

<i>SERFF Tracking Number:</i>	<i>METF-125551808</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38800</i>
<i>Company Tracking Number:</i>	<i>PWLSEVMET-NI-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>/PWLSEVMET-NI-08</i>		

Filing at a Glance

Company: Texas Life Insurance Company
Product Name: Whole Life Insurance Policy
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life
Filing Type: Form

SERFF Tr Num: METF-125551808 State: ArkansasLH
SERFF Status: Closed State Tr Num: 38800
Co Tr Num: PWLSEVMET-NI-08 State Status: Approved-Closed
Co Status: Reviewer(s): Linda Bird
Author: Jan Spoede Disposition Date: 05/06/2008
Date Submitted: 04/25/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number: PWLSEVMET-NI-08
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/06/2008
State Status Changed: 05/06/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Deemer Date:

We are filing this on behalf of Metropolitan Life Insurance Company. The Met agents will be selling this policy form and the riders. These forms are identical to forms and applications that our company, Texas Life Insurance Company previously filed and had approved. The only differences are they are on MetLife paper now and have a different form number. This policy is a limited payment whole life insurance policy with premiums payable for twenty years or to attained age 70, if later. The death benefit is a level amount only. Also included are four riders: Accidental Death Benefit Rider, Waiver of Premium Benefit Rider, Children's Term Life Insurance Rider, and Accelerated Death Benefit Rider. We

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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life Insurance Policy
 Project Name/Number: /PWLSEVMET-NI-08

are also filing an Express Application, a Supplement to the Application, a Simplified Application, and an electronic application to be used with these forms.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830 Waco, TX 76703
 jspoede@texaslife.com
 (800) 283-9233 [Phone]
 (254) 745-6389[FAX]

Filing Company Information

Texas Life Insurance Company
 P.O. Box 830 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396
 Group Code: 241
 Group Name:
 FEIN Number: 74-0940890
 State of Domicile: Texas
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$260.00
 Retaliatory? No
 Fee Explanation: \$100.00 for a policy form.
 \$20.00 for separate forms filing with it, and there are 8 forms so that equals \$160.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$260.00	04/25/2008	19919535

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/06/2008	05/06/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/30/2008	04/30/2008	Jan Spoede	05/06/2008	05/06/2008

SERFF Tracking Number: *METF-125551808* *State:* *Arkansas*
Filing Company: *Texas Life Insurance Company* *State Tracking Number:* *38800*
Company Tracking Number: *PWLSEVMET-NI-08*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Whole Life Insurance Policy*
Project Name/Number: */PWLSEVMET-NI-08*
Life

Disposition

Disposition Date: 05/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Product Name: Whole Life Insurance Policy
 Project Name/Number: /PWLSEVMET-NI-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	No Illustration Certification		Yes
Supporting Document	Applicant & Agent Statement		Yes
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Supporting Document	Letter of authorization		No
Form (revised)	Whole Life Insurance Policy		Yes
Form	Whole Life Insurance Policy		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Waiver of Premium or Monthly Deduction Disability Benefit Rider		Yes
Form	Children's Term Life Insurance Rider		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Express Application		Yes
Form	Supplement to Application		Yes
Form	Simplified Application		Yes
Form	Electronic Application		Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /PWLSEVMET-NI-08

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/30/2008
Submitted Date 04/30/2008

Respond By Date

Dear Jan Spoede,

This will acknowledge receipt of the captioned filing.

Objection 1

- Whole Life Insurance Policy (Form)

Comment: Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/06/2008
Submitted Date 05/06/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird,

Thank you for your letter of April 30, 2008.

We revised the policy form PWLSEVMET-NI-08 to meet the requirements you referenced in your letter. "After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E)."

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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life Insurance Policy
 Project Name/Number: /PWLSEVMET-NI-08

I attached the revised policy form below.

Yours truly,

Jan Spoede

Related Objection 1

Applies To:

- Whole Life Insurance Policy (Form)

Comment:

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance Policy	PWLSEV MET-NI- 08		Policy/Contract/Fraternal Certificate	Initial		56	AR_pwlse vMet_ni_0 8_Rev1.p df
Previous Version							
Whole Life Insurance Policy	PWLSEV MET-NI- 08		Policy/Contract/Fraternal Certificate	Initial		56	AR pwlsevMet _ni_08_.p df

No Rate/Rule Schedule items changed.

Sincerely,
 Jan Spoede

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Form Schedule

Lead Form Number: PWLSEVMET-NI-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PWLSEVMET-NI-08	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy al Certificate	Initial		56	AR_pwlsevMet_ni_08_Rev1.pdf
	ULCLMET-ADB-08	Policy/Cont	Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	ulclMet_adb_08.pdf
	ULCLMET-WP-08	Policy/Cont	Waiver of Premium ract/Fratern or Monthly Deduction al Disability Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	ulclMet_wp_08.pdf
	ULCLMET-CIR-08	Policy/Cont	Children's Term Life ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	ulclMet_cir_08.pdf

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ULABRME T-08	Policy/Cont Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	ulabrMet_08. pdf
08M021- AR/KY	Application/ Express Application Enrollment Form	Initial	54	08M021- ARKY.pdf
08M022- AR/KY	Application/ Supplement to Enrollment Application Form	Initial	54	-08M022- ARKY.pdf
08M023- AR/KY	Application/ Simplified Application Enrollment Form	Initial	57	-08M023- ARKY.pdf
08M021AR/ KY-E	Application/ Electronic Application Enrollment Form	Initial	56	08M021ARKY -E.pdf

MetLife Metropolitan Life Insurance Company

WE PROMISE TO PAY THE Insurance Proceeds to the Beneficiary, subject to the provisions of this Contract, when We receive due proof of the Insured's death. Payment will be made only if this Contract is in force on the date of such Insured's death.

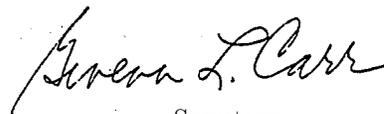
THE CONSIDERATION FOR THIS CONTRACT is the application hereof and the payment in advance of the premiums in accordance with the terms and conditions of this Contract. The first premium is payable on or before delivery of this contract.

Insured: [John Q. Doe] **Face Amount:** \$ [100,000.00] **Issue Date:** [July 1, 2008]

SIGNED BY METROPOLITAN LIFE INSURANCE COMPANY at New York, NY, its Home Office, 200 Park Avenue on the Issue Date of this Contract.



President



Secretary

READ THIS CONTRACT CAREFULLY. This Contract is a legal contract between the Contract owner and Metropolitan Life Insurance Company.

30 DAY RIGHT TO EXAMINE

It is important to Us that You are satisfied with this Contract. If You are not satisfied You may, within 30 days after this Contract is delivered to You, return it to Us or to Our agent. If You return the Contract within this time period We will refund all of the premium You have paid. The Contract will then be deemed void from the beginning.

LIMITED PAYMENT WHOLE LIFE INSURANCE

Life insurance payable if the Insured dies prior to attained age 121. Premiums payable for twenty years or to attained age 70, if later. Cash value less Contract Loan payable upon surrender. Non-participating. No dividends.

