contract Data, while the contract is in force.

We may change the interest rate credited to new deposits at any time. We will not change the interest rate credited to funds in the Fixed Account more often than once each year.

#### **7.5 Variable Account Value**

The Variable Account Value is the sum of the values of the Subaccounts under this contract.

As of the Allocation Date the value of each Subaccount equals:

- (1) the portion of the initial Net Premium allocated to the Subaccount; less
- (2) the pro-rata share of the Monthly Deduction allocated to the Subaccounts.

#### **7.6 Monthly Deduction**

We will make a Monthly Deduction from the Contract Value on each Monthly Anniversary Day equal to the sum of the following:

- (1) the Cost of Insurance, as described in Section 7.7, Cost of Insurance;
- (2) the Monthly Expense Charges as shown in Section 1, Contract Data; and
- (3) the cost of any additional benefits provided by riders for the contract month.

#### **7.7 Cost of Insurance**

The Cost of Insurance on any Monthly Anniversary Day is equal to:

$$\frac{Q \times (R - S)}{1000}$$

"Q" is the Cost of Insurance rate.

"R" is the Insured's death benefit on that day discounted for one month at a rate not less than the Fixed Account guaranteed interest rate, shown in Section 1, Contract Data.

"S" is the Contract Value, as described in Section 7.2, Contract Value.

We determine the Cost of Insurance rates ('Q' in the above formula) based on the Insured's Age, number of completed Contract Years, sex, and risk class. We guarantee that these rates will never exceed the guaranteed Cost of Insurance rates shown in Section 2, Monthly Cost of Insurance Rates, except as described below for special risk classes.

We will make any change in the current Cost of Insurance rates on a uniform basis for Insureds of the same Age, sex and risk class whose contracts have been in force the same length of time. We will never increase the current Cost of Insurance rates to recover losses incurred, or decrease them to distribute gains realized by us, prior to the change.

These guaranteed maximum rates shown in Section 2, Monthly Cost of Insurance Rates, are based on the mortality table as shown in Section 1, Contract Data. We will adjust the guaranteed maximum Cost of Insurance rates appropriately for special risk classes.

#### **7.8 Cash Surrender**

You may surrender this contract for its Cash Surrender Value at any time by submitting a Written Notice or Written Request to us.

The Cash Surrender Value of this contract is:

- (1) the Contract Value of this contract at the time of surrender; less
- (2) any applicable surrender charge; less
- (3) any loan balance.

We will also refund any Cost of Insurance deducted for the period beyond the date of contract surrender.

Section 1, Contract Data, shows the surrender charges. These charges apply in the first 15 Contract Years. Additional surrender charges will apply for 15 years following any increases in Specified Amount.

Certain federal income tax consequences may apply to cash surrenders. You should consult with your tax advisor before requesting any surrenders.

#### **7.9 Partial Surrenders**

You may surrender a portion of the Contract Value and have the Proceeds paid to you in a lump sum. A partial surrender must occur before the death of the Insured while the contract is in force. The partial surrender amount will be the Proceeds, plus the partial surrender fee shown in Section 1, Contract Data. The minimum amount for a partial surrender is \$500. The maximum partial surrender is the Cash Surrender Value, less \$300. We will deduct the partial surrender amount from the Contract Value on the day we receive Written Notice for the partial surrender.

We will deduct the partial surrender amount from the Subaccounts and/or the Fixed Account according to your instructions. If you provide no instructions, we will deduct the partial surrender amount from the Subaccounts and/or the Fixed Account on a pro-rata basis. In the event that the partial surrender amount exceeds the Subaccount value and/or the Fixed Account Value, we will process the partial surrender for the amount available and contact you for further instructions.

Under Options A, B and C, we will reduce the Contract Value by the partial surrender amount.

In addition, for Option A, we will reduce the Specified Amount by the partial surrender amount minus the excess, if any, of the death benefit over the Specified Amount at the time the partial surrender is made. However, if the partial surrender amount is less than or equal to the excess of the death benefit over the Specified Amount, we will not reduce the Specified Amount. We have the right to require that the Specified Amount remaining in force after any partial surrender be at least equal to the minimum Specified Amount shown in Section 1, Contract Data.

Certain federal income tax consequences may apply to partial surrenders from the contract. You should consult with your tax advisor before requesting any partial surrenders.

#### **7.10 Time Period for Payment**

We will normally pay out any surrender, partial surrender, loan or death benefit within seven days of receiving your Written Notice or Written Request, or receipt and filing of due proof of death. However, we

have the right to suspend or delay the date of any surrender, partial surrender, loan or death benefit payment from the Subaccounts for any period during which:

- (1) the New York Stock Exchange is closed, other than customary weekend and holiday closings, or trading on the New York Stock Exchange is restricted as determined by the Securities and Exchange Commission; or
- (2) the Securities and Exchange Commission permits by an order the postponement for the protection of contract Owners; or
- (3) The Securities and Exchange Commission determines that an emergency exists that would make the disposal of securities held in the Variable Account or the determination of the value of the Variable Account's net assets not reasonably practicable.

For any surrender, partial surrender, loan or transfer from the Fixed Account, we have the right to postpone making a payment to you for up to six months from the date of Written Notice. If payment is not made within 30 days after receipt of documentation necessary to complete the transaction (or such shorter period required by a particular jurisdiction) we will add interest to the amount paid from the date of receipt of documentation. We will determine this annual interest rate but it will never be less than the rate required by the state in which this contract is delivered.

#### **7.11 Extended Term Insurance**

If your contract lapses, as described in Section 5.8, Grace Period, we will apply the Cash Surrender Value to continue the Specified Amount and any additional benefits provided by riders for a portion of the next month.

The amount of extended term insurance is determined according to the coverage option in effect as of the date insurance is extended under this option.

#### **7.12 Basis of Computation**

Guaranteed values and reserves are based on the guaranteed interest rate and the mortality table shown in Section 1, Contract Data.

Guaranteed Fixed Account Values and reserves under this contract are equal to, or greater than, the minimum values required by law of the state in which your contract is delivered. Where required, we have filed a detailed statement of the method of computing these values with the insurance department of that state.

The guaranteed Fixed Account Values are based on the minimum Fixed Account guaranteed interest rate

as shown in Section 1, Contract Data, and the guaranteed maximum Cost of Insurance rates as described in Section 7.7, Cost of Insurance.

## ***Section 8: Loan Provisions***

### ***8.1 Contract Loans***

You may obtain a contract loan by submitting a Written Notice or Written Request to us. This contract assigned to us is the only security needed.

When a loan is made, we will transfer an amount equal to the loan from the Fixed and Variable Accounts to the loan account. The loan account is part of the Fixed Account, which is part of our general account. If you do not specify allocation instructions in your loan application, we will withdraw the loan pro-rata from all Subaccounts of the Variable Account having Subaccount values and from the Fixed Account.

Amounts transferred to the loan account do not participate in the investment experience of the Fixed or Variable Account from which they were withdrawn. Amounts in the loan account will earn interest at the minimum Fixed Account guaranteed interest rate shown in Section 1, Contract Data. Different interest rates may be applied to the loan account than the Fixed Account. Any interest credited on loaned amounts will remain in the Fixed Account.

You may repay your loan balance in full or in part while your contract is in force prior to the death of the Insured. Repayments must be clearly marked as "loan repayments" or we will credit them as premiums. Each loan repayment will result in a transfer of an amount equal to the loan repayment from the loan account to the Fixed and/or Variable Account. We will use your current premium allocation schedule to allocate the loan repayments. We have the right to not accept partial loan repayments for amounts less than \$50.

A loan balance that exists at the end of the grace period may not be repaid unless this contract is reinstated.

### ***8.2 Amount of Loan Available***

The amount of loan available will be equal to the Cash Surrender Value of the contract less any loan interest to the next Contract Anniversary.

### ***8.3 Loan Interest***

We will charge interest on any loan balance from the date of the loan at the rate shown in Section 1, Contract Data. We may establish a lower rate for any period for which the loan balance is outstanding.

Interest is payable at the end of each Contract Year and on the date the loan balance is repaid. If interest is not received by the Contract Anniversary we will transfer the accrued loan interest from the Fixed and

Variable Accounts to the loan account on a pro-rata basis.

### ***8.4 Loan Balance***

Loan balance means all unpaid contract loans and accrued loan interest. We will deduct any outstanding loan balance from the contract Proceeds.

Your contract is terminated whenever your Cash Surrender Value is no longer positive. We will mail notice to your last known address recorded with us and to the holder of any assignment of record at least 31 days before such termination.

## ***Section 9: Other Contract Provisions***

### ***9.1 Contract***

This contract, application and any supplemental applications are the entire contract. This contract is issued in consideration of the application and payment of the premiums. We will attach a copy of any application when we issue the contract and will attach or endorse on the contract any supplemental applications when the supplemental coverage becomes effective.

In the absence of fraud, all statements made in any applications, either by you or by the Insured, will be considered representations and not warranties. We may use statements to contest a claim or the validity of this contract only if they are contained in an application.

### ***9.2 Incontestability***

After this contract has been in force during the Insured's lifetime for two years from the Contract Date, we cannot contest this contract, except if the contract lapses as described in Section 5.8, Grace Period.

We will not contest any increase in the Specified Amount after the increase has been in force during the Insured's lifetime for two years following the effective date of the increase.

### ***9.3 Suicide***

If the Insured dies by suicide, while sane or insane, within two years of the Contract Date, the amount payable by us will be equal to the Contract Value less any loan balance.

If the Insured dies by suicide, while sane or insane, within two years after the effective date of any increase in the Specified Amount, the amount payable by us associated with such increase will be limited to the Cost of Insurance associated with the increase.

### ***9.4 Age and Sex***

If, while this contract is in force and the Insured is alive, it is determined that the Age or sex of the Insured as stated in Section 1, Contract Data, is not correct, we will adjust the Contract Value under this contract. The adjustment will be the difference

between the following two amounts accumulated at the Fixed Account guaranteed interest rate annually. The two amounts are:

- (1) the Cost of Insurance deductions that have been made; and
- (2) the Cost of Insurance deductions that would have been made at the correct Age and sex.

If, after the death of the Insured and while this contract is in force, it is determined that the Age or sex of the Insured as stated in Section 1, Contract Data, is not correct, the death benefit will be the net amount at risk that the most recent Cost of Insurance deductions at the correct Age and sex would have provided, plus the Contract Value on the date of death, less any loan balance.

#### **9.5 Termination of Coverage**

Coverage under this contract terminates when any of the following events occur:

- (1) you request that coverage terminate;
- (2) the Insured dies; or
- (3) the contract lapses, as described in Section 5.8, Grace Period, and the grace period ends without sufficient premiums being paid.

#### **9.6 Modifications**

Upon notice to you, we may modify the contract, but only if such modification is necessary to:

- (1) make the contract or the Variable Account comply with any law or regulation issued by a governmental agency to which we are subject; or
- (2) assure continued qualification of the contract under the Internal Revenue Code or other federal or state laws relating to variable life contracts; or
- (3) reflect a change in the operation of the Variable Account; or
- (4) provide additional Fixed and/or Variable Account accumulation options.

We have the right to modify the contract as necessary to attempt to prevent the contract Owner from being considered the Owner of the assets of the Variable Account. In the event of any such modification, we will issue an appropriate endorsement to the contract, if required.

#### **9.7 Nonparticipating**

This contract is nonparticipating. It will not participate in any of our profits, losses or surplus earnings.

#### **9.8 Annual Report**

At least annually we will send you a report showing the following:

- (1) the Contract Value;
- (2) the Cash Surrender Value; and
- (3) any other information required by law or regulation.

Upon receiving your Written Notice or Written Request, we will send you a report at any other time during the year for a reasonable charge as determined by us.

## **Section 10: Control of Contract**

### **10.1 Ownership**

The Insured is the Owner unless otherwise provided in the application. As Owner, you may exercise every right provided by your contract. These rights and privileges end at the Insured's death.

We require the consent of the Beneficiary to exercise these rights if you have waived the right to change the Beneficiary.

### **10.2 Change of Ownership**

You may change the ownership of this contract while the Insured is alive. You must give Written Notice to us at our home office. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it. We may require that you submit the contract for endorsement to show the change.

### **10.3 Assignment**

An assignment is a transfer of some or all of your rights under this contract. No assignment will be binding on us unless made in writing and filed at our Home Office. We assume no responsibility for the validity or effect of any assignment.

### **10.4 Beneficiary**

The Beneficiary is shown on the application or in the last Beneficiary designation filed with us.

We will pay death Proceeds to the Beneficiary except as provided in this section.

If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other beneficiaries according to their respective interests.

If all beneficiaries die before the Insured, we will pay the death Proceeds to you, if living, otherwise to your estate or legal successors.

Unless you have waived the right to do so, you may change the Beneficiary by filing a Written Request in a form satisfactory to us. In order to be effective, you must sign the Written Request for change of Beneficiary while your contract is in force and the Insured is living. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it.

The interest of any Beneficiary will be subject to:

- (1) any assignment of this contract which is binding on us; and
- (2) any optional settlement agreement as described in Section 13, Payment of Proceeds, which is in effect at the Insured's death.

### ***10.5 Simultaneous Death of Beneficiary and Insured***

We will pay death Proceeds as though the Beneficiary died before the Insured if:

- (1) the Beneficiary dies at the same time as, or within 15 days of, the Insured's death; and
- (2) we have not paid the Proceeds to the Beneficiary within this 15-day period.

## ***Section 11: The Variable Account***

### ***11.1 General Description***

The name of the Variable Account is the Kansas City Life Variable Life Separate Account. The income, gains and losses (whether or not realized) from assets allocated to the Variable Account are credited or charged against the Variable Account without regard to our other income, gains or losses. The portion of the assets of the Variable Account equal to the reserves and other contract liabilities with respect to the Variable Account will not be chargeable with liabilities arising out of any other business we may conduct.

The assets of the Variable Account are segregated by investment options, thus establishing a series of Subaccounts within the Variable Account.

When permitted by law, we reserve the right to:

- (1) create new separate accounts;
- (2) combine separate accounts;
- (3) remove, combine or add Subaccounts and make the new Subaccounts available to you at our discretion;
- (4) substitute shares of another portfolio of the funds or shares of another investment company for those of the funds;
- (5) add new portfolios to the funds;
- (6) deregister the Variable Account under the Investment Company Act of 1940 if registration is no longer required;
- (7) make any changes required by the Investment Company Act of 1940; and
- (8) operate the Variable Account as a managed investment company under the Investment Company Act of 1940 or any other form permitted by law.

If a change is made, we will send you a revised prospectus and any notice required by law. If required, we would first seek the approval of the

Securities and Exchange Commission, and when required, the appropriate state regulatory authorities before making a change in the investment options.

### ***11.2 Subaccounts***

The Subaccounts are separate investment accounts that together make up the Variable Account. The assets of each Subaccount are invested in a corresponding portfolio of a designated mutual fund. They are named in Section 1, Contract Data.

Subaccount values will fluctuate in accordance with the investment experience of the applicable portfolio of the fund held within the Subaccount.

The Subaccount value is equal to the number of Accumulation Units credited to the Subaccount times the appropriate Accumulation Unit value.

The number of Accumulation Units to be purchased or redeemed in a transaction is found by dividing:

- (1) the dollar amount of the transaction; by
- (2) the Subaccount's unit value for the Valuation Period for that transaction.

The number of units in any Subaccount will be increased at the end of the Valuation Period by:

- (1) any Net Premiums allocated to the Subaccount during the current Valuation Period; and
- (2) any transfers to the Subaccount from another Subaccount or from the Fixed Account during the current Valuation Period.

The number of units in any Subaccount will be decreased at the end of the Valuation Period by:

- (1) any amounts transferred from the Subaccount to another Subaccount or the Fixed Account;
- (2) amounts surrendered during the current Valuation Period.

The number of units in any Subaccount will also be reduced on each Monthly Anniversary Day by a pro-rata share of the Monthly Deduction. The Monthly Deduction will reduce the Subaccount units in proportion to each Subaccount's value to the entire Contract Value.