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SCHEDULE FOR CONTRACT NUMBER [CL0000001]

Form No.	Type of Coverage	Face Amount	Rate Class Numeral	Years Payable
PWLSEVMET-NI-08	Limited Payment Whole Life Insurance	\$[100,000.00]	[Standard] (1.0000)	[35]
ULABRMET-08	Accelerated Death Benefit Rider			

Beneficiary - As stated in the application for this Contract unless changed in accordance with Contract provisions.

Owner [John Q. Doe] Insured [John Q. Doe]
 Issue Age [35] Issue Date [July 1, 2008]
 Premium Payment \$[1,134.00] Premium Payment Mode [Annual]

Contract Loan Interest Rate: 7.4% in advance

Premiums

	Annual	Semi-Annual	Monthly Electronic Transfer	Monthly Direct Bill
Base Plan	\$[1,134.00]	\$[567.00]	\$[94.50]	\$[96.50]
Total Premium	\$[1,134.00]	\$[567.00]	\$[94.50]	\$[96.50]

Table of Values

The values below are applicable to a Contract without a Contract Loan.

End of Contract Year	Guaranteed Cash Value	Reduced Paid-up Insurance	Extended Term Insurance (years & days)
1	0.00	0	0 & 0
2	0.00	0	0 & 0
3	468.00	3,000	3 & 185
4	1,387.00	8,300	8 & 266
5	2,343.00	13,400	12 & 251
6	3,339.00	18,300	15 & 204
7	4,373.00	23,000	17 & 269
8	5,446.00	27,500	19 & 172
9	6,560.00	31,800	20 & 304
10	7,712.00	35,800	21 & 343
11	8,904.00	39,700	22 & 319
12	10,139.00	43,500	23 & 241
13	11,419.00	47,000	24 & 111
14	12,748.00	50,500	24 & 298
15	14,128.00	53,800	25 & 82
16	15,557.00	56,900	25 & 199
17	17,033.00	60,000	25 & 289
18	18,554.00	62,900	25 & 353
19	20,121.00	65,600	26 & 29
20	21,732.00	68,300	26 & 51
21	23,384.00	70,900	26 & 56
22	25,079.00	73,300	26 & 50
23	26,824.00	75,700	26 & 34
24	28,623.00	78,000	26 & 13
25	30,478.00	80,200	25 & 354
At Age 60	30,478.00	80,200	25 & 354
At Age 65	40,507.00	90,400	25 & 316

On request, We will provide values for Contract Years not shown.

Guaranteed interest rate - 5% a year.

Mortality Table - Commissioners 2001 Standard Ordinary Mortality Table C.

Definitions

To make this Contract easier to read, We have left out many cross-references and conditional statements. Therefore, the provisions of the Contract must be read as a whole.

In this Contract, the following words mean:

Attained Age - The Issue Age shown on page 3 increased by 1 on each succeeding Contract Anniversary Date. For example, if the Issue Age is 35, then the Attained Age on the 5th Contract Anniversary Date is 40 (35 plus 5).

Beneficiary - The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Contract is in force.

Contract Anniversary Date - The same day and month as the Issue Date shown on page 3 for each succeeding year.

Contract Year - The interval of time from the Issue Date to the first Contract Anniversary Date, and between consecutive Contract Anniversary Dates.

Contract Loan - The sum of any unpaid Contract Loans and any accrued and unpaid Contract Loan interest.

Insurance Proceeds - The total amount of money We will pay the Beneficiary at the death of the Insured if this Contract is then in force.

Insured - The person whose life is insured under the terms of this Contract. See page 3.

You, Your - The owner of this Contract. The owner may be someone other than the Insured.

We, Our, Us - Metropolitan Life Insurance Company at its Home Office.

Written Request - A writing to exercise any rights under this Contract, appropriately signed and received by Us at Our Home Office on forms that We supply. We may also require that the Contract be sent to Us with any Written Request.

Payment When Insured Dies

Subject to the provisions of this Contract, when the Insured dies We will pay the Insurance Proceeds to the Beneficiary, and this Contract will then terminate. We will pay the Insurance Proceeds to the Beneficiary only after We receive:

- (a) this Contract;
- (b) due proof that the Insured died while this Contract was in force;
- (c) a properly completed claim form on a form which We will provide; and,
- (d) an authorization on a form We supply, from the next of kin of the Insured, which allows Us to obtain and disclose information concerning the Insured.

When the Insured dies if any Insurance Proceeds due and payable is not then paid within a reasonable time after We receive all required items (a) through (d) not to exceed 30 days We will pay interest on the amount due at 8% per year from the date that the Insured died.

The Insurance Proceeds are the sum of (a) plus (b) minus (c) minus (d), where:

- a. is the Face Amount;
- b. is any part of a premium paid for coverage beyond the Contract month in which the Insured dies;
- c. is any premium due (not more than one month's part of the premium); and,
- d. is any Contract Loan.

Payments During Insured's Lifetime

Cash Value

Your Contract has a cash value while the Insured is alive. The cash value is the total of: The guaranteed cash value; minus any Contract Loan. If all due premiums have been paid, the guaranteed cash value is as shown in the Table of Values on page 4. There are several ways you can use all or part of the cash value:

- take a Contract Loan from us;
- surrender the Contract to Us for its full cash value; or,
- if You stop paying premiums, the cash value may be used to continue insurance for a limited time or for the Insured's lifetime at a reduced amount.

Contract Loan

You can get cash from Us by taking a Contract Loan. If there is an existing loan you can increase it. The most you can borrow is the cash value at the end of the current Contract Year less any unpaid premiums for that year and loan interest to the end of that year. A loan may not be taken if extended term insurance is in effect.

Loan interest is charged daily. The rate of interest on Contract Loans is shown in the Schedule on page 3.

Contract Loan Repayment

You may repay all or part (but not less than \$50) of a Contract Loan at any time while the Insured is alive.

Contract Termination

Your Contract will end whenever the amount of your Contract Loan plus loan interest is more than the guaranteed cash value.

We will mail a notice to you at least 31 days before termination. We will also mail a notice to any assignee on Our records. You can prevent termination by making sufficient repayment of the loan.

Deferment

We may delay paying the cash value for up to 6 months from the date We receive a request for payment. If We delay for 30 days or more, interest will be paid from the date We receive the request at the rate We set from time to time. We also may delay making a Contract Loan, except for a loan to pay a premium, for up to 6 months from the date you request the loan.

Premiums

Premium Payment

The benefits of Your Contract depend on the payment of premiums when due. Premiums are payable, while the Insured is alive, on or before their due dates as shown in the premium schedule on page 3. Premiums may be paid at Our Home Office or any other office We designate. Premiums after the first may be payable to one of Our agents. You may request a receipt signed by one of Our officers.

You may change the frequency of payment with Our approval.

Grace Period

After the first premium is paid, there will be a grace period of 31 days after each premium due date to pay the premium. If the Insured dies during a grace period, the Insurance Proceeds will still be payable.

Automatic Contract Loan

Each premium that remains unpaid at the end of the grace period may be paid by an automatic Contract Loan if:

1. You ask Us to do so in the application for Your Contract or in writing while no premium is due and unpaid; and,
2. Your Contract has enough cash value to pay the premium. You may cancel this provision at any time and resume premium payments as scheduled.