The value of an Accumulation Unit for each of the Subaccounts was arbitrarily set at \$10 when the first investments were bought. The value for any later Valuation Period is equal to:

$$A \times B$$

"A" is equal to the Subaccount's Accumulation Unit value for the end of the immediately preceding Valuation Day.

“B” is equal to the Net Investment Factor for the most current Valuation Day.

The Net Investment Factor equals:

$$\frac{X}{Y} - Z$$

“X” equals the sum of:

- (1) the net asset value per Accumulation Unit held in the Subaccount at the end of the current Valuation Day; plus
- (2) the per Accumulation Unit amount of any dividend or capital gain distribution on shares held in the Subaccount during the current Valuation Day; less
- (3) the per Accumulation Unit amount of any capital loss distribution on shares held in the Subaccount during the current Valuation Day; less
- (4) the per Accumulation Unit amount of any taxes or any amount set aside during the Valuation Day as a reserve for taxes.

“Y” equals the net asset value per Accumulation Unit held in the Subaccount as of the end of the immediately preceding Valuation Day.

“Z” equals the charges deducted from the Subaccount on each Valuation Day for the Mortality and Expense Risk Charge.

We deduct the Mortality and Expense Risk Charge from each of the Subaccounts on each Valuation Day. This charge compensates us for assuming the mortality and expense risks under this contract. These charges are shown in Section 1, Contract Data.

The value of a Subaccount may increase, decrease or remain the same.

### ***11.3 Allocations***

This contract provides investment options for the amount in the Contract Value. The initial premium allocation percentages are indicated in the application for this contract. These percentages will also apply to subsequent premium allocations until you change them. Such allocation percentages may be changed by Written Notice.

Allocation percentages must be zero or a whole number not greater than 100. The sum of the premium allocation percentages must equal 100.

We have the right to limit the number of Subaccount allocations in effect at any one time.

On the Allocation Date we will allocate the Contract Value to a money market Subaccount. We will also allocate any subsequent premiums that are received from this time until the Reallocation Date to a money market Subaccount. On the Reallocation Date,

Contract Value in the money market Subaccount will be allocated to the Subaccounts and to the Fixed Account based on the premium Payment allocation percentages in the contract application. After the Reallocation Date, planned periodic premiums and unscheduled premiums will be allocated as requested on the Valuation Day they are received by the Home Office.

## ***Section 12: Transfers***

### ***12.1 Transfer Fees***

Six transfers per year may be made from Subaccounts and the Fixed Account free of charge. Any unused free transfers do not carry over to the next Contract Year. We will charge a \$25 transfer fee on any additional transfers during a Contract Year. For the purpose of assessing a fee, we consider each Written Notice or Written Request, or telephone request to be one transfer. We will deduct the processing fee from the amount being transferred, or from the remaining Contract Value, according to your instructions.

### ***12.2 Transfers From Subaccounts***

After the right to examine period and Reallocation Date, you may transfer all or a part of the value in any Subaccount of the Variable Account to one or more of the Subaccounts of the Variable Account or to the Fixed Account. The minimum amount that you may transfer is the lesser of:

- (1) \$250; or
- (2) the total value in that Subaccount on that date.

We will treat any transfer that would reduce the amount in a Subaccount below \$250 as a transfer request for the entire amount in that Subaccount.

A transfer fee may apply as described in Section 12.1, Transfer Fees.

An excessive number of transfers, including short-term “market timing” transfers, may adversely affect the performance of the underlying fund in which a Subaccount invests. If, in our sole opinion, a pattern of excessive transfers develops, we have the right not to process a transfer request. We also have the right not to process a transfer request when the sale or purchase of shares of a fund is not reasonably practicable due to actions taken or limitations imposed by the fund.

We may suspend or modify this transfer privilege at any time.

### ***12.3 Transfers From the Fixed Account***

At your request, you may transfer an amount from the unloaned value in the Fixed Account to one or more Subaccounts of the Variable Account. We must receive the request in writing or other form acceptable to us. You may make only one transfer from the Fixed Account each Contract Year.

The maximum amount you may transfer from the Fixed Account each Contract Year will be the greatest of:

- (1) 25% of the unloaned Fixed Account Value, unless the balance after the transfer is less than \$250, in which case the entire amount will be transferred;
- (2) \$2,000, or the unloaned Fixed Account Value, if less; or
- (3) the amount transferred from of the Fixed Account the previous Contract Year.

A transfer fee may apply as described in Section 12.1, Transfer Fees.

We may suspend or modify this transfer privilege at any time.

## **Section 13: Payment of Proceeds**

### **13.1 Payment Options**

You may apply Proceeds of \$2,000 or more which are payable under this contract to any of the following options:

#### **Option 1: Interest Payments**

We will make interest payments to the payee annually or monthly as elected. We will pay interest on the Proceeds at the guaranteed rate of 1.50% per year and we may increase this by additional interest paid annually. You may withdraw the Proceeds and any unpaid interest in full at any time.

#### **Option 2: Installments of a Specified Amount**

We will make annual or monthly payments until the Proceeds plus interest are fully paid. We will pay interest on the Proceeds at the guaranteed rate of 1.50% per year and we may increase this by additional interest. You may withdraw the present value of any unpaid installments at any time.

#### **Option 3: Installments for a Specified Period**

We will pay the Proceeds in equal, annual or monthly payments for a specified number of years. We will pay interest on the Proceeds at the guaranteed rate of 1.50% per year and we may increase this by additional interest. You may withdraw the present value of any unpaid installments at any time. The amount of each payment is shown in Table A.

#### **Option 4: Life Income**

We will pay an income during the payee's lifetime. A minimum guaranteed payment period may be chosen. We will continue payments under the Installment Refund Option until the total income payments equal the Proceeds applied. The amount of each payment is shown in Table B.

#### **Option 5: Joint and Survivor Income**

We will pay an income during the lifetime of two persons and will continue to pay the same income as long as either person is living. The minimum guaranteed payment period will be ten years. The amount of each payment is shown in Table C.

If the payout rates in use by us at the time Proceeds become payable are more favorable than those shown in Tables B and C, we will provide a life income using the more favorable rates.

#### **13.2 Payee**

The payee is the person receiving Proceeds under a settlement option. The payee can be you, the Insured or a Beneficiary. We will require satisfactory proof of the payee's Age under Options 4 and 5.

The contingent payee is the person named to receive Proceeds if the payee is not alive.

#### **13.3 Minimum Payments**

The payment under any settlement option must be at least \$25. We may make payments less frequently so that each payment is at least \$25.

#### **13.4 Choice of Options**

You may choose an option by Written Notice during the Insured's lifetime. If a settlement option is not in effect at the Insured's death, a choice may be made by the Beneficiary.

#### **13.5 Availability of Options**

We have the right to restrict these options if you designate an executor, administrator, trustee, corporation, partnership or association as the payee.

#### **13.6 Operative Date**

The first payment will be payable on the payment mode following the date Proceeds become payable.

#### **13.7 Death of Payee**

At the death of the payee, we will pay any payments remaining according to the terms of the settlement option chosen, unless the contingent payee elects in writing to receive the present value of any remaining guaranteed payments in a single sum.

If a contingent payee has not been named or does not survive the payee, we will pay the following amounts in one sum to the estate of the payee:

- (1) any amount left on deposit under Option 1; and
- (2) the present value of any remaining guaranteed payments under Options 2 through 5.

If you have not named a contingent payee, or if every contingent payee named by you dies before the payee, you may, by Written Notice to us, name a new contingent payee. The new contingent payee will receive any amount that would otherwise have been payable to the payee's estate.

*13.8 Claims of Creditors*

To the extent permitted by law, Proceeds will not be subject to any claims of a payee's creditors.

**TABLE A - INSTALLMENT OPTION\***

for each \$1,000 of Proceeds Applied

Term of Years	Annual	Monthly	Term of Years	Annual	Monthly	Term of Years	Annual	Monthly
1	\$1000.00	\$84.47	11	97.83	8.21	21	55.04	4.62
2	503.72	42.26	12	90.33	7.58	22	52.91	4.44
3	338.31	28.39	13	83.98	7.05	23	50.97	4.28
4	255.61	21.45	14	78.55	6.59	24	49.19	4.13
5	206.00	17.28	15	73.84	6.20	25	47.55	3.99
6	172.93	14.51	16	69.72	5.85	26	46.04	3.86
7	149.32	12.53	17	66.09	5.55	27	44.65	3.75
8	131.61	11.04	18	62.86	5.27	28	43.35	3.64
9	117.84	9.89	19	59.98	5.03	29	42.15	3.54
10	106.83	8.96	20	57.38	4.81	30	41.02	3.44

**TABLE B - LIFE INCOME OPTIONS\***

Monthly Income for each \$1,000 of Proceeds Applied

Age	MALE Minimum Guaranteed Payment Period				FEMALE Minimum Guaranteed Payment Period			
	None	120 Months	240 Months	Installment Refund	None	120 Months	240 Months	Installment Refund
50	\$3.01	\$2.99	\$2.92	\$2.75	\$2.77	\$2.76	\$2.73	\$2.62
51	3.07	3.05	2.97	2.80	2.83	2.82	2.78	2.66
52	3.14	3.12	3.03	2.85	2.89	2.87	2.83	2.70
53	3.21	3.19	3.08	2.90	2.95	2.93	2.88	2.75
54	3.29	3.26	3.14	2.95	3.01	3.00	2.94	2.80
55	3.37	3.34	3.20	3.00	3.08	3.06	3.00	2.85
56	3.45	3.42	3.27	3.06	3.15	3.13	3.05	2.90
57	3.54	3.50	3.33	3.11	3.23	3.21	3.12	2.95
58	3.64	3.59	3.39	3.17	3.31	3.28	3.18	3.01
59	3.74	3.68	3.46	3.23	3.39	3.36	3.24	3.06
60	3.85	3.78	3.52	3.30	3.48	3.45	3.31	3.12
61	3.96	3.88	3.59	3.36	3.58	3.54	3.38	3.19
62	4.08	3.99	3.65	3.43	3.68	3.63	3.45	3.25
63	4.21	4.11	3.72	3.51	3.79	3.73	3.52	3.32
64	4.35	4.23	3.79	3.58	3.90	3.84	3.59	3.39
65	4.50	4.35	3.85	3.66	4.02	3.95	3.66	3.47
66	4.66	4.48	3.91	3.74	4.15	4.07	3.74	3.54
67	4.83	4.62	3.97	3.83	4.29	4.19	3.81	3.63
68	5.01	4.76	4.03	3.91	4.44	4.33	3.88	3.71
69	5.20	4.91	4.08	4.00	4.60	4.46	3.94	3.80
70	5.41	5.06	4.13	4.10	4.78	4.61	4.01	3.89
71	5.62	5.22	4.18	4.20	4.96	4.76	4.07	3.99
72	5.85	5.38	4.23	4.30	5.17	4.93	4.13	4.09
73	6.10	5.54	4.26	4.41	5.39	5.09	4.18	4.19
74	6.36	5.71	4.30	4.52	5.62	5.27	4.23	4.30
75	6.65	5.88	4.33	4.63	5.88	5.45	4.27	4.42

**TABLE C - JOINT AND SURVIVOR OPTION\***

Monthly Income - Ten Year Guaranteed Payment Period for each \$1,000 of Proceeds Applied

Male Age	Female Age					
	50	55	60	65	70	75
50	\$2.52	\$2.64	\$2.75	\$2.83	\$2.89	\$2.94
55		2.76	2.92	3.05	3.16	3.24
60			3.07	3.28	3.45	3.59
65				3.49	3.76	3.99
70					4.04	4.41
75						4.78

\*Amounts not shown for available options will be furnished on request.



***Flexible Premium Variable  
Life Insurance Contract -  
Nonparticipating***

Adjustable death benefit. Death Proceeds payable at death of Insured. Flexible premiums payable until prior to the death of Insured.

If you have any questions concerning this contract or if anyone suggests that you change or replace this contract, please contact your Kansas City Life agent or the Home Office of the Company.



**KANSAS CITY LIFE  
INSURANCE COMPANY**

*Accelerated Death Benefit Rider*

**ANY ACCELERATED BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.**

*Definitions*

The following are key words used in this rider and are important in describing both your rights and ours. As you read this rider, refer back to these definitions.

*Accelerated Death Benefit*

The amount you request in the claim form when you file a claim under this rider. The maximum benefit is 50% of the specified amount of the contract. We reserve the right to require the following:

- (1) that the minimum benefit amount be 10% of the specified amount of the contract;
- (2) that the accelerated death benefit not exceed \$250,000; and
- (3) that the remaining specified amount (after adjustments) be at least \$10,000.

*Terminal Illness*

Any non-correctable medical condition which, in the physician's best medical judgment, will result in the Insured's death within twelve months from the date of the physician's certification.

*Physician*

A licensed doctor of medicine (M.D.) or licensed doctor of osteopathy (D.O.) operating within the scope of licensure. This does not include the parents, spouse, children, stepchildren, grandparents, grandchildren, siblings or in-laws of you or the Insured.

*Accelerated Death Benefit Payment Amount*

The benefit amount paid due to a properly claimed benefit under this rider. The benefit is equal to the accelerated death benefit, less:

- (1) a \$200 processing fee;
- (2) the interest charge; and
- (3) any loan repayment amount.

We reserve the right to waive the \$200 processing fee.

The interest charge is equal to:

$$\frac{A \times i}{1 + i}$$

"A" is the accelerated death benefit and "i" is the applicable interest rate. The interest rate used will be the loan interest rate stated in the contract.

The loan repayment amount equals the outstanding loan at the time the claim is paid times the accelerated death benefit percentage. This repayment amount will be applied to the contract loan as if the owner made a loan repayment.

*Accelerated Death Benefit Percentage*

For contracts with Coverage Option A, the accelerated death benefit percentage is equal to B divided by C. For contracts with Coverage Option B, the accelerated death benefit percentage is equal to B divided by the sum of C and D. For contracts with Coverage Option C, the accelerated death benefit percentage is equal to B divided by the sum of C and E.

"B" is the accelerated death benefit.

"C" is the contract's specified amount at the time the accelerated death benefit is paid.

"D" is the contract's cash/accumulated value at the time the accelerated death benefit is paid.

"E" is the contract's total premiums paid minus the total amount of partial surrenders.

***The Benefit***

Kansas City Life Insurance Company will pay the accelerated death benefit payment amount to you if the Insured is diagnosed as having a terminal illness by a physician after the effective date and while this rider is in force. You may properly claim the accelerated death benefit during the life of the terminally ill Insured. You may only elect the accelerated death benefit one time, regardless of the amount you select.

Irrevocable beneficiaries must consent in writing to payment of the accelerated death benefit. We also reserve the right to require the written consent of any assignee or creditor beneficiary.

If we pay the accelerated death benefit, the contract's specified amount, cash/accumulated value and surrender charges, if any, will be reduced by the amount of the accelerated death benefit percentage.

You may claim the accelerated death benefit by forwarding to us a completed claim form, executed by you, and physician's certification satisfactory to us. We will furnish a claim form for this purpose upon your request. We reserve the right to request additional medical information from any physician or institution which may have provided treatment for the terminal illness. We may require the Insured to be examined by a physician of our choice and at our expense.

When we pay the accelerated death benefit, we will

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.



Secretary

inform you of the amount of the contract's remaining specified amount, cash/accumulated value and loan amount.

The annual report for the contract will show any benefits paid under this rider and any reductions made to values in the contract when the accelerated death benefit is paid.

***General Provisions***

The following provisions apply to this rider:

- (1) this rider is made a part of the contract to which it is attached and this benefit is subject to all the provisions of this rider and the applicable contract provisions;
- (2) the effective date of this rider is the same as that of the contract unless this rider is added at a later date. The effective date of this rider will then be specified in the rider description shown in Section 1, Contract Data. The Incontestability provision in the contract will apply to this rider, beginning on the rider effective date.

***Termination of Rider***

This rider terminates on the earliest of:

- (1) the date the contract terminates for any reason;
- (2) the date an accelerated death benefit is paid;
- (3) the date this rider is cancelled by you;
- (4) the date you exercise the Paid-up Insurance Benefit option of the contract.



President, CEO and Chairman



**KANSAS CITY LIFE  
INSURANCE COMPANY**

***Spouse's Term Insurance Rider***

***The Benefit***

Kansas City Life Insurance Company will pay the Insured Spouse's specified amount to the beneficiary under this rider upon receiving proof of the Insured Spouse's death on or before the expiration date and while this rider is in force.

The specified amount per unit of this rider on any monthly anniversary day is based on the Insured Spouse's age and is shown in the table below. The number of units of coverage provided by this rider is shown in Section 1, Contract Data.

<b>Table of Spouse's Term Insurance</b>					
<b>Insured Spouse's Age</b>	<b>Specified Amt. Per Unit</b>	<b>Insured Spouse's Age</b>	<b>Specified Amt. Per Unit</b>	<b>Insured Spouse's Age</b>	<b>Specified Amt. Per Unit</b>
20 & Under	\$5000	35	\$3500	50	\$2000
21	\$4900	36	\$3400	51	\$1900
22	\$4800	37	\$3300	52	\$1800
23	\$4700	38	\$3200	53	\$1700
24	\$4600	39	\$3100	54	\$1600
25	\$4500	40	\$3000	55	\$1500
26	\$4400	41	\$2900	56	\$1400
27	\$4300	42	\$2800	57	\$1300
28	\$4200	43	\$2700	58	\$1200
29	\$4100	44	\$2600	59	\$1100
30	\$4000	45	\$2500	60	\$1000
31	\$3900	46	\$2400	61	\$1000
32	\$3800	47	\$2300	62	\$1000
33	\$3700	48	\$2200	63	\$1000
34	\$3600	48	\$2100	64	\$1000

***Definition of Insured Spouse***

Insured Spouse, whenever used in this rider, means the person named as the spouse of the Insured in the application for the contract or for this rider.

***Paid-Up Insurance Benefit***

If the Insured dies while the contract and this rider are in force (other than by suicide during the first two years), this rider will become fully paid-up and will continue in force to the rider expiration date without payment of any further premium. The paid-up insurance has a cash value but will have no loan value and will not be eligible for dividends.

You may surrender the paid-up insurance for its cash value by giving written notice to us at any time. The cash value within 31 days after a contract anniversary will be computed as of such anniversary. We have the right to delay paying any cash value for up to six months from the date surrender is requested.

The cash value of the Insured Spouse's paid-up insurance is the net single premium for such insurance at the Insured Spouse's attained age. The net single premium for paid-up insurance is based on the mortality table listed in Section 1, Contract Data. Our calculations are based on the contract's guaranteed interest rate using continuous functions on an age that is defined in the base contract.

***Ownership***

Unless otherwise provided, the owner of this rider will be as follows:

- (1) the owner of the contract while the Insured is living; and
- (2) the Insured Spouse, after the death of the Insured.

***Beneficiary***

Any amount payable upon the death of the Insured Spouse will be paid, unless otherwise provided, to the owner of this rider, if living, otherwise to the owner's estate or legal successors.

***Suicide***

If the Insured or the Insured Spouse dies by suicide, while sane or insane, within two years of the effective date of this rider, the amount payable by us will be equal to the total cost of insurance and any expense charges associated with this rider. If this rider terminates because of the Insured's death by suicide, the Insured Spouse has 31 days in which to convert the insurance according to the terms of the Conversion Provision.

***Conversion of Spouse's Term Rider***

The insurance on the Insured Spouse may be converted at any time to a new contract without evidence of insurability upon written request to us provided:

- (1) this rider is in force; and
- (2) the request for conversion on the Insured Spouse is made no later than 31 days after the expiration date.

The premium for the new contract will be based on the age of the Insured Spouse on the contract date of the new contract. The first premium for the new contract must be paid before it will take effect.

***New Contract***

The new contract may be on any permanent life contract then being issued by us. You will not be allowed to convert to a term contract.

The amount of insurance of the new contract may not be more than the insurance provided by this rider at the time of conversion.

We will not allow conversion to a contract which is less than the minimum amount we issue.

Any insurance under this rider which is converted to a new contract will terminate at the time the new contract takes effect.

The time period of the suicide and incontestability provisions of any new contract will begin on the effective date of this rider.

The new contract will be issued on the same risk class as this rider.

***Availability of Riders***

The new contract may include additional riders only with our consent. The time period of the suicide and incontestability provisions of any new contract will apply to these riders from the effective date of the new contract.

***Temporary Insurance***

If the Insured Spouse dies during the 31-day period after the expiration date and before applying for conversion, we will pay a death benefit. The death benefit will be equal to the specified amount in force immediately prior to the expiration date.

***General Provisions***

The following provisions apply to this rider:

- (1) this rider is made a part of the contract to which it is attached;

- (2) this term insurance is subject to all the provisions of this rider and the applicable contract provisions;
- (3) the effective date of this rider is the same as that of the contract unless this rider is added at a later date. The effective date of this rider will then be specified in the rider description in Section 1, Contract Data. The time period of the incontestability provision of the contract will apply to this rider from the effective date of this rider;
- (4) the cost for this rider is shown in Section 1, Contract Data;
- (5) this rider is nonparticipating. It will not participate in any of our profits, losses or surplus earnings;
- (6) this rider will not participate in the investment experience of the variable account;
- (7) this rider does not provide for cash or loan values except as provided in the Paid-Up Insurance Benefit Provision; and
- (8) the expiration date of this rider is the contract anniversary on which the Insured Spouse's age is 65.

***Cancellation***

This rider may be cancelled by you at any time. The cancellation will be effective on the day of the month which coincides with the contract anniversary date. Your request must be in writing and filed with us prior to this date. We may require that the contract be submitted for endorsement to show the cancellation.

***Termination of Rider***

This rider terminates on the earliest of:

- (1) the date the contract terminates for any reason;
- (2) the date this rider is cancelled by you;
- (3) the date any charge for this rider or the contract is in default beyond the end of its grace period;
- (4) the date any insurance on the Insured Spouse is converted; or
- (5) the expiration date of this rider.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.



Secretary



President





**KANSAS CITY LIFE  
INSURANCE COMPANY**

***Children's Term Insurance Rider***

***Definitions***

The following are key words used in the rider and are important in describing both your rights and ours. As you read this rider, refer back to these definitions.

***Insured Child***

An Insured Child includes:

- (1) any natural child, stepchild or legally adopted child of the Insured provided the child is named in the application for the contract or this rider, is not 18 years of age or older and is living in the Insured's household at date of application; and
- (2) any child who, after the date of application, is born of the marriage of the Insured, or is legally adopted by the Insured prior to the child's 18th birthday.

***Children's Specified Amount***

The amount of insurance coverage on each Insured Child as shown in Section 1, Contract Data.

***The Benefit***

Kansas City Life Insurance Company will pay the children's specified amount to the beneficiary under this rider upon receiving proof that the death of any Insured Child occurred:

- (1) after the Insured Child became 14 days old;
- (2) before the contract anniversary on which the Insured Child's age is 25;
- (3) on or before the expiration date; and
- (4) while this rider is in force.

No coverage will be provided on an Insured Child prior to 14 days of age.

***Paid-Up Insurance Benefit***

If the Insured dies while the contract and this rider are in force (other than by suicide during the first two years), this rider will become fully paid-up and will continue in force to the rider expiration date without payment of any further premium. The paid-up insurance has a cash value but will have no loan value and will not be eligible for dividends.

You may surrender the paid-up insurance for its cash value by giving written notice to us at any time. The cash value within 31 days after a contract anniversary will be computed as of such

anniversary. We have the right to delay paying any cash value for up to six months from the date surrender is requested.

The cash value of each Insured Child's paid-up insurance is the net single premium for such insurance at that Insured Child's attained age. The net single premium for paid-up insurance is based on the mortality table listed in Section 1, Contract Data. Our calculations are based on the contract's guaranteed interest rate using continuous functions on an age that is defined in the base contract.

***Ownership***

Unless otherwise provided the owner of this rider will be as follows:

- (1) the owner of the contract while the Insured is living; and
- (2) after the death of the Insured, each child will own the insurance on his or her life.

***Beneficiary***

Any amount payable upon the death of any person insured under this rider will be paid, unless otherwise provided, to the owner of this rider, if living, otherwise to the owner's estate or legal successors.

***Incontestability***

We cannot contest this rider after it has been in force during the lifetime of any Insured Child for two years from the effective date of this rider.

***Suicide***

If the Insured dies by suicide, while sane or insane, within two years of the effective date of this rider, the amount payable by us will be equal to the total cost of insurance and any expense charges associated with this rider.

If this rider terminates because of the Insured's death by suicide, the remaining Insured Children have 31 days in which to convert the insurance on their lives according to the terms of the Conversion provision.

***Conversion of Children's Term Rider***

The insurance on each Insured Child may be converted at any time to a new contract without evidence of insurability upon written request to us provided:

- (1) this rider is in force; and
- (2) the request for conversion is made before the earlier of:
  - (a) the contract anniversary on which the Insured Child's age is 25; or
  - (b) 31 days after the expiration date.

The premium for the new contract will be based on the age of the Insured Child on the contract date of the new contract. The first premium for the new contract must be paid before it will take effect.

**New Contract**

The new contract may be on any permanent life contract then being issued by us. You will not be allowed to convert to a term contract.

The amount of insurance of the new contract may not be more than the children's specified amount. However, the amount of insurance of the new contract on an Insured Child's marriage before age 25 or attainment of age 25 may be an amount equal to the smaller of \$50,000 or five times the children's specified amount. We will not allow conversion to a contract which is less than the minimum amount we issue.

Any insurance under this rider which is converted to a new contract will terminate at the time the new contract takes effect.

The time period of the suicide and incontestability provisions of any new contract will begin on the effective date of this rider.

The new contract will be issued on the same risk class as this rider.

**Availability of Riders**

The new contract may include additional riders only with our consent. The time period of the suicide and incontestability provisions of any new contract will apply to these riders from the effective date of the new contract.

**Temporary Insurance**

If an Insured Child dies during the 31-day period after the expiration date and before applying for conversion, we will pay a death benefit. The death benefit will be equal to the children's specified amount.

**General Provisions**

The following provisions apply to this rider:

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.



Secretary



President, CEO and Chairman

- (1) this rider is made a part of the contract to which it is attached;
- (2) this term insurance is subject to all the provisions of this rider and the applicable contract provisions;
- (3) the effective date of this rider is the same as that of the contract unless this rider is added at a later date. The effective date of this rider will then be specified in the rider description in Section 1, Contract Data. The time period of the incontestability provision of the contract will apply to this rider from the effective date of this rider;
- (4) the cost for this rider is shown in Section 1, Contract Data;
- (5) this rider is nonparticipating. It will not participate in any of our profits, losses or surplus earnings;
- (6) this rider will not participate in the investment experience of the variable account;
- (7) this rider does not provide for cash or loan values except as provided in the Paid-Up Insurance Benefit provision; and
- (8) the expiration date of this rider is the contract anniversary on which the Insured's age is 65, if living, otherwise, the contract anniversary on which the Insured's age would have been 65.

**Cancellation**

This rider may be cancelled by you at any time. The cancellation will be effective on the day of the month, following receipt of your request, which coincides with the contract anniversary date. Your request must be in writing and filed with us prior to this date. We may require that the contract be submitted for endorsement to show the cancellation.

**Termination of Rider**

This rider terminates on the earliest of:

- (1) the date the contract terminates for any reason;
- (2) the date this rider is cancelled by you;
- (3) the date any charge for this rider or the contract is in default beyond the end of its grace period; or
- (4) the expiration date of this rider.



**KANSAS CITY LIFE  
INSURANCE COMPANY**

***Monthly Benefit Rider***

***The Benefit***

Kansas City Life Insurance Company will pay the applicable monthly benefit amount from the monthly anniversary on or following the date of the Insured's death until the final payment date shown in Section 1, Contract Data. The monthly benefit amount will be paid to the beneficiary under this rider upon receiving proof of the Insured's death on or before the expiration date, as shown in Section 1, Contract Data, and while this rider is in force. The Insured under this rider, as shown in Section 1, Contract Data, is the person on whose life the monthly benefit amount is based.

The monthly benefit amounts and benefit periods provided by this rider are shown in the Table of Monthly Benefit Rider Amounts in Section 1, Contract Data.

The monthly benefit amount is a level monthly payment equal to the monthly benefit amount in effect at the death of the Insured.

***Rider Charges***

The cost for this rider on any monthly anniversary day is equal to:

$$\frac{Q \times R}{100}$$

"Q" is the monthly benefit purchase factor.

"R" is the monthly benefit amount applicable to this rider on that day.

***Monthly Benefit Purchase Factors***

The monthly benefit purchase factors will not exceed those shown in the Table of Guaranteed Maximum Monthly Benefit Purchase Factors per \$100 of Monthly Benefit in Section 1, Contract Data.

***Ownership***

Unless otherwise provided, the owner of this rider will be the owner of the contract.

***Beneficiary***

Death proceeds for this rider will be paid, unless otherwise provided, to the beneficiary.

***Suicide***

If the Insured dies by suicide, while sane or insane, within two years of the effective date of this rider, the amount payable by us will be equal to the amount charged for this rider based on the current monthly benefit purchase factors.

***Incontestability***

We cannot contest this rider after it has been in force during the Insured's lifetime for two years from the effective date.

***Age and Sex***

If, while this rider is in force and the Insured is alive, it is determined that the age or sex of the Insured has been incorrectly stated, the accumulated value of the contract will be adjusted by the difference in the amount charged for this rider based on the current monthly benefit purchase factors and the amount which should have been charged for the correct age or sex, accumulated at the interest rates that were credited to the contract's accumulated value.

If, after the death of the Insured while this rider is in force, it is determined that the age or sex of the Insured is not correct, the monthly benefit amount will be adjusted to be that which would be purchased by the most recent charge for this rider based on the current monthly benefit purchase factors at the correct age and sex.

***Supplemental Benefits***

If additions are made to the accumulated value of the contract due to the Insured's total disability in accordance with the Disability Continuance of Insurance Rider, the cost of any benefits provided by this rider will also be added to the accumulated value.

***General Provisions***

The following provisions apply to this rider:

- (1) this rider is made a part of the contract to which it is attached;

- (2) the effective date of this rider is specified in the rider description in Section 1, Contract Data;
- (3) this rider is nonparticipating. It will not participate in any of our profits, losses or surplus earnings; and
- (4) this rider does not provide for cash or loan values.

***Cancellation***

This rider may be cancelled by you on any monthly anniversary day. Your request must be in writing

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Secretary

and filed with us prior to the monthly anniversary day. We may require that the contract be submitted for endorsement to show the cancellation.

***Termination of Rider***

This rider terminates on the earliest of:

- (1) the date the contract terminates for any reason;
- (2) the date this rider is cancelled by you; or
- (3) the expiration date of this rider.



President



**KANSAS CITY LIFE  
INSURANCE COMPANY**

***Guaranteed Minimum Death Benefit Rider***

***The Benefit***

Kansas City Life Insurance Company guarantees payment of the death benefit of this contract at the death of the Insured, regardless of the subaccounts' investment performance, while this rider is in effect and the cumulative premium requirement is met.

***Guaranteed Minimum Death Benefit Rider Premium***

The guaranteed minimum death benefit rider premium is the premium level which guarantees that this rider will remain in effect, but in no case will the premium keep the rider in effect beyond the rider expiration age shown in Section 1, Contract Data.

The cumulative guaranteed minimum death benefit rider premium is an amount equal to the guaranteed minimum death benefit rider premium shown in Section 1, Contract Data, paid monthly, with each premium accumulated at the guaranteed minimum death benefit rider interest rate, shown in Section 1, Contract Data, to the date the cumulative premium requirement is tested. The cumulative premium requirement is tested on each monthly anniversary.