Non-Payment of Premiums

If any premium due is not paid by the end of its grace period, your Contract will end on the due date of that premium. However, after premiums have been paid until there is a guaranteed cash value as first shown in the Table of Value on page 4, you may choose either reduced paid-up insurance or cash instead of extended term insurance.

1. **Extended Term Insurance** - The amount of the extended term insurance will be the total of the Face Amount minus any Contract Loan. The Contract Loan provisions will no longer apply. Benefits provided by any riders will end. At the end of the term, this Contract will be void.
2. **Reduced Paid-Up Insurance** - In lieu of Extended Term Insurance, you may choose to continue insurance for the lifetime of the Insured but for a reduced amount. This choice may be made at any time within 3 months after the due date of the first unpaid premium. The Contract Loan provisions will continue to apply. Benefits provided by any riders will end.
3. **Cash** - Instead of continuing insurance coverage, you may surrender Your Contract for its cash value.

Computation of Values

The Table of Values on page 4 shows the guaranteed cash values, the amounts of reduced paid-up insurance and the periods of extended term insurance that We would provide. This table does not take into account any Contract Loan. Values not shown in the table are computed by the same method as that used for the values shown. The method of computation will be furnished on request.

A period of extended term insurance is measured from the due date of the first unpaid premium. We compute the length of extended term insurance or the amount of reduced paid-up insurance by applying the cash value as a net single premium as of the due date of the first unpaid premium. The Insured's age for this

purpose is the age on the date of the Contract plus the number of Contract Years and full months from that date to the due date of the first unpaid premium. Any loans or cash paid to you during the grace period will not be included in the cash value applied.

At any time, the guaranteed cash value of any paid-up insurance or any extended term insurance is equal to the net single premium for such insurance at the Insured's then attained age. The guaranteed cash value will not decrease during the first 3 months after the due date of the first unpaid premium. Also, the guaranteed cash value will not decrease for the first 31 days after the end of a Contract Year.

Guaranteed cash values, insurance benefits and net single premiums are computed on the basis of immediate payment of death claims and refund of premiums beyond the end of the month in which the Insured dies. The guaranteed interest rate and mortality tables used are shown on page 4.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this Contract is delivered. The values under this Contract are equal to or greater than those required by the law of that state.

Reinstatement

If You have stopped paying premiums and You have not surrendered Your Contract for its cash value, You may reinstate the Contract while the Insured is alive if You:

1. Request reinstatement within 3 years of the due date of the first unpaid premium;
2. Provide evidence of insurability satisfactory to us;
3. Pay all overdue premiums to the date of reinstatement with compound interest at the rate of 6% a year; and
4. Repay any Contract Loan in effect on the due date of the first unpaid premium, plus any Contract Loan taken after that. Compound interest to the date of reinstatement will be charged on any unpaid loan at the applicable Contract Loan interest rate, as would have been charged if all due premiums had been paid.

Any cash value that Your Contract would have after reinstatement may be taken as a Contract Loan and used toward the payment required to make reinstatement.

After 3 years from the due date of the first unpaid premium, the Contract may be reinstated subject to the conditions We set.

Ownership and Beneficiary

Ownership

As owner, You may by Written Request exercise all rights under Your Contract while the Insured is alive. You may name a contingent owner should You die before the death of the Insured.

Change of Ownership

By Written Request You may name a new owner at any time. If You designate a new owner, it will not change the Beneficiary or contingent Beneficiary, unless You specify otherwise. The new owner can exercise all the rights of ownership, unless You specify otherwise. No change is binding on Us until We record it. Once recorded, the change binds Us as of the date You signed it. The change will not apply to any payment made by Us before We record Your Written Request.

Collateral Assignment

Your Contract may be collaterally assigned. We are not bound by the assignment unless You make a Written Request. No assignment is binding on Us until We record it. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest.

Beneficiary

Unless You choose otherwise, any payment to beneficiaries will be paid based on the following order of priority. Payment will be made to:

- (a) The Beneficiary. If more than one Beneficiary is then living, We will pay them in equal shares unless You specify otherwise.
- (b) The contingent Beneficiary, if no Beneficiary is living when a payment is due. If more than one contingent Beneficiary is then living, We will pay them in equal shares unless You specify otherwise.
- (c) The estate of the last Beneficiary or contingent Beneficiary to die, if no Beneficiary or contingent Beneficiary is living when payment is due. This payment will be in one sum.

You may change the Beneficiary by Written Request. Unless You specify otherwise, You will not need the permission of the Beneficiary to make another change in the future.

General Provisions

The Contract

This Contract and a copy of the application attached to it make up the entire Contract between You and Us. In the absence of fraud, all statements made in the application will be considered representations and not warranties. Also, We will not use any statement to void this Contract or defend against any claim made under it unless such statement is contained in the application. Only Our President or Our Secretary together with one of Our Vice Presidents have the authority to make any changes in this Contract. Any change must be in writing. We are not bound by any promise or representation made by any agent or person other than as specifically contained in this Contract. Any additional benefit rider attached to this Contract will become a part of this Contract and will be subject to all the terms and conditions of this Contract, unless We state otherwise in the rider.

Your Rights

You can exercise Your rights under this Contract while the Insured is alive by making a Written Request. We will also require a Written Request from the assignee if Your Contract is assigned as collateral. We will also require a Written Request from the Beneficiary if You have not reserved the right to change the Beneficiary.

Incontestability

Except for nonpayment of premiums, this Contract will be incontestable after it has been in force during the lifetime of the Insured for two years from the Issue Date. This provision does not apply to any rider providing benefits specifically for disability or death by accident.

If this Contract is reinstated, We will not contest the reinstatement after it is again in force during the lifetime of the Insured for two years from the effective date of the reinstatement. For this purpose, if We contest the reinstatement the contest will be based upon material statement(s) only made in the application for reinstatement.

Suicide

If the Insured commits suicide, while sane or insane, within two years from the Issue Date, this Contract will immediately terminate, and We will not pay the Insurance Proceeds. The amount We will pay shall be limited to the premiums We actually received for this Contract reduced by the amount of any Contract Loan and accrued loan interest then outstanding.

Misstatement Of Age

If the Insured's Issue Age on the Issue Date is not correct as shown on page 3, We will adjust the benefits under this Contract. The adjusted benefits will be those which the premium paid would have bought at the correct Issue Age.

Nonparticipating

This Contract does not participate in any distribution of surplus. No dividends are payable.

Governing Law

This Contract is subject to the laws of the state of Arkansas. If any provision of the Contract does not conform to these laws, the Contract will be applied to conform to the law.

Optional Income Plans

The Insurance Proceeds, instead of being paid in one sum, may be applied under one or more of the following Income Plans. Also, at any time while the Contract is in force and the Insured is alive, You may by Written Request ask that:

- (a) all or a part of the Cash Value less any Contract Loan be applied under a non-life income plan (a plan which provides a schedule of payments which is not dependent on the lifetime of the payee);
or
- (b) all or a part of the Cash Value less any Contract Loan be applied under a life income plan (a plan which provides a schedule of payments which depends on the lifetime of one or more payees and which may guarantee that payments will be made for at least a specified number of years).

If only a part of the Cash Value is to be applied the balance of the value will be paid to You in a single sum. If only a part of the Insurance Proceeds is to be applied after the Insured dies, the balance of the Insurance Proceeds will be paid to the Beneficiary.

Non-Life Income Plans

Available with respect to the Insurance Proceeds or Cash Value less any Contract Loan.

Option 1. Interest Income - The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by Written Request.

Option 2. Installment Income for a Stated Period - Monthly installment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years). See Table 1.

Option 2A. Installment Income of a Stated Amount - Monthly installment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.

Life Income Plans

Available with respect to the Insurance Proceeds or Cash Value less any Contract Loan.

Option 3. Single Life Income - With Guaranteed Payment Period - Monthly payments will be made during the lifetime of the payee with chosen guaranteed payment period of 10, 15 or 20 years. See Table 2.

Option 3A. Single Life Income - Installment Refund - Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit. See Table 2.

Option 4. Joint and Survivor Life Income - Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. See Table 3.

Other Frequencies and Plans

Instead of monthly payments, You may choose to have payments made quarterly, semiannually or annually. Other Income Plans may be arranged which are mutually agreeable to You and Us.

Choice of Income Plans

A choice of Income Plan for any Insurance Proceeds made by You while the Insured is alive will take effect when the Insured dies. All other choices of Income Plans will take effect when recorded by Us, or later, if requested. When an Income Plan starts, We will issue an agreement which will describe the terms of the plan. We may require that You send Us this Contract. We may also require proof of the payee's age.

Income Plans may be chosen:

- (a) By You during the lifetime of the Insured.
- (b) By the Beneficiary within one year after the date the Insured dies and before any payment has been made to the Beneficiary, if no election was in effect on the date of death.

A choice of an Income Plan will not become effective unless each payment under the plan would be at least \$50.

Limitations

If the payee is not a natural person, the choice of an income plan will be subject to Our approval.

Income plan payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.

Income Plan Rates

Amounts applied under the non-life income plans will earn interest at a rate We set from time to time. That rate will never be less than 3% a year.

Life income plan payments will be based on a rate set by Us and in effect on the date the Insurance Proceeds become payable or on the date the Cash Value less Indebtedness is applied. The minimum rates are shown in Tables 2 and 3 following, and are based upon the 1983 Table "a" for individual annuities and a guaranteed interest rate of 3.5% per annum.

Minimum Payments under Optional Income Plans

Monthly payments under Options 2, 3, and 4 for each \$1,000 applied will not be less than the amount shown in the following Tables. Monthly life income payments will not be less than those that would be provided to a person in the same class as the Insured by a single payment immediate annuity bought with an equal amount at the time monthly payments start.

Interest From Date of Death

When the Insured dies if any Insurance Proceeds due and payable is not then paid within a reasonable time after We receive all required items described on page 7 not to exceed 30 days We will pay interest on the amount due at 8% per year from the date that the Insured died.

TABLE 1

**Installment Income for a Stated Period
Monthly Payments for each \$1,000 Applied**

Years Payable	Monthly Payment	Years Payable	Monthly Payment	Years Payable	Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

Annual, semi-annual or quarterly payments will be determined by multiplying the monthly payment by 11.838, 5.963 or 2.991, respectively.

TABLE 2

Single Life Income
 Guaranteed Payment Period or Installment Refund
 Minimum Amount of each Monthly Payment for each \$1,000 Applied

Age	Life Only	Guaranteed Period			Installment Refund
		10 Years	15 Years	20 Years	
35	3.57	3.56	3.56	3.55	3.54
36	3.60	3.59	3.59	3.58	3.57
37	3.63	3.62	3.62	3.61	3.60
38	3.66	3.65	3.65	3.64	3.63
39	3.69	3.69	3.68	3.67	3.66
40	3.73	3.72	3.71	3.70	3.69
41	3.76	3.76	3.75	3.73	3.72
42	3.80	3.80	3.78	3.77	3.76
43	3.84	3.84	3.82	3.81	3.80
44	3.89	3.88	3.86	3.84	3.83
45	3.93	3.92	3.91	3.88	3.87
46	3.98	3.97	3.95	3.92	3.92
47	4.03	4.02	4.00	3.97	3.96
48	4.08	4.07	4.05	4.01	4.01
49	4.14	4.12	4.10	4.06	4.06
50	4.20	4.18	4.15	4.11	4.11
51	4.26	4.24	4.21	4.16	4.16
52	4.32	4.30	4.26	4.21	4.22
53	4.39	4.36	4.33	4.27	4.27
54	4.46	4.43	4.39	4.32	4.34
55	4.54	4.51	4.46	4.38	4.40
56	4.62	4.58	4.53	4.44	4.47
57	4.71	4.66	4.60	4.51	4.54
58	4.80	4.75	4.68	4.57	4.62
59	4.90	4.84	4.76	4.64	4.70
60	5.00	4.93	4.84	4.70	4.78
61	5.11	5.03	4.93	4.77	4.87
62	5.23	5.14	5.02	4.84	4.96
63	5.36	5.25	5.12	4.91	5.06
64	5.49	5.37	5.21	4.98	5.17
65	5.64	5.50	5.31	5.05	5.28
66	5.79	5.63	5.42	5.12	5.39
67	5.95	5.77	5.53	5.19	5.52
68	6.13	5.91	5.63	5.25	5.65
69	6.32	6.07	5.74	5.32	5.79
70	6.53	6.23	5.86	5.37	5.94
71	6.75	6.40	5.97	5.43	6.09
72	6.99	6.58	6.08	5.48	6.26
73	7.26	6.76	6.18	5.52	6.44
74	7.54	6.95	6.29	5.57	6.63
75	7.85	7.14	6.39	5.60	6.83
76	8.18	7.34	6.48	5.63	7.04
77	8.54	7.54	6.57	5.66	7.26
78	8.94	7.74	6.65	5.68	7.51
79	9.36	7.94	6.72	5.70	7.76
80	9.82	8.13	6.79	5.71	8.03

Values for ages not shown will be furnished upon request.

TABLE 3

Joint and Survivor Life Income
 Minimum Amount of each Monthly Payment for each \$1,000 Applied