***Cumulative Premium Requirement***

You must meet the cumulative premium requirement for this rider to remain in effect. This requirement is met if cumulative paid premiums equal or exceed the cumulative guaranteed minimum death benefit rider premium plus any loan balance on each monthly anniversary day.

The cumulative paid premium is an amount equal to premiums paid less partial surrenders, each accumulated at the guaranteed minimum death benefit rider interest rate shown in Section 1, Contract Data, to the date the cumulative premium requirement is tested. The cumulative premium requirement is tested on each monthly anniversary.

***Notice Period***

If you do not meet the cumulative premium requirement on any monthly anniversary, this rider is in default. A 61-day notice period begins on the day we mail the notice that this rider is in default. This notice will show the premium required to maintain this rider. The premium in default will be the amount by which the cumulative guaranteed minimum death

benefit rider premium plus any loan balance is greater than the cumulative paid premium. If you do not meet the cumulative premium requirement and you do not pay an amount equal to the premium in default by the end of the notice period, this rider will terminate.

***Effect on Other Riders***

This rider will only guarantee that the contract's death benefit will remain in effect. This rider does not guarantee that any other rider benefits will remain in effect. All other riders terminate at the point the contract would have terminated in absence of this rider.

If this contract includes any riders and the cash surrender value is less than or equal to zero after the guaranteed payment period shown in Section 1, Contract Data, you have the following options:

- (1) terminate any other riders attached to this contract and keep the death benefit in force under the terms of this rider; or
- (2) pay sufficient premiums to obtain a positive cash surrender value to avoid lapse of the contract and any riders.

If one of the above options is not selected, we will terminate your contract and all riders.

***Reinstatement of the Guaranteed Minimum Death Benefit Rider***

You may apply to have this rider reinstated within two years of termination of such rider while the contract is in force.

Reinstatement requires:

- (1) a written request to reinstate this rider;
- (2) satisfactory evidence of insurability, unless reinstatement is requested within one year after the beginning of the notice period; and
- (3) payment of the amount by which the cumulative guaranteed minimum death benefit rider premium plus any loan balance exceeds the cumulative paid premiums on the date of reinstatement, as described in the cumulative premium requirement section.

We have the right to deny reinstatement of this rider more than once during the life of the contract.

**General Provisions**

The following provisions apply to this rider:

- (1) this rider is made a part of the contract to which it is attached;
- (2) the benefit provided by this rider is subject to all the provisions of this rider and the applicable contract provisions;
- (3) this rider is nonparticipating. It will not participate in any of our profits, losses or surplus earnings;
- (4) this rider does not provide for cash or loan values;
- (5) the expiration date of this rider is shown in Section 1, Contract Data; and

- (6) this rider terminates when the cumulative premium requirement for the rider is not met subject to the notice period.

**Cancellation**

This rider may be canceled by you at any time. The cancellation will be effective on the monthly anniversary day on or next following the date we receive your request. Your request must be in writing and filed with us prior to this date. We may require that the contract be submitted for endorsement to show the cancellation.

**Termination of Rider**

This rider terminates on the earliest of:

- (1) the date the contract terminates for any reason;
- (2) the date this rider is canceled by you;
- (3) the date the cumulative premium requirement is not met at the end of the notice period; or
- (4) the expiration date of this rider.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.



Secretary



President, CEO and Chairman



**KANSAS CITY LIFE  
INSURANCE COMPANY**

***Lifetime Guaranteed Minimum Death Benefit Rider***

***The Benefit***

Kansas City Life Insurance Company guarantees payment of the death benefit of this contract at the death of the Insured, regardless of the subaccounts' investment performance, while this rider is in effect and the cumulative premium requirement is met. This rider provides that this contract will remain in force as long as the cumulative premium requirement is met.

***Lifetime Guaranteed Minimum Death Benefit Rider Premium***

The lifetime guaranteed minimum death benefit rider premium is the premium level which guarantees that this rider will remain in effect during the lifetime of the Insured.

The cumulative lifetime guaranteed minimum death benefit rider premium is an amount equal to the lifetime guaranteed minimum death benefit rider premium shown in Section 1, Contract Data, paid monthly, with each premium accumulated at the lifetime guaranteed minimum death benefit rider interest rate shown in Section 1, Contract Data, to the date the cumulative premium requirement is tested. The cumulative premium requirement is tested on each monthly anniversary.

***Cumulative Premium Requirement***

You must meet the cumulative premium requirement for this rider to remain in effect. This requirement is met if cumulative paid premiums equal or exceed the cumulative lifetime guaranteed minimum death benefit rider premium plus any loan balance on each monthly anniversary day.

The cumulative paid premium is an amount equal to premiums paid less partial surrenders, each accumulated at the lifetime guaranteed minimum death benefit rider interest rate, shown in Section 1, Contract Data, to the date the cumulative premium requirement is tested. The cumulative premium requirement is tested on each monthly anniversary.

***Notice Period***

If you do not meet the cumulative premium requirement on any monthly anniversary, this rider is in default. A 61-day notice period begins on the day we mail the notice that this rider is in default. This notice will show the premium required to maintain

this rider. The premium in default will be the amount by which the cumulative lifetime guaranteed minimum death benefit rider premium plus any loan balance is greater than the cumulative paid premium. If you do not meet the cumulative premium requirement and you do not pay an amount equal to the premium in default by the end of the notice period, this rider will terminate.

***Effect on Other Riders***

This rider will only guarantee that the contract's death benefit will remain in effect. This rider does not guarantee that any other rider benefits will remain in effect. All other riders terminate at the point the contract would have terminated in the absence of this rider.

If this contract includes any riders and the cash surrender value is less than or equal to zero on any monthly anniversary after the guaranteed payment period shown in Section 1, Contract Data, you have the following options:

- 1) pay sufficient premiums to obtain a positive cash surrender value to avoid lapse of the contract and any riders; or
- 2) terminate any other riders attached to this contract and keep the death benefit in force under the terms of this rider. If the contract includes the Guaranteed Minimum Death Benefit Rider, it may stay in force under the provisions of that rider.

If one of the above options is not selected, your contract and all riders will terminate.

***Reinstatement of the Lifetime Guaranteed Minimum Death Benefit Rider***

You may apply to have this rider reinstated within two years of termination of such rider while the contract is in force.

Reinstatement requires:

- 1) a written request to reinstate this rider;
- 2) satisfactory evidence of insurability; and
- 3) payment of the amount by which the cumulative lifetime guaranteed minimum death benefit rider premium plus any loan balance exceeds the

cumulative paid premiums on the date of reinstatement, as described in the cumulative premium requirement section.

We have the right to deny reinstatement of this rider more than once during the life of the contract.

**General Provisions**

The following provisions apply to this rider:

- 1) this rider is made a part of the contract to which it is attached;
- 2) the benefit provided by this rider is subject to all the provisions of this rider and the applicable contract provisions;
- 3) this rider is nonparticipating. It will not participate in any of our profits, losses or surplus earnings;
- 4) this rider does not provide for cash or loan values;
- 5) the charge for this rider, if any, is shown in Section 1, Contract Data; and

- 6) this rider terminates when the cumulative premium requirement is not met subject to the notice period.

**Cancellation**

You may cancel this rider at any time. The cancellation will be effective on the monthly anniversary day on or next following the date we receive your request. Your request must be in writing and filed with us prior to this date. We may require that the contract be submitted for endorsement to show the cancellation.

**Termination of Rider**

This rider terminates on the earliest of:

- 1) the date the contract terminates for any reason;
- 2) the date this rider is canceled by you; or
- 3) the date the cumulative premium requirement is not met at the end of the notice period.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.



Secretary



President

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
*Filing Company:*              *Kansas City Life Insurance Company*              *State Tracking Number:*      *38438*  
*Company Tracking Number:*      *J176-AR*  
*TOI:*                      *L061 Individual Life - Variable*                      *Sub-TOI:*                      *L061.002 Single Life - Flexible Premium*  
*Product Name:*              *Flexible Premium Variable Life Insurance Contract*  
*Project Name/Number:*      */J176-AR*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-125511313 State: Arkansas  
Filing Company: Kansas City Life Insurance Company State Tracking Number: 38438  
Company Tracking Number: J176-AR  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: Flexible Premium Variable Life Insurance Contract  
Project Name/Number: /J176-AR

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 02/27/2008  
**Comments:**  
**Attachments:**  
ArCert - Reg. 19.pdf  
Regulation 34 Cert.pdf

**Review Status:**  
**Satisfied -Name:** Application 02/27/2008  
**Comments:**  
approved 10/27/97  
**Attachment:**  
AR-A140U.pdf

**Review Status:**  
**Bypassed -Name:** Life & Annuity - Actuarial Memo 02/27/2008  
**Bypass Reason:** Because of the number of actuarial memos I have created a templet in the supporting documentation tab, and bypassed the component.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** J176 Act Memo 03/06/2008  
**Comments:**  
**Attachments:**  
VULActMemo GLP J176.pdf  
Unamort Exp New VUL1.xls

**Review Status:**  
**Satisfied -Name:** J177 Act Memo 03/06/2008  
**Comments:**  
**Attachments:**  
VULActMemo CVAT1 J177.pdf

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
*Filing Company:*              *Kansas City Life Insurance Company*              *State Tracking Number:*      *38438*  
*Company Tracking Number:*      *J176-AR*  
*TOI:*                      *L061 Individual Life - Variable*                      *Sub-TOI:*                      *L061.002 Single Life - Flexible Premium*  
*Product Name:*              *Flexible Premium Variable Life Insurance Contract*  
*Project Name/Number:*      */J176-AR*  
**Unamort Exp New VUL1.xls**

SERFF Tracking Number: KCLF-125511313 State: Arkansas  
Filing Company: Kansas City Life Insurance Company State Tracking Number: 38438  
Company Tracking Number: J176-AR  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: Flexible Premium Variable Life Insurance Contract  
Project Name/Number: /J176-AR

**Review Status:**

**Satisfied -Name:** R215 Act Memo 03/06/2008  
**Comments:**  
**Attachment:**  
TIRActMem215.pdf

**Review Status:**

**Satisfied -Name:** R216 Act Memo 03/06/2008  
**Comments:**  
**Attachment:**  
STI Act Memo216.pdf

**Review Status:**

**Satisfied -Name:** R217 Act Memo 03/06/2008  
**Comments:**  
**Attachment:**  
CTIActMemo217.pdf

**Review Status:**

**Satisfied -Name:** R218 Act Memo 03/06/2008  
**Comments:**  
**Attachment:**  
MBRActMemo218.pdf

**Review Status:**

**Satisfied -Name:** R219 Act Memo 03/06/2008  
**Comments:**  
**Attachment:**  
GMDBOActMem219.pdf

**Review Status:**

**Satisfied -Name:** R220 Act Memo 03/06/2008  
**Comments:**

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
*Filing Company:*              *Kansas City Life Insurance Company*              *State Tracking Number:*      *38438*  
*Company Tracking Number:*      *J176-AR*  
*TOI:*                      *L061 Individual Life - Variable*                      *Sub-TOI:*                      *L061.002 Single Life - Flexible Premium*  
*Product Name:*              *Flexible Premium Variable Life Insurance Contract*  
*Project Name/Number:*      */J176-AR*

**Attachment:**

**LGMActMem220.pdf**

SERFF Tracking Number: KCLF-125511313 State: Arkansas  
Filing Company: Kansas City Life Insurance Company State Tracking Number: 38438  
Company Tracking Number: J176-AR  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: Flexible Premium Variable Life Insurance Contract  
Project Name/Number: /J176-AR

**Review Status:**

**Satisfied -Name:** disclosure

05/01/2008

**Comments:**

**Attachment:**

M626.pdf

**STATE OF ARKANSAS  
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance

FORM TITLES and Form Numbers

Form No. J176-AR	Flexible Premium Variable Universal Life Insurance Contract
Form No. J176-AR	Flexible Premium Variable Universal Life Insurance Contract
Form No: R215	Accelerated Death Benefit Rider
Form No. R216	Spouse's Term Insurance Rider
Form No. R217	Children's Term Insurance Rider
Form No. R218	Monthly Benefit Rider
Form No. R219	Guaranteed Minimum Death Benefit Rider
Form No. R220	Lifetime Guaranteed Minimum Death Benefit Rider

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 19, as well as the other laws, rules and regulations of the State of Arkansas.



---

Jill Daniel  
Assistant Vice President,  
Date: March 17, 2008

**STATE OF ARKANSAS  
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Flexible Premium Variable Universal Life Insurance Contract

FORM NUMBER(S): J176-AR and J177-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 34, as well as the other laws, rules and regulations of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Jill Daniel", written in a cursive style. The signature is positioned above a horizontal line.

Jill Daniel  
Assistant Vice President  
Kansas City Life Insurance Company

Date: March 17, 2008



**4 Applicant Information** (Complete this Section if the applicant is someone other than the Insured(s) or owner.)

Applicant \_\_\_\_\_  Male  Female Relationship to Insured \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5 Beneficiary Information** (Unless otherwise stated, benefits are payable equally to the named beneficiary(s) or to the survivor or survivors.)

Primary Beneficiary - First and Last Name (with right to change) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contingent Beneficiary - First and Last Name (with right to change) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Variable Universal Life (VUL)** (Complete this Section if applying for VUL. Complete Section 7 if applying for SVUL.)

Plan Name \_\_\_\_\_ Specified Amount \$ \_\_\_\_\_ Coverage  A  
 Option  B

Planned Premium \$ \_\_\_\_\_ Proposed Risk Class \_\_\_\_\_

Special Class Premium \$ \_\_\_\_\_ Reason for Special Class Premium \_\_\_\_\_

**Riders/Benefits**

Disability Continuance of Insurance  Extra Protection Rider \$ \_\_\_\_\_  Assured Insurability \$ \_\_\_\_\_  
 Disability Payment of Premium \$ \_\_\_\_\_  Spouse's Term \_\_\_\_\_ units  Accidental Death \$ \_\_\_\_\_  
 Other Insured Coverage  Children's Term \_\_\_\_\_ units  Other \_\_\_\_\_  
 (Complete OI information below)

**Other Insureds (OI)**

	Full Name	Marital Status	Specified Amount
1st OI	_____	<input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco	\$ _____ <input type="checkbox"/> ADB \$ _____
2nd OI	_____	<input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco	\$ _____ <input type="checkbox"/> ADB \$ _____
	<small>First Middle Last</small>		

Complete the following for all Other Insureds. If years employed is less than 2, show prior occupation in Section 14, Special Requests. If any information is identical to the Primary Insured's, write **Same**.

	Social Security Number	State of Birth	Occupations and Exact Duties	Employer's Name and Address	Yrs. Emp.
1st OI	_____	_____	_____	_____	_____
2nd OI	_____	_____	_____	_____	_____

	Street Address, City, State, Zip	Telephone No. <input type="checkbox"/> (home) <input type="checkbox"/> (work)	Most Convenient Time and Place to Contact	Driver's License Number & State Issued
1st OI	_____	( ) _____ <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
2nd OI	_____	( ) _____	_____	_____

**7 Survivorship Variable Universal Life (SVUL)** (Complete this Section if applying for SVUL.)

Plan Name \_\_\_\_\_ Specified Amount \$ \_\_\_\_\_ Coverage  A  B  
 Option  L

Planned Premium \$ \_\_\_\_\_ Proposed Risk Class \_\_\_\_\_

Special Class Premium \$ \_\_\_\_\_ Reason for Special Class Premium \_\_\_\_\_

**Riders/Benefits**

- Additional Insurance Amount \$ \_\_\_\_\_; increase by \_\_\_\_\_% or \$ \_\_\_\_\_ annually
- Guaranteed Minimum Death Benefit Option (not available with Option B)
- Contract Split Option Rider
- Joint First-to-Die Term Rider \$ \_\_\_\_\_; decrease by \_\_\_\_\_% or \$ \_\_\_\_\_ annually
- Joint Survivorship Four Year Term Rider \$ \_\_\_\_\_
- Other \_\_\_\_\_

**8 Payment Allocations**

Initial Payment \$ \_\_\_\_\_ Show percent allocated to each fund. Use whole percentages - total must equal 100%.

MFS Research Series	_____ %	American Century VP Capital Appreciation	_____ %
MFS Emerging Growth Series	_____ %	American Century VP International	_____ %
MFS Total Return Series	_____ %	Dreyfus Capital Appreciation Portfolio	_____ %
MFS Bond Series	_____ %	Dreyfus Small Cap Portfolio	_____ %
MFS World Governments Series	_____ %	Dreyfus Stock Index Fund	_____ %
MFS Utilities	_____ %	Kansas City Life Fixed Account	_____ %
Federated American Leaders Fund II	_____ %	_____	_____ %
Federated High Income Bond Fund II	_____ %	_____	_____ %
Federated Prime Money Fund II	_____ %	_____	_____ %

**9 Dollar Cost Averaging** (Fund selection options shown in Section 8 above.)

Please move \$ \_\_\_\_\_ (monthly minimum \$250.00) from the Money Market Subaccount. Election period 3 to 36 months. Indicate number of months \_\_\_\_\_. Show percent allocated to each fund. Use whole percentages - total must equal 100%. **Additional space available in Section 14, Special Requests.**

Fund Name _____ % _____	Fund Name _____ % _____
Fund Name _____ % _____	Fund Name _____ % _____
Fund Name _____ % _____	Fund Name _____ % _____
Fund Name _____ % _____	Fund Name _____ % _____

**10 Portfolio Rebalancing** (Fund selection options shown in Section 8 above)

Please rebalance my portfolio as indicated below. Rebalancing will occur every 3 months after the contract date. **Fixed account assets will not be included in Portfolio Rebalancing.** Show percent allocated to each fund. Use whole percentages - total must equal 100%. **Additional space available in Section 14, Special Requests.**

Fund Name _____ % _____	Fund Name _____ % _____
Fund Name _____ % _____	Fund Name _____ % _____
Fund Name _____ % _____	Fund Name _____ % _____
Fund Name _____ % _____	Fund Name _____ % _____



**14 Special Requests** (Contract date, alternate or additional contract, existing PAC or CB number, etc.)

**Home Office Endorsements**

**15 Replacement**

- 1. Will any existing life, health or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount, premium or period of coverage including surrender options) if the proposed contract is issued? .....  Yes  No
- 2. Will the proposed contract be financed by loans from this or any other contract? .....  Yes  No  
If Yes, give name of company(ies) and amount(s) \_\_\_\_\_
- 3. Will the proposed contract be part of an IRC Section 1035 Exchange? .....  Yes  No

**16 Evidence of Insurability** (List details of insurance in force on all Proposed Insureds. If none, indicate none.)

**Existing Insurance**

Proposed Insured(s)	Company	Year Issued	Insurance Amount	ADB Amount
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**Insurance History**

- 1. In the **past 3 years** have any of the Proposed Insureds applied for life or health insurance or reinstatement thereof without receiving it exactly as requested? .....  Yes  No
- 2. Do any of the Proposed Insureds have an application for life or health insurance pending with any other insurance company or intend to apply for such insurance within the next 10 days?.....  Yes  No

Details to all Yes answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Juvenile Insurance (Age 0-17)**

- 1. If any Proposed Insured(s) is(are) less than 1, what was birth weight? (name and birth weight) \_\_\_\_\_
- 2. If any Proposed Insured(s) is(are) age 5-15, what is grade in school? (name and grade) \_\_\_\_\_
- 3. Are all children insured equally?  Yes  No If No, please explain. \_\_\_\_\_
- 4. Amount of insurance in force on father \$ \_\_\_\_\_
- 5. Amount of insurance in force on mother \$ \_\_\_\_\_

# 16 Evidence of Insurability (continued)

## Non Medical Underwriting Questions

Questions apply to all Proposed Insureds.

1. Do any of the family members listed on this application live outside the Primary Insured's household?.....  Yes  No
2. Are any Proposed Insureds not a U.S. citizen? .....  Yes  No  
 If **Yes**, how long has(have) the Proposed Insured(s) been in the United States? \_\_\_\_\_  
 What type Visa? \_\_\_\_\_ Visa Number? \_\_\_\_\_
3. Have any of the Proposed Insureds in the last 12 months, or do any of the Proposed Insureds within the next 24 months, intend to travel or reside outside the continental U.S. or Canada? If **Yes**, explain below. ....  Yes  No
4. In the **past 3 years**, has any Proposed Insured(s):
  - a. been cited or convicted for any moving motor vehicle violations? If **Yes**, explain below. ....  Yes  No
  - b. had a driver's license suspended or revoked? If **Yes**, explain below. ....  Yes  No
  - c. flown as a pilot, co-pilot, or crew member of an aircraft? If **Yes**, complete the Aviation Questionnaire. ....  Yes  No
  - d. engaged in sky or scuba diving, hang gliding, racing or any other hazardous sport or hobby? If **Yes**, complete the Avocations Questionnaire. ....  Yes  No
5. Has any Proposed Insured(s) ever been convicted of a felony? If **Yes**, explain below.....  Yes  No
6. For Proposed Insured(s) **(a)** and Other Insureds **(b)**, is there any **family history** of diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, suicide or stroke? If **Yes**, explain below.....  Yes  No

Relationship	Age if Living		Family History or Cause of Death	Age at Death	
	a	b		a	b
Father					
Mother					
Brothers and Sisters					

Details to all **Yes** answers: \_\_\_\_\_

## Financial Information

### Complete For Personal Insurance Sales

Purpose of insurance  Family Income Protection  Estate Planning  College Savings  Other \_\_\_\_\_  
 (Check all that apply)  Mortgage Protection  Retirement Savings  Final Expenses

Annual earned income (Include Salary, Bonus, Commissions)

Proposed Insured \$ \_\_\_\_\_  Other Insured \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  Family net worth \$ \_\_\_\_\_  
 (Total assets minus total liabilities)

Has(Have) the Proposed Insured(s) ever filed bankruptcy?  Yes  No

If **Yes**, please provide type (Chapter  7,  11,  13) and date closed. \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Amount of life insurance in force on Spouse \$ \_\_\_\_\_

### Complete For Business Insurance Sales

Purpose of insurance  Key Person  Buy/Sell  Other \_\_\_\_\_  
 (Check all that apply)  Deferred Compensation  Creditor

For the option(s) checked, how was amount of insurance determined? \_\_\_\_\_  
 (Please provide documentation)

Annual earned income of Proposed Insured \$ \_\_\_\_\_ Proposed Insured's ownership of company \_\_\_\_\_%

Are other owners, officers or key persons being insured?  Yes  No If **No**, please explain. \_\_\_\_\_

Total assets of company \$ \_\_\_\_\_ Total liabilities of company \$ \_\_\_\_\_

Net worth of company \$ \_\_\_\_\_ Net income of company after taxes last fiscal year \$ \_\_\_\_\_

Has company ever filed bankruptcy?  Yes  No If **Yes**, please provide type (Chapter  7,  11,  13) and date closed. \_\_\_\_\_



# 18 Civilian Aviation Questionnaire

Name of Proposed Insured(s) \_\_\_\_\_

As a pilot or student pilot, indicate the number of hours flown in command \_\_\_\_\_ Date of last flight \_\_\_\_\_

Type of license currently held  Commercial  Student  Private Do you hold a valid instrument rating?  Yes  No

Number of hours flown in the last 12 months \_\_\_\_\_ Number of hours flown in the last 12-24 months \_\_\_\_\_ Number of flying hours contemplated in next 12 months \_\_\_\_\_

Purpose of present and future flying  Pleasure  Personal Business  Commercial  Other (specify) \_\_\_\_\_

Type and class of aircraft flown  Propeller  Glider  Home-Built  Helicopter  Jet  Balloon  Ultralite  Hang Glider

Do you expect to engage in any of the following type of flying during the next 12 months? If **Yes**, state which and number of hours.

- |  | <u>Hours</u> |   | <u>Hours</u> |  | <u>Hours</u> |
|--|--------------|---|--------------|--|--------------|
| <input type="checkbox"/> Scheduled Airlines      | _____        | <input type="checkbox"/> Charter Flying           | _____        | <input type="checkbox"/> Test or Inspection Flying | _____        |
| <input type="checkbox"/> Nonscheduled Airlines   | _____        | <input type="checkbox"/> Freight or Mail Carrying | _____        | <input type="checkbox"/> Aerobatics                | _____        |
| <input type="checkbox"/> Employer Owned Aircraft | _____        | <input type="checkbox"/> Pipeline Inspection      | _____        | <input type="checkbox"/> Racing                    | _____        |
| <input type="checkbox"/> Crop Dusting            | _____        | <input type="checkbox"/> Air Taxi or Sight Seeing | _____        | <input type="checkbox"/> Any Other for Pay Flying  | _____        |
| <input type="checkbox"/> Water Bombing           | _____        | <input type="checkbox"/> Photography              | _____        | Type _____   |              |
| <input type="checkbox"/> Student Instruction     | _____        | <input type="checkbox"/> Mapping                  | _____        |  |              |

Have you ever:

- a. been in an aircraft accident?  Yes  No If **Yes** to a., b., or c., explain below.  
b. been grounded?  Yes  No  
c. been fined or reprimanded?  Yes  No

Do you have any operational limitations on your medical certificate?  Yes  No If **Yes**, explain below.

Do you contemplate any flying in Alaska?  Yes  No

Do you contemplate any flying outside the continental United States?  Yes  No If **Yes**, explain below.

If aviation required an extra premium or exclusion rider, which would you prefer?  Extra Premium  Exclusion Rider

Details to all **Yes** answers: \_\_\_\_\_

# 19 Military Questionnaire

Name of Proposed Insured(s) \_\_\_\_\_ Permanent Address (non-military residence) \_\_\_\_\_

## Status

Branch of Service \_\_\_\_\_ Date entered active service \_\_\_\_\_ Present pay grade \_\_\_\_\_

Name and location of present unit \_\_\_\_\_

Have you or your unit been alerted for overseas assignment?  Yes  No If **Yes**, where? \_\_\_\_\_

Usual duty assignment (i.e., Tank Mechanic, Cook, Radar Operator, etc.) \_\_\_\_\_

Do you qualify for hazardous duty pay?  Yes  No If **Yes**, why? (i.e., flying duty, submarine duty, etc.) \_\_\_\_\_

Have you any reason to believe you will, within the next 90 days, be transferred or have you any knowledge of any change in activities?  Yes  No If **Yes**, give details. \_\_\_\_\_

## Military Aviation

How many total hours have you accumulated as a pilot or as a crew member? \_\_\_\_\_

Hours estimated next 12 months as a pilot or as a crew member? \_\_\_\_\_

Job title \_\_\_\_\_ Aviation activity and duties \_\_\_\_\_

Do you fly for proficiency only?  Yes  No If **Yes**, specify hours flown and give full details. \_\_\_\_\_

Duty assignment (MAC, SAC, TAC, etc.) \_\_\_\_\_ Aircraft in which duties are performed (F4, B52, T28, HO-1, etc.) \_\_\_\_\_

## 20 Avocations Questionnaire

Name of Proposed Insured(s) \_\_\_\_\_

### Underwater Diving

Frequency (Days) _____	Average Depth _____	Average Time (minutes) _____	Last 12 Months _____	1 to 2 Years Ago _____	Estimated Next 12 Months _____
	0-65 ft.				
	66-100 ft.				
Type <input type="checkbox"/> Scuba	101-150 ft.				
<input type="checkbox"/> Skin or snorkel	Over 150 ft.				

### Purpose

- Recreation       Wreck/Salvage/Retrieval       Commercial  
 Search/Rescue       Instructor       Other \_\_\_\_\_

### Certification (Check highest certificate attained.)

- Basic     Open-Water     Advanced Open Water     Dive Master/Instructor     No Certificate

### Locations

- Lakes       Rivers       Oceans  
 Quarries       Pools       Other \_\_\_\_\_

Do you use the "buddy system"?  Yes  No      Do you do any ice diving?  Yes  No

Do you do any cave diving?  Yes  No      Date of last dive \_\_\_\_\_

### Parachuting or Skydiving

- Amateur      Association  
 Professional      or club member     Yes     No

Number of years \_\_\_\_\_      Date of last jump \_\_\_\_\_      Average number of jumps per year \_\_\_\_\_

Do you compete for record attempts?  Yes  No      Do you use experimental equipment?  Yes  No

### Automobile Racing

Type of vehicle used in races? \_\_\_\_\_      What is the maximum speed attained? \_\_\_\_\_      What is the average speed attained? \_\_\_\_\_

Purposes of racing  Amateur     Both (give details)  
 Professional \_\_\_\_\_

How many races did you enter in the last 12 months? \_\_\_\_\_      How many races did you enter in the last 13-24 months? \_\_\_\_\_      How many races do you contemplate in the next 12 months? \_\_\_\_\_

- Championship (Indy Cars)  
 Demolition  
 Drag Racing (Check all that apply:  Funny Car,  Top Fuel,  Pro Stock,  Modified Production,  Modified Super Stock,  Pure Stock)  
 Formula Racing (Check all that apply:  Formula One,  Supervee,  Vee,  Ford)  
 Midget Car Racing  
 Sports Car Racing (Check all that apply:  CanAm,  TransAm,  Production,  A,  B,  C,  All American GT,  Showroom Stock,  Vintage Sports)  
 Stock Car (Check all that apply:  NASCAR Winston Cup Division,  Winston Division,  NASCAR Busch Grand National Division,  NASCAR Modified Division,  USAC Super Modified Division,  Amateur,  Street Stock,  Hobby Division)  
 Racing not covered above: Give type and details. \_\_\_\_\_

### Other Avocations (Please give details in Remarks Section)

- Ballooning       Mountain or Rock Climbing       Bungee Jumping  
 Hang Gliding       Motorboat or Powerboat Racing       White Water Rafting  
 Ultralite Flying       Motorcycle Racing       Other

### Remarks

## 21 Agreement and Signatures

### It is understood and agreed as follows:

1. The statements and answers recorded in all parts of this application are true and complete.
2. No information regarding any Proposed Insured(s) will be considered known by the Company unless explicitly set out in writing on this application.
3. This application, and the answers to any required medical exam, will become a part of any contract issued on it.
4. No agent has the authority to waive any of the Company's rights or rules, or to make or change any contract.
5. The insurance applied for will take effect only after the following occur while the Proposed Insured(s) is(are) living and his/her(their) health is as stated in this application: (1) the contract is delivered to the applicant; and (2) the first full premium is paid in cash. The only exception to this is provided in the Temporary Insurance Agreement if the agreement has been issued and the advance payment required by the agreement has been made.
6. Any changes or additions made by the Company in " Home Office Endorsements" will be ratified by the applicant's acceptance of any life insurance contract issued on this application. However, any change in the classification, amount of insurance, issue age, plan of insurance or any benefits will not be effective unless accepted in writing by me(us).
7. I(We) have received the Notice of Information Practices which explains my(our) rights under the Fair Credit Reporting Act.
8. I(We) have paid \$\_\_\_\_\_ \* to the agent in exchange for the Temporary Insurance Agreement and I(we) acknowledge that I(we) fully understand and accept its terms.
9. I(We) understand that this investment involves risk, the amount and duration of the death benefit and cash value of the contract may increase or decrease daily depending on the contract's investment results;
10. No minimum cash value is guaranteed;
11. I(We) understand that this investment involves certain fees and/or charges and I(we) have received the most recent prospectus dated \_\_\_\_\_, where these fees are discussed in detail;
12. This variable life plan is a long term commitment to meet financial goals;
13. I(We) understand that past performance does not guarantee future results;
14. The variable life plan applied for is suitable for my investment objectives, financial situations and needs; and
15. I(We) understand, unless otherwise documented, that this investment is not an obligation of, or otherwise guaranteed by Kansas City Life, Sunset Financial Services, Inc. or any of its affiliates.