Age	----- Age Of Second Participant -----								
	40	45	50	55	60	65	70	75	80
40	3.48	3.54	3.59	3.63	3.66	3.68	3.70	3.71	3.72
41	3.49	3.56	3.61	3.65	3.69	3.71	3.73	3.74	3.75
42	3.50	3.57	3.63	3.68	3.72	3.75	3.77	3.78	3.79
43	3.52	3.59	3.66	3.71	3.75	3.78	3.80	3.82	3.83
44	3.53	3.61	3.68	3.74	3.78	3.82	3.84	3.86	3.87
45	3.54	3.62	3.70	3.76	3.81	3.85	3.88	3.90	3.91
46	3.55	3.64	3.72	3.79	3.85	3.89	3.92	3.94	3.96
47	3.56	3.65	3.74	3.82	3.88	3.93	3.97	3.99	4.01
48	3.57	3.67	3.77	3.85	3.92	3.97	4.01	4.04	4.06
49	3.58	3.69	3.79	3.88	3.95	4.01	4.06	4.09	4.11
50	3.59	3.70	3.81	3.91	3.99	4.06	4.11	4.14	4.16
51	3.60	3.71	3.83	3.94	4.03	4.10	4.16	4.20	4.22
52	3.61	3.73	3.85	3.97	4.07	4.15	4.21	4.25	4.28
53	3.61	3.74	3.87	3.99	4.10	4.19	4.26	4.31	4.35
54	3.62	3.75	3.89	4.02	4.14	4.24	4.32	4.37	4.41
55	3.63	3.76	3.91	4.05	4.18	4.29	4.38	4.44	4.48
56	3.64	3.78	3.93	4.08	4.22	4.34	4.44	4.51	4.56
57	3.64	3.79	3.94	4.10	4.26	4.39	4.50	4.58	4.63
58	3.65	3.80	3.96	4.13	4.30	4.44	4.56	4.65	4.71
59	3.65	3.81	3.98	4.16	4.33	4.50	4.63	4.73	4.80
60	3.66	3.81	3.99	4.18	4.37	4.55	4.70	4.81	4.89
61	3.66	3.82	4.01	4.20	4.41	4.60	4.77	4.89	4.98
62	3.67	3.83	4.02	4.23	4.45	4.65	4.84	4.98	5.08
63	3.67	3.84	4.03	4.25	4.48	4.71	4.91	5.07	5.19
64	3.68	3.85	4.05	4.27	4.51	4.76	4.98	5.16	5.29
65	3.68	3.85	4.06	4.29	4.55	4.81	5.05	5.26	5.41
66	3.69	3.86	4.07	4.31	4.58	4.86	5.13	5.36	5.53
67	3.69	3.87	4.08	4.33	4.61	4.91	5.20	5.46	5.65
68	3.69	3.87	4.09	4.35	4.64	4.96	5.28	5.56	5.78
69	3.70	3.88	4.10	4.36	4.67	5.01	5.35	5.67	5.92
70	3.70	3.88	4.11	4.38	4.70	5.05	5.43	5.77	6.06
71	3.70	3.89	4.11	4.39	4.72	5.10	5.50	5.88	6.20
72	3.70	3.89	4.12	4.40	4.75	5.14	5.57	5.99	6.35
73	3.71	3.89	4.13	4.42	4.77	5.18	5.64	6.10	6.50
74	3.71	3.90	4.13	4.43	4.79	5.22	5.71	6.21	6.66
75	3.71	3.90	4.14	4.44	4.81	5.26	5.77	6.32	6.82
76	3.71	3.90	4.15	4.45	4.83	5.29	5.84	6.42	6.99
77	3.71	3.91	4.15	4.46	4.85	5.32	5.90	6.53	7.15
78	3.71	3.91	4.16	4.47	4.86	5.36	5.95	6.63	7.31
79	3.72	3.91	4.16	4.47	4.88	5.38	6.01	6.73	7.48
80	3.72	3.91	4.16	4.48	4.89	5.41	6.06	6.82	7.64

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Metropolitan Life Insurance Company

200 Park Avenue
New York, New York 10166

LIMITED PAYMENT WHOLE LIFE INSURANCE

Life insurance payable if the Insured dies prior to attained age 121. Premiums payable for twenty years or to attained age 70, if later. Cash value less policy loan payable upon surrender. Non-participating. No dividends.



Metropolitan Life Insurance Company

Accidental Death Benefit Rider

Please read this rider carefully. It excludes certain events from treatment as accidental death for purposes of the rider.

Benefit

We shall pay the beneficiary of this Contract the Accidental Death Benefit shown on page 3. This amount is in addition to any other benefit. It is paid as part of the Insurance Proceeds. This Rider does not have cash or loan value.

Coverage

The benefit shall be paid only if:

- (a) the Insured dies while this rider is in force and before the Contract Anniversary Date on which the Insured's Attained Age is 65;
- (b) bodily injury to the Insured as a direct result of an accident is the direct cause, independent of any disease or bodily infirmity, of the death of the Insured; and
- (c) death occurs within 90 days from the date of the accident.

We have the right to examine the Insured's body and make an autopsy, unless prohibited by law.

Exclusions from Coverage

This provision does not cover death which results from any of the following causes:

- (a) an accidental bodily injury occurring, outside the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Panama Canal Zone, the Republic of Panama, and Canada, while in the military service for any country at war;
- (b) war or any act attributable to war, whether or not the Insured is in military service;
- (c) participating or engaging in a riot;
- (d) suicide or any attempt to commit suicide, while sane or insane;
- (e) bodily or mental infirmity or illness or disease of any kind;
- (f) committing or attempting to commit a felony;

(g) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for the Insured by a physician;

(h) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment;

(i) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.

Termination

Coverage under this provision will end when any one of the following events occur:

- (a) the Contract reaches the Contract Anniversary Date on which the Insured's Attained Age is 65; or,
- (b) the Contract terminates.

You may terminate this Benefit as of any Monthly Anniversary Date by Written Request.

Cost of Accidental Death Benefit

The monthly cost or premium for the Contract is calculated as (a) multiplied by (b) where:

- (a) is the appropriate Monthly Rate from the Table below; and,
- (b) is the accidental death benefit amount divided by 1000.

The accidental death benefit amount and the monthly cost or premium (as appropriate for the Contract) are shown on page 3.

**TABLE OF ACCIDENTAL DEATH BENEFIT RATES
PER \$1,000**

Attained Age	Monthly Rate
10-59	0.08
60-64	0.08

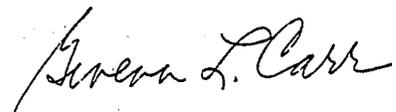
Effective Date

The effective date of this provision is the same as the Issue Date unless otherwise shown on the line below:

Effective Date: _____



President



Secretary



Metropolitan Life Insurance Company

Waiver of Premium or Monthly Deduction Disability Benefit Rider

Benefit

We agree to waive either a premium amount or each monthly deduction which falls due on each Monthly Anniversary Date while the Insured is totally disabled, as stated in this Rider. This Rider does not have cash or loan value.

Benefit Amount

If the Contract is flexible premium life insurance, the amount We will waive is: (i) an amount equal to the Minimum Premium Due On Issue Date; or (ii) the monthly deduction. On any Monthly Anniversary Date, We will waive the amount stated in (i) above unless: (1) the date is after the period of time the Contract would remain in force by the continuous monthly payment of the Minimum Premium Due On Issue Date (shown on page 3 of the Contract) assuming We always charged the guaranteed maximum cost of insurance rates and credited only the guaranteed minimum interest rate; and (2) the monthly deduction is greater than the Cash Value.

If the Contract is whole life insurance, the amount We will waive is the monthly premium due.

Total Disability

Total disability is any disability which the Insured receives or contracts after the effective date of this rider. Such disability must:

- a. continue for 180 consecutive days;
- b. during the first 24 months of disability, result in the inability of the Insured to perform the material and substantial duties of his or her regular occupation; and
- c. after 24 months of disability, prevent the Insured from performing the material and substantial duties of any occupation for which he or she is or becomes qualified by reason of education, experience, or training.

If the Insured totally and permanently loses:

- a. the sight of both eyes;
- b. the use of both hands;
- c. the use of both feet;
- d. the use of one hand and one foot;

then the Insured will be considered to have a total disability.