**\*All premium checks must be made payable to Kansas City Life Insurance Company  
Do not make check payable to the agent or leave the payee blank.**

**AUTHORIZATION:** I(We) authorize the following to give information (defined below) to Kansas City Life or any person or group acting on the part of Kansas City Life: any medical professional, medical care institution, the Medical Information Bureau, Inc., insurer, reinsurer, government agency, consumer reporting agency or employer. "Information" means facts of: a medical nature in regard to my(our) physical or mental condition; employment; other insurance coverage; or any other non-medical facts. I(We) understand that this information will be used by Kansas City Life to determine eligibility for insurance. I(We) agree this Authorization is valid for two and one-half years from the date signed. I(We) know that I(we) have a right to receive a copy of this Authorization upon request. I(We) agree that a photographic copy of this Authorization is as valid as the original.

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Primary Insured's Signature (if under 15, parent/guardian signature)

\_\_\_\_\_  
Primary Insured's Signature - for SVUL (if under 15, parent/guardian signature)

\_\_\_\_\_  
Spouse's Signature (if spouse coverage applied for)

\_\_\_\_\_  
Applicant's Signature (if other than Primary Insured)

\_\_\_\_\_  
First Other Insured's Signature (if over age 18)

\_\_\_\_\_  
Second Other Insured's Signature (if over age 18)

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## 22 Statement of Agent

I certify that the statements of the Primary Insured, applicant and any other Proposed Insured(s) have been correctly recorded in this application and that any premium payment shown in item 8, Section 21 has been collected by me and a Temporary Insurance Agreement given to the applicant.

To the best of my knowledge the insurance applied for in this application  will  will not replace existing insurance.

Were all Proposed Insureds seen by you at the time of application?  Yes  No If **No**, an examination may be required.

\_\_\_\_\_  
Agent Code      Registered Representative/Agent Signature\*

\_\_\_\_\_  
Agent Code      Signature of Other Agent(s) (if split case)

\_\_\_\_\_  
Agency Code      Agency

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## 23 Broker-Dealer Information

\_\_\_\_\_  
Broker-Dealer Name (print)

\_\_\_\_\_  
R/R Code      Registered Representative/Agent Phone No.

\_\_\_\_\_  
Broker-Dealer Address

\_\_\_\_\_  
Broker-Dealer Authorized Signature

### \*Registered Representative/Agent Certification

By signing above, the Registered Representative/Agent certifies that he/she is NASD registered and state licensed for variable life contracts in the appropriate state.



# Pre-Authorized Check Plan (PAC)

### PAC Instructions:

1. This form is to be used to request the establishment of a new PAC plan or change banks or accounts under an existing PAC plan. **Do not** use this form to add a policy to an existing PAC plan. Instead, simply provide the existing PAC plan number in the Section 14, Special Requests Section of the application.
2. **Attach a personalized sample check from the account to be used.**
3. The total monthly premium on all policies in a PAC plan must be at least \$10.

**Request for PAC:** I request Kansas City Life Insurance Company to make monthly withdrawals from my checking account to pay premiums on this policy applied for, or to make monthly withdrawals from my checking account to pay premiums on the following additional pending applications. Name of Proposed Insured(s). (Include policy number if available.)

---

**Draft Date:** I request the Company to draw the PAC check or debit entry on or after the \* \_\_\_\_\_ day of the month.

\*Available draft days are the 1st through the 28th.

### Account Information:

Payor's Name \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Name (if any) \_\_\_\_\_

Checking  Savings Account Number \_\_\_\_\_ Bank Transit Number \_\_\_\_\_

Address where account is maintained \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Agreement for Automatic Premium Payments and Authorization to Honor Checks Drawn by the Company

#### It is agreed that:

1. This PAC plan does not change any policy provisions. The payors authorization is not in lieu of payment in cash of the first premium, and does not constitute advance payment required by the Temporary Insurance Agreement.
2. Upon 30 days written notice, this PAC plan may be stopped or changed at any time by the owner of any policy under this PAC plan, the Company or the payor.
3. Withdrawals will be made on or about the premium draft date shown above.
4. No premium notices or receipts will be sent. Debit entries or checks, when paid, will constitute receipts for premiums.
5. The privilege of paying premiums under this PAC plan may be revoked by the Company if any check or debit entry is not paid upon presentation.
6. The Company's rights in respect to each check and/or debit entry will be the same as if it were signed personally by me.
7. If any debit or check entry is dishonored, the Company will be under no liability whatsoever, even if such dishonor results in forfeiture of insurance.
8. I authorize the Company to pay and charge to my(our) account, debit entries or checks drawn by and payable to the order of the Company, provided there are sufficient collected funds present to pay same upon presentation. This authorization will remain in effect until revoked by me in writing, a copy of which will be sent to the Company. Until the Company receives such notice, I agree that the Company will be fully protected in honoring any such debit.

Date \_\_\_\_\_ Signature of Premium Payor \_\_\_\_\_



To obtain further information contact:  
 New Business Department  
 Kansas City Life Insurance Company  
 PO Box 419139  
 Kansas City, MO 64141-6139

## NOTICE OF INFORMATION PRACTICES

Including Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and issuing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living (except as may be related directly or indirectly to your sexual orientation) as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address above. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency.

---

We usually will not disclose information about you without your prior written authorization. However, in certain situations we may disclose some of this information about you to third parties having a business interest in an insurance transaction involving you, or having a contract with us to perform part of our insurance function. This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our New Business Department, Kansas City Life Insurance Company, PO Box 419139, Kansas City, MO 64141-6139.

**MIB, Inc. Notice**

While the information you provide to us regarding your insurability is treated as confidential, Kansas City Life or its reinsurers may make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, the Medical Information Bureau, upon request from that member company, will supply the information in its file.

Upon written request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is PO Box 105, Essex Station, Boston, MA 02112. Telephone (617) 426-3660.

We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

**KANSAS CITY LIFE INSURANCE COMPANY**  
**FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE CONTRACT**  
**ACTUARIAL MEMORANDUM**  
**Form J176**

**I. CONTRACT CHARACTERISTICS**

**Death Benefit**

The death benefit is payable at the death of the Insured prior to the maturity date. The death benefit can be determined under one of three coverage options.

Option A: The death benefit is level and consists of the contract value plus a varying net amount at risk (the specified amount of insurance).

Option B: The death benefit consists of the contract value plus a level net amount at risk (the specified amount of insurance plus the contract value).

Option C: The death benefit consists of the contract value plus a varying net amount at risk (the specified amount of insurance), plus premiums paid minus any partial surrenders.

The death benefit will increase if the net amount at risk falls below the minimum allowed. The minimum net amount at risk is 150% of the contract value for Insureds aged 40 or less, and reduces to 0% for Insureds aged 95 and beyond. See the table below, "Contract Value Corridor Percentages," for the minimum net amount at risk at all ages.

### Contract Value Corridor Percentages

<u>Attained Age</u>	<u>Percentage</u>	<u>Attained Age</u>	<u>Percentage</u>	<u>Attained Age</u>	<u>Percentage</u>
0 - 40	150%	59	34%	78	5%
41	143	60	30	79	5
42	136	61	28	80	5
43	129	62	26	81	5
44	122	63	24	82	5
45	115	64	22	83	5
46	109	65	20	84	5
47	103	66	19	85	5
48	97	67	18	86	5
49	91	68	17	87	5
50	85	69	16	88	5
51	78	70	15	89	5
52	71	71	13	90	5
53	64	72	11	91	4
54	57	73	9	92	3
55	50	74	7	93	2
56	46	75	5	94	1
57	42	76	5	95+	0
58	38	77	5		

## **Contract Value**

The contract value is equal to the fixed account value plus the variable account value.

### **Fixed Account**

On each valuation day, the fixed account value will be equal to:

- a) the fixed account value on the preceding valuation day plus interest from the preceding valuation day to the date of calculation; plus
- b) the portion of the net premiums allocated to the fixed account and received since the preceding valuation day, plus interest from the date such net premiums were received to the date of calculation; plus
- c) the amount of transfers from the subaccounts to the fixed account since the preceding valuation day, plus interest on such transferred amounts from the effective dates of such transfers to the date of calculation; less
- d) the amount of any transfers from the fixed account to the subaccounts since the preceding valuation day, plus interest on such transferred amount from the effective dates of such transfers to the date of calculation; less
- e) the amount of any partial surrenders and any applicable surrender charge deducted from the fixed account since the preceding valuation day, plus interest on these surrendered amounts from the effective date to the date of calculation; less
- f) the pro-rata share of the monthly deduction from the fixed account since the preceding valuation date, plus interest from the monthly anniversary day to the date of calculation.

### **Variable Account**

On each valuation day, the variable account value will be equal to the sum of all subaccount values. The subaccount values will fluctuate in accordance with the investment experience of the applicable portfolio of the fund held within the subaccount.

The subaccount value is determined by multiplying the number of accumulation units credited to the subaccount by the appropriate accumulation unit value. The number of accumulation units to be purchased or redeemed in a transaction is found by dividing:

- a) the dollar amount of the transaction; by
- b) the subaccount's accumulation unit value for the valuation day for that transaction.

The number of accumulation units in any subaccount at the end of any valuation period will be equal to:

- a) the number of accumulation units at the beginning of the valuation period; plus
- b) the number of accumulation units purchased by any net premium allocated to the subaccount during the current valuation period; plus
- c) the number of accumulation units purchased by any transfers to the subaccount during the current valuation period; less
- d) the number of accumulation units redeemed by any transfers from the subaccount during the current valuation period; less
- e) the number of accumulation units redeemed by any surrenders from the subaccount during the current valuation period; less
- f) the number of accumulation units redeemed by the pro-rata share of the monthly deduction allocated to the subaccount on each monthly anniversary day; less
- g) the number of accumulation units redeemed by the Mortality and Expense Risk Charge from the subaccount during the current valuation period.

### Monthly Deduction

The monthly deduction equals:

- a) a monthly expense charge of \$10.00; plus
- b) a monthly per thousand expense charge based on the below table:

**Current:** Years 1-5:

	<b>0-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
<b>MPENT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MPNT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MSNT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MPT</b>	\$0.03	\$0.06	\$0.13	\$0.35	\$0.54	\$1.36
<b>MST</b>	\$0.03	\$0.08	\$0.17	\$0.35	\$0.54	\$1.36
<b>FPENT</b>	\$0.01	\$0.02	\$0.12	\$0.24	\$0.39	\$0.98
<b>FPNT</b>	\$0.01	\$0.02	\$0.12	\$0.24	\$0.39	\$0.98
<b>FSNT</b>	\$0.02	\$0.05	\$0.12	\$0.24	\$0.46	\$0.98
<b>FPT</b>	\$0.02	\$0.05	\$0.12	\$0.24	\$0.46	\$0.98
<b>FST</b>	\$0.02	\$0.06	\$0.12	\$0.24	\$0.46	\$0.98

**Guaranteed: Years 1-20**

	<b>0-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
<b>MPENT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MPNT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MSNT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MPT</b>	\$0.03	\$0.06	\$0.13	\$0.35	\$0.54	\$1.36
<b>MST</b>	\$0.03	\$0.08	\$0.17	\$0.35	\$0.54	\$1.36
<b>FPENT</b>	\$0.01	\$0.02	\$0.12	\$0.24	\$0.39	\$0.98
<b>FPNT</b>	\$0.01	\$0.02	\$0.12	\$0.24	\$0.39	\$0.98
<b>FSNT</b>	\$0.02	\$0.05	\$0.12	\$0.24	\$0.46	\$0.98
<b>FPT</b>	\$0.02	\$0.05	\$0.12	\$0.24	\$0.46	\$0.98
<b>FST</b>	\$0.02	\$0.06	\$0.12	\$0.24	\$0.46	\$0.98

c) the cost of pure term insurance based upon the net amount at risk.

**Cash Value**

The cash surrender value is the contract value less a surrender charge. The surrender charge is an amount per \$1,000 of initial specified amount which varies by duration, issue age, sex and risk classification of the Insured. The surrender charge period is fifteen years. From policy year 16 on there are no further surrender charges unless the policy has been modified since issue. The following table shows sample per \$1,000 surrender charge factors.

**Surrender Charge Factors for Male Preferred and Standard Non-Tobacco Users**  
(Based upon Issue Age)

<u>Policy Year</u>	<u>25</u>	<u>35</u>	<u>45</u>	<u>55</u>	<u>65</u>
1	6.64	9.86	12.17	20.28	35.52
5	14.76	21.91	27.04	31.20	41.79
10	7.38	10.96	13.52	15.60	20.90
15	1.18	1.75	2.16	2.50	3.34

## **Contract Continuation**

A contract will remain in force as long as there is sufficient contract value to pay the pure term insurance costs and any expense and surrender charges for the succeeding month, even if no premium has been received for that month. Should the contract value be insufficient, it will be used to purchase extended term insurance for a portion of the next month.

However, during the first five contract years, the Guaranteed Payment Period, the contract will remain in force if the total premiums received are at least equal to the sum of:

- a) the Guaranteed Monthly Premium times the number of monthly anniversary days the contract has been in force; plus
- b) the total amount of partial surrenders; plus
- c) the amount of current indebtedness.

The plan also has an optional Guaranteed Minimum Death Benefit Rider that guarantees payment of the death benefit for base coverage upon the death of the Insured, regardless of this contract's investment performance, subject to a cumulative premium requirement. The GMDBR does not guarantee any benefits provided by other riders. The guarantee on this rider is shown on the schedule page of the base contract.

## **Maturity Benefit**

The contract has no maturity date but can be surrendered for its cash value at any time.

## **Flexibility**

At issue, the owner selects a planned premium amount, a specified amount of insurance, and the death benefit option subject to the Company's limits. At any time the contract is in force, the owner may change the planned premium, the specified amount of insurance or the death benefit option. However, Option C is only available at issue. Any changes are subject to the Company's limits and requirements of the contract.

## **II. BASIS OF VALUES**

### **Interest**

The guaranteed minimum interest rate that will be credited to the fixed account is 3%. The company may credit interest to the fixed account greater than the minimum guaranteed rate. The variable account does not have a minimum guaranteed interest rate. The investment experience of each subaccount will be reflected directly in the variable account values.

### **Cost of Insurance**

The guaranteed maximum cost of insurance rates applied in the calculation of the accumulated values under this policy are based on the 2001 Commissioner's Standard Ordinary Smoker and Nonsmoker Mortality Table. The Company may use cost of insurance rates which produce a lower cost of insurance, thus producing higher cash values than those generated by using the guaranteed 2001 CSO rates.

### **Extended Term Insurance**

The same basis of values as described above applies to coverage continued for a portion of the next month when the contract value is insufficient to pay full costs for the next month.

### **Net Premiums**

95.0% of gross premiums.

### **III. DEMONSTRATION OF COMPLIANCE WITH THE STANDARD NONFORFEITURE LAW**

#### **General Approach**

This section will demonstrate that the Flexible Premium Variable Life Insurance Contract (VLI) cash values meet the minimum cash value requirement of the Standard Nonforfeiture Law. This will be accomplished by following the procedures outlined in the Variable Life Insurance Model Regulation. The steps are listed below:

- (1) VLI cash values will be generated using the fixed account's minimum guaranteed interest rate of 3.0% and the maximum cost of insurance rates which are based on the 2001 CSO Smoker and Nonsmoker Mortality Table. A higher interest rate and/or lower cost of insurance rates will result in cash values greater than those based on the minimum basis. The 2001 CSO mortality tables combined with 3.0% interest is an acceptable basis for calculating cash values according to the Standard Nonforfeiture Law and the Variable Life Insurance Model Regulation.
- (2) The required minimum cash values will be generated according to the Variable Life Insurance Model Regulation procedures.
- (3) It will be shown that the VLI cash values are at least as favorable as the Variable Life Insurance Model Regulation minimum cash values because:
  - a) The sum of the first year Surrender Charge and the Initial Expense Charge for the VLI will at all times be less than or equal to the Standard Nonforfeiture Law Initial Expense Allowance, and
  - b) The renewal year Surrender Charges for the VLI will at all times be less than or equal to the Unamortized Unused Initial Expense Allowance permitted by the Variable Life Insurance Model Regulation.