If an Insured who has a total disability: (i) recovers sufficiently to not be considered totally disabled as defined in this Rider; and (ii) remains so for at least 31 consecutive days; all premium or monthly deduction amounts thereafter due will again be payable. You agree to give Us immediate notice of any such recovery. If You fail to give such notice this rider and all benefits under it shall immediately terminate.

Exclusions

No benefits will be provided under this rider if the disability of the Insured results from:

- a. Intentionally self-inflicted injury; or
- a. War or any act incident to war, declared or undeclared, while in the military service for any country.

Commencement of Total Disability

If the disability of the Insured is total and continuously exists for 6 months, the disability shall be deemed to have begun when the disability began. However, no disability shall be deemed to have begun more than one year before the day We receive due proof of the disability.

Notice and Proof of Disability

You must give Us satisfactory proof of the Insured's total disability before We will waive any premium or monthly deduction. We will from time to time also require additional proof satisfactory to Us that the total disability continues. We may name one or more physicians to conduct an examination. We will pay the cost of any examinations We require. We will not require an examination of the Insured more than once a year after the total disability has continued for two years.

We must receive written notice of the Insured's total disability at Our Home Office:

- a. while the Insured is living and totally disabled; and
- a. within one year after the date of the first amount that You request We waive.

However, the failure to give Us this notice within this period of time will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

Cost of Rider

The cost for this rider is \$[0.45] per month.

Termination

This rider will terminate on:

- a. the date this Contract terminates;
- a. the Monthly Anniversary Date on or after the date We receive Your Written Request to cancel this rider; or
- a. the Contract Anniversary Date on which the Insured is Attained Age 60, except if the Insured is then totally disabled; in such case, this rider will terminate on the date the Insured has recovered from such total disability.

Effective Date

The effective date of this rider is the Issue Date of this Contract unless a different effective date is shown here.

Effective Date _____



President



Secretary



Metropolitan Life Insurance Company

Children's Term Life Insurance Rider

PLEASE READ THIS RIDER CAREFULLY. THE WAITING PERIODS IN THE SUICIDE AND/OR INCONTESTABILITY PROVISIONS BEGIN ON THE EFFECTIVE DATE OF THIS RIDER AND MAY BE DIFFERENT FROM THOSE IN THE POLICY.

This rider is part of the Contract to which it is attached. It provides level term insurance on the life of any Insured Child. This rider is subject to the conditions and provisions of the Contract unless otherwise provided in this rider.

Insured Child

Insured Child means a person who is:

- a. the natural child, step-child, or legally adopted child of the Insured on the date of the application; and
- b. is less than 19 years of age on the date of the application; or
- c. a child less than 19 years of age legally adopted by, or any child born to, the Insured after the date of application.

A newborn child will not become an Insured Child until 15 days after birth. A child ceases to be an Insured Child on the Contract Anniversary Date on which such child's Attained Age is 25. A step-child ceases to be an Insured Child upon the divorce of the Insured and the Insured Child's natural or legally adoptive parent.

Benefit

Upon receipt of due proof of the death of any Insured Child, we will pay to the beneficiary the Face Amount for this rider stated in the Schedule for this Contract on page 3, if this rider was in force on the date of death.

Beneficiary

The Insured is the beneficiary of any benefit payable under this rider upon the death of a child or legally adopted child of the Insured. The Insured Child's natural or legally adoptive parent married to the Insured at the time of application is the beneficiary as to any benefit payable upon the death of a child who is not the natural or legally adopted child of the Insured. If such beneficiary is then deceased, the benefit shall then be payable to the estate of the Insured Child.

Cost of Rider

The premium for this Rider is shown in the Schedule on page 3 of the Contract.

Paid-Up Term Insurance

If the Insured dies while this rider is in force, the term insurance covering each Insured Child will become fully paid-up nonparticipating term insurance. The Insured Child's parent married to the Insured at the time of application will be the owner of such paid-up term insurance. If this parent is not living, the owner of the paid-up term insurance will be, in order of priority: the Insured Child, if at least age 18; the surviving parent of the Insured Child; or a legally appointed guardian for the Insured Child. The Amount of Benefit is shown in the Contract Specifications. For any child then alive and under the age of 15 days, such paid-up term insurance will commence when the Insured Child attains the age of 15 days.

This paid-up term insurance may be surrendered at any time for the sum of the net single premium for such insurance coverage. The basis for the net single premium will be:

- a. Interest of 4% per year;
- b. The Commissioner's 2001 Standard Ordinary Mortality Table;
- c. Age last birthday; and
- d. The assumption that deaths occur at the end of the Contract year.

The cash surrender value of any paid-up insurance surrendered within 30 days after a Contract Anniversary will be not less than the cash value on the anniversary.

The paid-up term insurance will expire on the earlier of:

- a. the date the Insured Child ceases to be an Insured Child; or
- b. the Contract Anniversary Date on which the original Insured's Attained Age would have been 65.

Incontestability

We cannot contest this rider after it has been in force, during the Insured Child's lifetime, for two years from its date of issue, except for nonpayment of premium.

Conversion Privilege

If this rider is in force, the term insurance of this rider may be converted to a new Contract on the life of each Insured Child on the earlier of:

- a. The Contract Anniversary Date on which the Insured Child's Attained Age is 25; or
- b. The expiry Date of this rider as shown in the Contract Specifications.

Evidence of insurability will not be required under this conversion privilege.

Request for conversion must be made by Written Request and required premium paid within 60 days prior to the Contract Anniversary Date on which the conversion privilege is available. The application must be signed by the person to be insured. If such person lacks legal capacity to contract, We will require a parent or legal guardian of the child to sign the application. The new Contract will be dated and become effective on the date the Written Request is made.

The new Contract may be on any level premium life or endowment plan issued by Us on the date of conversion other than term insurance or multiple life or single premium insurance or one issued on a select underwriting basis, provided:

- a. The new plan provides level death benefits;

- b. The face amount is not greater than three times the Death Benefit for this rider as stated in the Contract Specifications; and
- c. The face amount is not less than the minimum required by Us for the plan selected.

Premiums for the new Contract will be based on:

- a. The Insured Child's insurance age on the date of conversion; and
- a. The standard premium rates used by Us on the date of conversion for the plan selected.

The period of time stated in the suicide and incontestability provisions of any new Contract to which this rider is converted will run from the date of issue of this rider.

Termination of Rider

This rider will terminate upon the earlier of:

- a. The date any premium due is not paid as provided for;
- b. The date the Contract terminates for any reason, subject to the provision for paid-up term insurance due to the death of the Insured;
- c. Upon receipt of Your Written Request to terminate this rider; or,
- d. On the Contract Anniversary Date on which the Insured's Attained Age is 65.

Reinstatement

If you wish to reinstate this rider, You must provide evidence of insurability of each Insured Child, in addition to any other reinstatement requirements stated in the Contract.

Effective Date

The effective date of this provision is the same as the Issue Date unless otherwise shown on the line below:

Effective Date:_____



President



Secretary

MetLife

Metropolitan Life Insurance Company

Accelerated Death Benefit Rider

Important Notice: Insurance Proceeds, cash values, and loan values will be reduced to zero and will not be paid if We pay You the Accelerated Death Benefit under this Rider.

Important Tax Notice: The Accelerated Death Benefit under this Rider is intended to qualify for favorable income tax treatment under §101(g) of the Internal Revenue Code of 1986 as amended by Public Law 104-191. If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. **You should consult a qualified tax or legal advisor to determine the effect on You. Neither We nor Our agents are authorized to give tax or legal advice.**

Public Assistance Program Notice: Receipt of the Accelerated Death Benefit may affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and with social services agencies concerning how receipt of such payment will affect you, your spouse and your family's eligibility for public assistance.

Benefit

Subject to the terms of this Rider, We will pay You an Accelerated Death Benefit during the lifetime of the Insured, if the Insured is Terminally Ill. Upon payment of the Accelerated Death Benefit, the Contract and Our obligations under it terminate. Our obligations under any riders, endorsements and supplemental benefits attached to the Contract will be determined by their terms as if the Insured had died.

Definitions

Words defined in the Contract have the same meaning in this Rider unless otherwise indicated. In this Rider the following words mean:

Accelerated Death Benefit- means the amount payable under this Rider as defined below.

Insurance Proceeds- means the amount We would otherwise pay to the beneficiaries as described in the Contract upon the death of the Insured in the absence of this Rider.

Physician- means a legally qualified duly licensed practitioner of the healing arts under the laws of a state or territory of the United States, who is acting within the scope of his or her license. It does not include You, any member of Your immediate family, the Insured, any member of the Insured's immediate family, or any other person with an immediate financial interest in the payment of the Accelerated Death Benefit.

Terminally Ill- means an injury or sickness that, despite appropriate medical care, is reasonably

expected to result in the Insured's death within twelve (12) months or less from the date We receive a Written Request making claim for payment of the Accelerated Death Benefit.

Amount of Accelerated Death Benefit

The amount of Accelerated Death Benefit is equal to the result of (a) multiplied times (b) minus the sum of (c) plus (d), where:

- (a) is the Insurance Proceeds on the date the Accelerated Death Benefit is due and payable under this Rider;
- (b) is 92%;
- (c) is an administrative fee equal to the lesser of \$150.00 or 7% of the Insurance Proceeds; and,
- (d) is any due and unpaid monthly deduction described in the Contract.

Payment of Accelerated Death Benefit

We will pay the Accelerated Death Benefit if the Insured is diagnosed by a Physician as being Terminally Ill, *provided*:

- a. the diagnosis of the terminal illness is first made at least ninety (90) days after the Effective Date of this Rider, unless such illness results from accidental bodily injury, in which case the 90-day waiting period will be waived;
- b. any irrevocable beneficiary consents to the payment of the Accelerated Death Benefit in writing on a form We provide;
- c. any assignee recorded on Our records to which the Contract is then collaterally assigned consents to the payment of the Accelerated Death Benefit in writing on a form We provide;
- d. the Contract and this Rider are then in force;
- e. a Physician provides Us a certified written medical opinion and supporting due proof satisfactory to Us that the Insured is Terminally Ill;
- f. We receive the Contract, a Written Request making claim for payment of the Accelerated Death Benefit, and the Insured's authorization on a form We supply allowing Us to obtain and disclose information concerning the Insured; and,
- g. upon demand, You and the Insured consent to a second medical diagnosis at Our expense by a Physician of Our choosing, in which case We may rely exclusively upon the second medical opinion to determine whether the Insured is Terminally Ill.

Payment due under this Rider will be paid to You in a single sum, and only once.

Limitation

The Accelerated Death Benefit will not be paid if upon the death of the Insured all or a portion of the Insurance Proceeds are payable to a former spouse or trustee as part of a divorce decree or property settlement, or child support order.

Statement of Payment and Benefit Payment Notice

When You make a claim for payment of the Accelerated Death Benefit by Written Request, within twenty days, We will give You a written statement detailing the following:

- a. the amount payable if the claim is approved;
- b. the fact that such payment reduces the Contract's Insurance Proceeds, cash values, and loan values to zero;
- c. that Our obligations under the Contract and any riders, endorsements and supplemental benefits attached to it will then cease; and,
- d. that no future benefits are payable to You or any other person or entity except that Our obligations under any riders, endorsements and supplemental benefits attached to the Contract will be determined by their terms as if the Insured had died.

If We pay You the Accelerated Death Benefit, We will give You a benefit payment notice containing the same information at the time of payment.

Termination

This Rider will end when any one of the following events occur:

- a. We receive Your Written Request to cancel this Rider; or,
- b. the Contract terminates for the first time after the expiration of the Grace Period.

Effective Date

The effective date of this Rider is the same as the Issue Date unless otherwise shown on the line below:

Effective Date: _____



President



Secretary

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY

APPLICATION FOR LIFE INSURANCE

FOR HOME OFFICE USE ONLY

Plan Name: VPL-plus

Policy Number: _____

1st Deduction Date: _____ Employer: _____

Proposed Insured(s)	M/F	Social Sec No.	Age	Birth Date/State	Ht/Wgt	Face Amt ⁽¹⁾	Premium
Employee Name							
Hire Date:	M/F			/	/		
Spouse Name							
Occupation:	M/F			/	/		
Children							
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		

Automatic Premium Loan Provision applies

Total premium: \$

Home Address (Street/P.O. Box):			Add Riders			Employee	Spouse	Child
City:	State:	Zip:	Accidental Death			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⁽²⁾
Day Phone: ()	Evening Phone: ()		Waiver Premium			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⁽²⁾
Personal E-mail Address:			Child Term \$10,000			<input type="checkbox"/>	<input type="checkbox"/>	N/A

Payroll is per: Week Bi-Week Semi-Month Month Skip

Add Rider Prem above

Beneficiary for: (Employee is beneficiary of spouse/child unless stated below)

Employee: _____ Relationship to Employee: _____

Spouse: _____ Relationship to Spouse: _____

Children: _____ Relationship to Children: _____

1. Will proposed coverage replace or change any existing insurance or annuity policy? Yes No If "Yes", identify and complete replacement form. Company: _____ Policy No: _____

	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
2. Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?	<input type="checkbox"/>					
3. Within the past five years, has any proposed insured:						
a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?	<input type="checkbox"/>					
b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?	<input type="checkbox"/>					
c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>					
d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	<input type="checkbox"/>					
4. Within the past ten years, has any proposed insured had or been treated for:						
a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?	<input type="checkbox"/>					
b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?	<input type="checkbox"/>					
c. Cancer, tumor, diabetes, or disorder of the blood?	<input type="checkbox"/>					
d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>					
5. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in No. 7 — Details.	<input type="checkbox"/>					

(1) or the Face Amount purchased by the premium shown, if less. (2) Age 17 or higher.

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY

SUPPLEMENT TO APPLICATION

Supplement to Application from (Employee): _____
 Employee Social Security: _____ Application Date: _____

	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
3. Within the past five years, has any proposed insured:						
a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?	<input type="checkbox"/>					
b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?	<input type="checkbox"/>					
c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>					
d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	<input type="checkbox"/>					
4. Within the past ten years, has any proposed insured had or been treated for:						
a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?	<input type="checkbox"/>					
b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?	<input type="checkbox"/>					
c. Cancer, tumor, diabetes, or disorder of the blood?	<input type="checkbox"/>					
d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>					
5. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.	<input type="checkbox"/>					
6. Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?	<input type="checkbox"/>					

	First Name	Hgt. Wgt.	Birth State
7. What is the height, weight, and birth state of each proposed insured?			
8. Personal physician for each proposed insured (if none, enter "None")			
Proposed Insured Physician Address City, State			

9. Details, including date, diagnosis, type of treatment, and current condition			Name, address and phone # of physician(s)
Ques No.	Proposed Insured	Details	

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this Supplement to Application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Metropolitan Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in the application and this Supplement to Application remain correct and complete.