## Calculation of VLI Cash Values

Definition of terms used in calculation of VLI cash values:

$x$	age near birthday as of the contract anniversary
$t$	duration from original issue date measured in months
$i'$	monthly interest rate applied to cash values which equals $(1.03)^{1/12} - 1$
$F_t$	total death benefit in month $t$
$Exp$	the monthly expense charge, which equals \$10.00 plus the corresponding monthly per thousand expense (shown in the memorandum).
$Pr mExp$	percent of premium expense charge which equals 5.00%
$G_t$	gross premium collected in month $t$ ; all premiums are assumed to be paid monthly at the beginning of the month
$P_t$	net premium credited to the contract value, which equals $G_t * (1 - Pr mExp)$
$q_{x+t}$	1/12 of the 2001 CSO mortality rate for age $x$
$r_{x+t}$	maximum monthly cost of insurance rate which equals $q_{x+t} / (1 - q_{x+t})$
$AV_t$	contract value at the end of month $t$
$CV_t$	cash value at the end of month $t$
$SC_t$	surrender charge at the end of month $t$
$Ben_t$	benefit charge or maximum monthly cost of insurance for month $t$ , which equals:

$$r_{x+t} * \left[ \frac{F_t}{1 + i'} - (AV_{t-1} + P_t - Exp) \right]$$

The VLI contract value at the time of issue after receipt of the initial premium is  $P_1 - Ben_1 - Exp$ . The FPADB accumulated and cash values at the end of the first month just prior to receipt of the second month's premium is:

$$AV_1 = (P_1 - Ben_1 - Exp) * (1 + i')$$

with

$$Ben_1 = \left( \frac{q_{x+o}}{1 - q_{x+o}} \right) * \left[ \left( \frac{F_1}{1 + i'} \right) - (P_1 - Exp) \right]$$

Substituting  $Ben_1$  into  $AV_1$  and simplifying,

$$AV_1 = \frac{(P_1 - Exp) * (1 + i') - F_1 * q_{x+o}}{1 - q_{x+o}}$$

At the end of the second month:

$$AV_2 = (AV_1 + P_2 - Ben_2 - Exp_2) * (1 + i')$$

with

$$Ben_2 = \left( \frac{q_{x+0}}{1 - q_{x+0}} \right) * \left[ \left( \frac{F_2}{1 + i'} \right) - (AV_1 + P_2 - Exp_2) \right]$$

Substituting  $Ben_2$  into  $AV_2$  and simplifying,

$$AV_2 = \frac{(AV_1 + P_2 - Exp_2) * (1 + i') - F_2 * q_{x+0}}{1 - q_{x+0}}$$

In General

$$AV_{t+1} = \frac{(AV_t + P_{t+1} - Exp_{t+1}) * (1 + i') - F_{t+1} * q_{x+s}}{1 - q_{x+s}}$$

for  $t \geq 1$

Since  $CV_t = AV_t - SC_t$ ,

the following cash value formula is derived

**Formula 1**

$$CV_t = \sum_{n=1}^t \left[ \left( P_n - Ben_n - Exp_n \right) * (1 + i')^{t-n+1} \right] - SC_t$$

## Calculation of Variable Life Insurance Model Regulation Minimum Cash Values

The minimum cash value in all years is equal to:

- 1) the accumulation of all premiums paid; minus
- 2) the accumulation of:
  - a) benefit charges
  - b) averaged administrative expense charges for the first contract year
  - c) actual administrative expense charges for renewal years
  - d) initial acquisition expense charges not exceeding the initial expense allowance
  - e) any service charges actually made
  - f) any deductions made for partial withdrawals; minus any
- 3) unamortized unused initial expense allowance

Definition of additional terms used in calculation of Variable Life Insurance Model Regulation minimum cash values

$s$	duration from original issue date measured in years
$Int$	initial acquisition expense charge divided by 12
$E$	the maximum expense allowance according to the Standard Nonforfeiture Law, which equals $1.25 * \left[ \frac{P}{.04} \right] + .01$
	The term $P$ , which is the nonforfeiture net level premium for the plan of insurance being sold, is based on a fixed premium, fixed benefit endowment policy with a face amount equal to the initial specified amount of insurance of the VLI contract, with level premiums paid annually.
$Unused$	unused initial expense allowance which equals $E - (Int * 12)$
$\ddot{a}_{x+s}$	present value of a life annuity of \$1 per year payable at the beginning of the year for an Insured aged $x + s$
$MCV_s$	Variable Life Insurance Model Regulation minimum cash value at the end of year $s$

The Variable Life Insurance Model Regulation minimum cash value at the end of the first year is:

$MCV_1$  equals

$$\left\{ \sum_{n=1}^{12} \left[ (G_n - Ben_n - G_n * PrmExp - Exp - Int) * (1+i)^{12-n+1} \right] \right\} - \left[ Unused * \frac{\ddot{a}_{x+1}}{\ddot{a}_x} \right]$$

since  $P_n = G_n - G_n * PrmExp$

$$M C V_1 = \left\{ \sum_{n=1}^{12} \left[ (P_n - Ben_n - Exp - Int) * (1 + i)^{12 - n + 1} \right] \right\} - \left( Unused * \frac{a_{x+1}}{a_x} \right)$$

At the end of any year after the first:

Formula 2:

<p><b>Formula 2</b></p> $M C V_s = \left[ \sum_{n=1}^t (P_n - Ben_n - Exp) * (1 + i')^{t-n+1} \right] - \left[ (1 + i')^{t-12} * \sum_{n=1}^{12} Int * (1 + i')^{12-n+1} \right]$ $- \left[ Unused * \frac{a_{x+s}}{a_x} \right]$
---

where  $t = 12 * s$

## Comparison of VLI Cash Values and Variable Life Insurance Model Regulation Minimum Cash Values

Formula 1 is the formula for the cash value of the VLI at the end of month  $t$ .  
 Formula 2 is the cash value formula based on the Variable Life Insurance Model Regulation at the end of year  $s$ .

### Formula 1

$$CV_t = \sum_{n=1}^t \left[ \left( P_n - Ben_n - Exp \right) * (1+i)^{t-n+1} \right] - SC_t$$

### Formula 2

$$MCV_s = \left[ \sum_{n=1}^t (P_n - Ben_n - Exp) * (1+i)^{t-n+1} \right] - \left[ (1+i)^{t-12} * \sum_{n=1}^{12} Int * (1+i)^{12-n+1} \right] \\ - \left[ Unused * \frac{\ddot{a}_{x+s}}{\ddot{a}_x} \right]$$

By comparing Formulas 1 and 2, the VLI cash values will meet the minimum requirement of the Variable Life Insurance Model Regulation if:

$$SC_t \leq Unused * \frac{\ddot{a}_{x+t}}{\ddot{a}_x}$$

Appendix 1 shows the Unamortized Unused Initial Expense Allowance

$$\left( Unused * \frac{\ddot{a}_{x+s}}{\ddot{a}_x} \right)$$

and the Maximum Surrender Charge ( $SC_t$ ) for policy years 1 through 15. The Maximum Surrender Charge does not exceed the Unamortized Unused Initial Expense Allowance and therefore the Variable Life cash values meet or exceed VLI Model Regulation Minimum Cash Values.

#### **IV. STATEMENT OF COMPLIANCE WITH THE STANDARD VALUATION LAW**

The reserves held for the VLI will be at least as great as the minimum reserves required by the Standard Valuation Law as outlined by the Variable Life Model Regulation.

The Variable Life Model Regulation states that the minimum valuation standard shall be the Commissioner's Reserve Valuation Method (CRVM).

Present values are based on the valuation interest rate and mortality rates. The CRVM expense allowance is based on the guaranteed plan at issue.

#### **V. INCREASES TO THE SPECIFIED AMOUNT**

##### **Guaranteed Monthly Premium**

The contract will remain in force as long as there is sufficient contract value to pay the pure term insurance costs and any expense and surrender charges and any indebtedness for the succeeding month. This is true even if no premium has been received for that month. Should the contract value be insufficient, it will be used to continue coverage for a portion of the next month.

The Guaranteed Payment Period is seven years from the contract issue date.

##### **Expenses**

After an increase to the specified amount of insurance, a new fifteen year surrender charge period begins for the increase. The surrender charges for the increase are calculated using the same method as a newly issued contract. However, the surrender charge amounts will be based on the Insured's sex, duration from increase, risk classification for the increase and age on the contract anniversary just prior to the effective date of the increase.

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
*Filing Company:*              *Kansas City Life Insurance Company*              *State Tracking Number:*      *38438*  
*Company Tracking Number:*      *J176-AR*  
*TOI:*                      *L061 Individual Life - Variable*                      *Sub-TOI:*                      *L061.002 Single Life - Flexible Premium*  
*Product Name:*              *Flexible Premium Variable Life Insurance Contract*  
*Project Name/Number:*      */J176-AR*

**Attachment "Unamort Exp New VUL1.xls" is not a PDF document and cannot be reproduced here.**

**KANSAS CITY LIFE INSURANCE COMPANY**  
**FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE CONTRACT**  
**ACTUARIAL MEMORANDUM**  
**Form J177**

**I. CONTRACT CHARACTERISTICS**

**Death Benefit**

The death benefit is payable at the death of the Insured prior to the maturity date. The death benefit can be determined under one of three coverage options.

Option A: The death benefit is level and consists of the contract value plus a varying net amount at risk (the specified amount of insurance).

Option B: The death benefit consists of the contract value plus a level net amount at risk (the specified amount of insurance plus the contract value).

Option C: The death benefit consists of the contract value plus a varying net amount at risk (the specified amount of insurance), plus premiums paid minus any partial surrenders.

In all cases the net amount at risk is the death benefit less the accumulated value.

The Corridor Death Benefit is calculated by multiplying the contract value on the date of death of the last surviving insured by the applicable corridor percentage. This will ensure that the policy will continue to qualify as life insurance under IRS Section 7702, according to the Cash Value Accumulation Test.

**Contract Value**

The contract value is equal to the fixed account value plus the variable account value.

**Fixed Account**

On each valuation day, the fixed account value will be equal to:

- a) the fixed account value on the preceding valuation day plus interest from the preceding valuation day to the date of calculation; plus
- b) the portion of the net premiums allocated to the fixed account and received since the preceding valuation day, plus interest from the date such net premiums were received to the date of calculation; plus
- c) the amount of transfers from the subaccounts to the fixed account since the preceding valuation day, plus interest on such transferred

- amounts from the effective dates of such transfers to the date of calculation; less
- d) the amount of any transfers from the fixed account to the subaccounts since the preceding valuation day, plus interest on such transferred amount from the effective dates of such transfers to the date of calculation; less
  - e) the amount of any partial surrenders and any applicable surrender charge deducted from the fixed account since the preceding valuation day, plus interest on these surrendered amounts from the effective date to the date of calculation; less
  - f) the pro-rata share of the monthly deduction from the fixed account since the preceding valuation date, plus interest from the monthly anniversary day to the date of calculation.

### **Variable Account**

On each valuation day, the variable account value will be equal to the sum of all subaccount values. The subaccount values will fluctuate in accordance with the investment experience of the applicable portfolio of the fund held within the subaccount.

The subaccount value is determined by multiplying the number of accumulation units credited to the subaccount by the appropriate accumulation unit value. The number of accumulation units to be purchased or redeemed in a transaction is found by dividing:

- a) the dollar amount of the transaction; by
- b) the subaccount's accumulation unit value for the valuation day for that transaction.

The number of accumulation units in any subaccount at the end of any valuation period will be equal to:

- a) the number of accumulation units at the beginning of the valuation period; plus
- b) the number of accumulation units purchased by any net premium allocated to the subaccount during the current valuation period; plus
- c) the number of accumulation units purchased by any transfers to the subaccount during the current valuation period; less
- d) the number of accumulation units redeemed by any transfers from the subaccount during the current valuation period; less
- e) the number of accumulation units redeemed by any surrenders from the subaccount during the current valuation period; less
- f) the number of accumulation units redeemed by the pro-rata share of the monthly deduction allocated to the subaccount on each monthly anniversary day; less
- g) the number of accumulation units redeemed by the Mortality and Expense Risk Charge from the subaccount during the current valuation period.

### Monthly Deduction

The monthly deduction equals:

- a) a monthly expense charge of \$10.00; plus
- b) a monthly per thousand expense charge based on the below table:

**Current:** Years 1-5:

	<b>0-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
<b>MPENT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
<b>MPNT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
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**Guaranteed: Years 1-20**

	<b>0-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
<b>MPENT</b>	\$0.02	\$0.05	\$0.13	\$0.35	\$0.52	\$1.35
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The plan also has an optional Guaranteed Minimum Death Benefit Rider that guarantees payment of the death benefit for base coverage upon the death of the Insured, regardless of this contract's investment performance, subject to a cumulative premium requirement. The GMDBR does not guarantee any benefits provided by other riders. The guarantee on this rider is shown on the schedule page of the base contract.

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The guaranteed maximum cost of insurance rates applied in the calculation of the accumulated values under this policy are based on the 2001 Commissioner's Standard Ordinary Smoker and Nonsmoker Mortality Table. The Company may use cost of insurance rates which produce a lower cost of insurance, thus producing higher cash values than those generated by using the guaranteed 2001 CSO rates.

### **Extended Term Insurance**

The same basis of values as described above applies to coverage continued for a portion of the next month when the contract value is insufficient to pay full costs for the next month.

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95.0% of gross premiums.

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- (1) VLI cash values will be generated using the fixed account's minimum guaranteed interest rate of 3.0% and the maximum cost of insurance rates which are based on the 2001 CSO Smoker and Nonsmoker Mortality Table. A higher interest rate and/or lower cost of insurance rates will result in cash values greater than those based on the minimum basis. The 2001 CSO mortality tables combined with 3.0% interest is an acceptable basis for calculating cash values according to the Standard Nonforfeiture Law and the Variable Life Insurance Model Regulation.
- (2) The required minimum cash values will be generated according to the Variable Life Insurance Model Regulation procedures.
- (3) It will be shown that the VLI cash values are at least as favorable as the Variable Life Insurance Model Regulation minimum cash values because:
  - a) The sum of the first year Surrender Charge and the Initial Expense Charge for the VLI will at all times be less than or equal to the Standard Nonforfeiture Law Initial Expense Allowance, and
  - b) The renewal year Surrender Charges for the VLI will at all times be less than or equal to the Unamortized Unused Initial Expense Allowance permitted by the Variable Life Insurance Model Regulation.

## Calculation of VLI Cash Values

Definition of terms used in calculation of VLI cash values:

$x$	age near birthday as of the contract anniversary
$t$	duration from original issue date measured in months
$i'$	monthly interest rate applied to cash values which equals $(1.03)^{1/12} - 1$
$F_t$	total death benefit in month $t$
$Exp$	the monthly expense charge, which equals \$10.00 plus the corresponding monthly per thousand expense (shown in the memorandum).
$Pr mExp$	percent of premium expense charge which equals 5.00%
$G_t$	gross premium collected in month $t$ ; all premiums are assumed to be paid monthly at the beginning of the month
$P_t$	net premium credited to the contract value, which equals $G_t * (1 - Pr mExp)$
$q_{x+t}$	1/12 of the 2001 CSO mortality rate for age $x$
$r_{x+t}$	maximum monthly cost of insurance rate which equals $q_{x+t} / (1 - q_{x+t})$
$AV_t$	contract value at the end of month $t$
$CV_t$	cash value at the end of month $t$
$SC_t$	surrender charge at the end of month $t$
$Ben_t$	benefit charge or maximum monthly cost of insurance for month $t$ , which equals:

$$r_{x+t} * \left[ \frac{F_t}{1 + i'} - (AV_{t-1} + P_t - Exp) \right]$$

The VLI contract value at the time of issue after receipt of the initial premium is  $P_1 - Ben_1 - Exp$ . The FPADB accumulated and cash values at the end of the first month just prior to receipt of the second month's premium is:

$$AV_1 = (P_1 - Ben_1 - Exp) * (1 + i')$$

with

$$Ben_1 = \left( \frac{q_{x+0}}{1 - q_{x+0}} \right) * \left[ \left( \frac{F_1}{1 + i'} \right) - (P_1 - Exp) \right]$$

Substituting  $Ben_1$  into  $AV_1$  and simplifying,

$$AV_1 = \frac{(P_1 - Exp) * (1 + i') - F_1 * q_{x+0}}{1 - q_{x+0}}$$

At the end of the second month:

$$AV_2 = (AV_1 + P_2 - Ben_2 - Exp) * (1 + i')$$

with

$$Ben_2 = \left( \frac{q_{x+0}}{1 - q_{x+0}} \right) * \left[ \left( \frac{F_2}{1 + i'} \right) - (AV_1 + P_2 - Exp) \right]$$

Substituting  $Ben_2$  into  $AV_2$  and simplifying,

$$AV_2 = \frac{(AV_1 + P_2 - Exp) * (1 + i') - F_2 * q_{x+0}}{1 - q_{x+0}}$$

In General

$$AV_{t+1} = \frac{(AV_t + P_{t+1} - Exp) * (1 + i') - F_{t+1} * q_{x+s}}{1 - q_{x+s}}$$

for  $t \geq 1$

Since  $CV_t = AV_t - SC_t$ ,

the following cash value formula is derived

**Formula 1**

$$CV_t = \sum_{n=1}^t \left[ \left( P_n - Ben_n - Exp \right) * (1 + i')^{t-n+1} \right] - SC_t$$

## Calculation of Variable Life Insurance Model Regulation Minimum Cash Values

The minimum cash value in all years is equal to:

- 1) the accumulation of all premiums paid; minus
- 2) the accumulation of:
  - a) benefit charges
  - b) averaged administrative expense charges for the first contract year
  - c) actual administrative expense charges for renewal years
  - d) initial acquisition expense charges not exceeding the initial expense allowance
  - e) any service charges actually made
  - f) any deductions made for partial withdrawals; minus any
- 3) unamortized unused initial expense allowance

Definition of additional terms used in calculation of Variable Life Insurance Model Regulation minimum cash values

*s* duration from original issue date measured in years  
*Int* initial acquisition expense charge divided by 12  
*E* the maximum expense allowance according to the Standard

Nonforfeiture Law, which equals  $1.25 * \left[ \frac{P}{.04} \right] + .01$

The term *P*, which is the nonforfeiture net level premium for the plan of insurance being sold, is based on a fixed premium, fixed benefit endowment policy with a face amount equal to the initial specified amount of insurance of the VLI contract, with level premiums paid annually.

*Unused* unused initial expense allowance which equals  $E - (Int * 12)$

$\ddot{a}_{x+s}$  present value of a life annuity of \$1 per year payable at the beginning of the year for an Insured aged  $x + s$

$MCV_s$  Variable Life Insurance Model Regulation minimum cash value at the end of year *s*

The Variable Life Insurance Model Regulation minimum cash value at the end of the first year is:

*MCV<sub>1</sub>* equals

$$\left\{ \sum_{n=1}^{12} \left[ (G_n - Ben_n - G_n * PrmExp - Exp - Int) * (1+i)^{12-n+1} \right] \right\} - \left[ Unused * \frac{\ddot{a}_{x+1}}{\ddot{a}_x} \right]$$

since  $P_n = G_n - G_n * PrmExp$

$$M C V_1 = \left\{ \sum_{n=1}^{12} \left[ (P_n - Ben_n - Exp - Int) * (1 + i)^{12 - n + 1} \right] \right\} - \left( Unused * \frac{a_{x+1}}{a_x} \right)$$

At the end of any year after the first:

Formula 2:

<p><b>Formula 2</b></p> $M C V_s = \left[ \sum_{n=1}^t (P_n - Ben_n - Exp) * (1 + i')^{t-n+1} \right] - \left[ (1 + i')^{t-12} * \sum_{n=1}^{12} Int * (1 + i')^{12-n+1} \right]$ $- \left[ Unused * \frac{a_{x+s}}{a_x} \right]$
---

where  $t = 12 * s$

## Comparison of VLI Cash Values and Variable Life Insurance Model Regulation Minimum Cash Values

Formula 1 is the formula for the cash value of the VLI at the end of month  $t$ .  
 Formula 2 is the cash value formula based on the Variable Life Insurance Model Regulation at the end of year  $s$ .

### Formula 1

$$CV_t = \sum_{n=1}^t \left[ \left( P_n - Ben_n - Exp \right) * (1+i)^{t-n+1} \right] - SC_t$$

### Formula 2

$$MCV_s = \left[ \sum_{n=1}^t (P_n - Ben_n - Exp) * (1+i)^{t-n+1} \right] - \left[ (1+i)^{t-12} * \sum_{n=1}^{12} Int * (1+i)^{12-n+1} \right] \\ - \left[ Unused * \frac{\ddot{a}_{x+s}}{\ddot{a}_x} \right]$$

By comparing Formulas 1 and 2, the VLI cash values will meet the minimum requirement of the Variable Life Insurance Model Regulation if:

$$SC_t \leq Unused * \frac{\ddot{a}_{x+t}}{\ddot{a}_x}$$

Appendix 1 shows the Unamortized Unused Initial Expense Allowance

$$\left( Unused * \frac{\ddot{a}_{x+s}}{\ddot{a}_x} \right)$$

and the Maximum Surrender Charge ( $SC_t$ ) for policy years 1 through 15. The Maximum Surrender Charge does not exceed the Unamortized Unused Initial Expense Allowance and therefore the Variable Life cash values meet or exceed VLI Model Regulation Minimum Cash Values.

#### **IV. STATEMENT OF COMPLIANCE WITH THE STANDARD VALUATION LAW**

The reserves held for the VLI will be at least as great as the minimum reserves required by the Standard Valuation Law as outlined by the Variable Life Model Regulation.

The Variable Life Model Regulation states that the minimum valuation standard shall be the Commissioner's Reserve Valuation Method (CRVM).

Present values are based on the valuation interest rate and mortality rates. The CRVM expense allowance is based on the guaranteed plan at issue.

#### **V. INCREASES TO THE SPECIFIED AMOUNT**

##### **Guaranteed Monthly Premium**

The contract will remain in force as long as there is sufficient contract value to pay the pure term insurance costs and any expense and surrender charges and any indebtedness for the succeeding month. This is true even if no premium has been received for that month. Should the contract value be insufficient, it will be used to continue coverage for a portion of the next month.

The Guaranteed Payment Period is seven years from the contract issue date.

##### **Expenses**

After an increase to the specified amount of insurance, a new fifteen year surrender charge period begins for the increase. The surrender charges for the increase are calculated using the same method as a newly issued contract. However, the surrender charge amounts will be based on the Insured's sex, duration from increase, risk classification for the increase and age on the contract anniversary just prior to the effective date of the increase.

*SERFF Tracking Number:*      *KCLF-125511313*                      *State:*                      *Arkansas*  
*Filing Company:*              *Kansas City Life Insurance Company*              *State Tracking Number:*      *38438*  
*Company Tracking Number:*      *J176-AR*  
*TOI:*                      *L06I Individual Life - Variable*                      *Sub-TOI:*                      *L06I.002 Single Life - Flexible Premium*  
*Product Name:*              *Flexible Premium Variable Life Insurance Contract*  
*Project Name/Number:*      */J176-AR*

**Attachment "Unamort Exp New VUL1.xls" is not a PDF document and cannot be reproduced here.**

# KANSAS CITY LIFE INSURANCE COMPANY

## Actuarial Demonstration Accelerated Death Benefit Rider Form R215

### Description

The rider benefit is a one time prepayment of the contract's specified amount. To qualify for this benefit, the insured must be diagnosed by a physician to have a terminal illness and a life expectancy of 12 months or less. No additional premium will be charged for this rider.

There are no issue age or underwriting requirements. This rider will be allowed to be added to inforce contracts and to contracts at the time of issue.

### Reserves

The rider does not require additional reserves to be held. The total reserves held for the universal life products are adequate. This rider will not change the mortality assumption used to price the universal life products or the mortality used to calculate the reserves. The discounting of the prepayment amount when the claim is paid accounts for the loss of interest from paying a death benefit early.

### Cash Values and Nonforfeiture Benefits

Under the Standard Nonforfeiture Law, this rider does not develop cash values.



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David L. Metzler, FSA, MAAA  
Assistant Vice President & Associate Actuary  
Kansas City Life Insurance Company

**KANSAS CITY LIFE INSURANCE COMPANY**  
**Actuarial Demonstration**

Spouse's Term Insurance Rider

Form R216

**Description**

This rider provides decreasing term insurance on the Primary Insured's Spouse. The specified amount is expressed in units and the amount of coverage depends on the Insured Spouse's attained age.

The premiums for this rider are payable until the Insured's Spouse is age 65. The rider expires on the contract anniversary on which the Insured Spouse is age 65.

**Reserves**

Reserves held are based on the minimum standards for yearly renewable term coverage as prescribed under the Standard Valuation Law. The reserves are calculated using the 1980 CRVM method with the 2001 CSO Table using the net level premium method.

**Cash Values and Nonforfeiture Benefits**

Under the Standard Nonforfeiture Law, this plan does not develop cash values.



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**KANSAS CITY LIFE INSURANCE COMPANY**  
**Actuarial Demonstration**

Children's Term Insurance Rider

Form R217

**Description**

This rider provides level term insurance on each Insured Child and continues until the contract anniversary on which the youngest Insured Child's attained age is 25, unless an earlier date is requested.

The annual cost of insurance is the same regardless of the number or ages of the children.

**Reserves**

Reserves held are based on the minimum standards for yearly renewable term coverage as prescribed under the Standard Valuation Law. The mean reserve is equal to  $\frac{1}{2}$  cx using the net level premium method.

**Cash Values and Nonforfeiture Benefits**

Under the Standard Nonforfeiture Law, this plan does not develop cash values in excess of 2.5% of the face amount and therefore no cash values are required.



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**KANSAS CITY LIFE INSURANCE COMPANY**  
**Actuarial Demonstration**

Monthly Benefit Rider

Form R218

**Description**

The Monthly Benefit Rider pays a monthly benefit at the death of the insured. The Monthly Benefit Amount increases annually by 3% while the insured is alive (although a level benefit amount option is available). At death, the benefit amount then inforce is frozen and is payable each month until the point in time specified in the contract. The coverage expires at the date shown in the contract.

Because the final payment date is fixed, the maximum number of monthly payments available at death decreases by 1 each month. This effectively causes the rider to function like monthly decreasing term coverage.

**Reserves**

Reserves held are based on the minimum standards as prescribed under the Standard Valuation Law. Reserves are done separately from the base contract.

**Cash Values and Nonforfeiture Benefits**

Under the Standard Nonforfeiture Law, this plan does not develop cash values.



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# KANSAS CITY LIFE INSURANCE COMPANY

## Actuarial Demonstration Guaranteed Minimum Death Benefit Rider Form R219

### Description

The Guaranteed Minimum Death Benefit Rider (GMDBR) guarantees payment of the base specified amount upon the death of the Insured, regardless of this contract's investment performance, subject to a cumulative premium requirement. The cumulative premium requirement must equal or exceed the Guaranteed Minimum Death Benefit Rider Premium (GMDBRP), plus indebtedness, on each monthly anniversary day.

The GMDBR does not guarantee any benefits provided by riders.

The guarantee on this rider is to age 65.

### Reserves

Reserves held are based on the minimum standards as prescribed under the Standard Valuation Law and all applicable guidelines.

### Cash Values and Nonforfeiture Benefits

Under the Standard Nonforfeiture Law, this rider does not develop cash values.



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Kansas City Life Insurance Company

# KANSAS CITY LIFE INSURANCE COMPANY

## Actuarial Demonstration Lifetime Guaranteed Minimum Death Benefit Rider Form R220

### Description

The Kansas City Life Insurance Company guarantees payment of the death benefit at the death of the Insured, regardless of this contract's investment performance, while this Lifetime Guaranteed Minimum Death Benefit Rider (LGM) is inforce and the cumulative premium requirement is met.

The LGM does not guarantee any benefits provided by riders.

The benefit is available until the death of the insured, there is no maturity date on this rider.

The charge for this rider is a rate per thousand.

### Reserves

Reserves held are based on the minimum standards as prescribed under the Standard Valuation Law and all applicable guidelines.

### Cash Values and Nonforfeiture Benefits

Under the Standard Nonforfeiture Law, this rider does not develop cash values.



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David L. Metzler, FSA, MAAA  
Assistant Vice President & Associate Actuary  
Kansas City Life Insurance Company

Application No. \_\_\_\_\_

Policy No. \_\_\_\_\_

### ***How the Terminal Illness Accelerated Death Benefit Rider Works:***

The Policyowner may request an accelerated death benefit of up to 50% of the policy's current specified amount if the Insured is diagnosed with a terminal illness by a physician. A terminal illness is any non-correctable medical condition which, in the physician's best medical judgment, will result in the Insured's death within 12 months from the date of the physician's certification.

The amount paid to the policyowner will be the accelerated death benefit less interest charges, any processing fee and any loan repayment amount. These amounts are as follows:

- The interest charge discounts the accelerated death benefit for 12 months by 8% interest.
- The processing fee is \$200. We may choose to waive this fee.
- The loan repayment amount equals the outstanding loan value times the accelerated death benefit percentage.

For Option A death benefit policies the accelerated death benefit percentage is equal to the accelerated death benefit divided by the current specified amount of the policy. For Option B death benefit policies, the accelerated death benefit percentage is the accelerated death benefit divided by the sum of the current specified amount and the current accumulated/cash value of the policy. For contracts with Coverage Option C, the accelerated death benefit percentage is equal to B divided by the sum of C and E.

We will adjust the policy values after the accelerated death benefit payment has been made as follows:

- The cost of insurance charges will be based on the reduced policy values after the adjustment.
- The accumulated/cash value, specified amount and death benefit will be reduced by the accelerated death benefit percentage.
- If there is a policy loan outstanding, the loan amount is also reduced by the accelerated death benefit percentage.
- Any surrender charges applicable in any policy year following the adjustment will be reduced by the accelerated death benefit percentage.

Example: The policyowner requests an accelerated death benefit of 50% of the policy's current specified amount. Given the assumptions shown on the detailed example below, the accelerated death benefit payment amount would be \$45,596.30 for policies with death benefit Option A.

**EXAMPLE**

	Death Benefit Option	Option A
<b><i>Current Policy Values</i></b>	Specified Amount.....	\$ 100,000.00
	Outstanding Policy Loan .....	\$ 1,000.00
	Cash/Accumulated Value.....	\$ 2,000.00
	Surrender Charge .....	\$ 750.00
	Death Benefit .....	\$ 99,000.00
<b><i>Accelerated Death Benefit Values</i></b>	Accelerated Death Benefit .....	\$ 50,000.00
	Accelerated Death Benefit Percentage...	\$ 50.00%
	Interest Charge .....	\$ 3,703.70
	Processing Fee .....	\$ 200.00
	Loan Repayment Amount .....	\$ 500.00
Accelerated Death Benefit Payment.....	\$ 45,596.30	
<b><i>Adjusted Policy Values</i></b>	Specified Amount.....	\$ 50,000.00
	Cash/Accumulated Value.....	\$ 1,000.00
	Outstanding Policy Loan .....	\$ 500.00
	Surrender Charge .....	\$ 375.00
	Death Benefit .....	\$ 49,500.00

**ANY ACCELERATED BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.**

I request that the Terminal Illness Accelerated Death Benefit Rider be issued with my policy.

_____	_____	_____	_____
Signature of Owner	Date	Signature of Proposed Insured (if other than owner)	Date

_____	_____
Licensed KCL Agent	Agent Code

<p><b>Instructions to Agent</b> Original must be given to applicant no later than at the time of application.</p>
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