X ✓ _____ X ✓ _____
 Employee (and policyowner) Signature Spouse Signature (or Child over 18) if to be insured

X ✓ _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY

APPLICATION FOR LIFE INSURANCE

FOR HOME OFFICE USE ONLY

Plan Name: VPL-plus

Policy Number: _____

1st Deduction Date: _____ Employer: _____

Proposed Insured(s)	M/F	Social Sec No.	Age	Birth Date/State	Ht/Wgt	Face Amt ⁽¹⁾	Premium
Employee Name							
Hire Date:	M/F			/	/		
Spouse Name							
Occupation:	M/F			/	/		
Children							
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		

Automatic Premium Loan Provision applies

Total premium: \$

Home Address (Street/P.O. Box):	Add Riders	Employee	Spouse	Child
City: _____ State: _____ Zip: _____	Accidental Death <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⁽²⁾
Day Phone: () _____ Evening Phone: () _____	Waiver Premium <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⁽²⁾
Personal E-mail Address: _____	Child Term \$10,000 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Payroll is per: Week Bi-Week Semi-Month Month Skip _____

Add Rider Prem above

Beneficiary for: (Employee is beneficiary of spouse/child unless stated below)

Employee: _____ Relationship to Employee: _____
 Spouse: _____ Relationship to Spouse: _____
 Children: _____ Relationship to Children: _____

1. Will proposed coverage replace or change any existing insurance or annuity policy? Yes No If "Yes", identify and complete replacement form. Company: _____ Policy No: _____

	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
2. Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?	<input type="checkbox"/>					
3. Within the past five years, has any proposed insured:						
a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?	<input type="checkbox"/>					
b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?	<input type="checkbox"/>					
c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>					
d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	<input type="checkbox"/>					
4. Within the past ten years, has any proposed insured had or been treated for:						
a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?	<input type="checkbox"/>					
b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?	<input type="checkbox"/>					
c. Cancer, tumor, diabetes, or disorder of the blood?	<input type="checkbox"/>					
d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>					
5. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in No. 7 — Details.	<input type="checkbox"/>					

(1) or the Face Amount purchased by the premium shown, if less. (2) Age 17 or higher.

6. **Name and address of personal physician for each proposed insured** (if no personal physician, enter "None")

Proposed Insured	Physician's Name	Address	City, State, Zip

7. Details, including date, diagnosis, type of treatment, and current condition			Name, address and phone # of physician(s)
Ques No.	Proposed Insured	Details	

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Metropolitan Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

_____ _____
Employee (and policyowner) Signature Spouse Signature (or Child over 18) if to be insured

Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY

LIFE INSURANCE APPLICATION

Proposed Insured(s)

NAME	STATUS	SEX	SOCIAL SECURITY NO.	BIRTH DATE	AGE	BENEFICIARY/RELATIONSHIP
Jane Doe	EMP	F	999-99-3600	09-29-1972	35	Johnny / Child
Johnny Doe	DEP	M	159-75-3456	11-24-2002	6	Jane Doe / Parent

Employee Information (applicant and policy owner):

NAME: Jane Doe SOCIAL SECURITY NO: 999-99-3600

ADDRESS: 123 Main Street, Smalltown, Arkansas 13579

PERSONAL EMAIL ADDRESS: jdoe@employer.com PHONE — DAYTIME: 987-654-3210 Ext. 2345 EVENING: 123-456-7890 Ext.2356

EMPLOYER: Online App Test Company HIRE DATE: 3-24-1999 PAYROLL FREQUENCY: Monthly

Coverages and Premium

PLAN NAME: VPL-plus

NAME	COVERAGES				PREMIUM				
	FACE AMOUNT	ADB AMOUNT	WAIVER BENEFIT	CHILD TERM AMOUNT	BASE PLAN	ADB	WAIVER	CHILD TERM	TOTAL
Jane Doe	100000	0	No	0	94.50	0.00	0.00	0.00	94.50
Johnny Doe	25000	0	No		6.00	0.00	0.00		6.00
Total Planned Premium									100.50
Automatic Premium Loan applies									Yes

QUESTION No.

REPLACEMENT

(1) Will proposed coverage replace or change any existing insurance or annuity policy? No

QUESTIONS FOR EXPRESS ISSUE

EMPLOYEE

CHILDREN

- (2a) During the last six months, has the proposed insured been actively at work on a full time basis, performing usual duties? Yes N/A
- (2b) During the last six months, has the proposed insured been absent from work due to illness or medical treatment for a period of more than five consecutive working days? No N/A
- (2c) During the last six months, has the proposed insured been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?
Jane Doe - Test, Treatment, or Care in a Hospital :: Surgery :: Other Yes No

QUESTION NO.	ADDITIONAL QUESTIONS FOR SIMPLIFIED ISSUE	EMPLOYEE
ADDITIONAL QUESTIONS FOR SIMPLIFIED ISSUE		EMPLOYEE
(3a)	<p>Within the past five years, has any proposed insured consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation? <i>Jane Doe - Jane Doe saw Dr. Brown for severe abdominal pain. He sent her for further testing.</i></p>	Yes
(3b)	<p>Within the past five years, has any proposed insured had an X-ray, EKG, lab test, blood test, or any other medical test or study? <i>Jane Doe - Jane Doe's lab work and a sonogram revealed an ectopic pregnancy. She was admitted to the hospital and scheduled for surgery the next morning.</i></p>	Yes
(3c)	<p>Within the past five years, has any proposed insured used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?</p>	No
(3d)	<p>Within the past five years, has any proposed insured been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?</p>	No
(4a)	<p>Within the past ten years, has any proposed insured had or been treated for heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?</p>	No
(4b)	<p>Within the past ten years, has any proposed insured had or been treated for alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?</p>	No
(4c)	<p>Within the past ten years, has any proposed insured had or been treated for cancer, tumor, diabetes, or disorder of the blood?</p>	No
(4d)	<p>Within the past ten years, has any proposed insured had or been treated for asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?</p>	No
(5)	<p>Is any proposed insured taking any prescribed medication at regular intervals?</p>	No
(6)	<p>Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?</p>	No
(7)	<p>What is the height, weight, and birth state of each proposed insured? <i>Jane Doe - Height: 5' 4" Weight: 127 lbs Birth State: OK</i></p>	
(8)	<p>Personal physician for each proposed insured: <i>Jane Doe - Dr. B. Brown, Smalltown, OK</i></p>	

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (and subjects such person to criminal and civil penalties. Pennsylvania only)

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X ✓ William Joe Stegm
EMPLOYEE (AND POLICY OWNER) SIGNATURE

X ✓ _____
SPOUSE SIGNATURE IF TO BE INSURED

<u>John Q Agent</u>	<u>9999988</u>	<u>03-05-2008</u>	<u>AVPLPLUSCITYWITH-A-VERYLONGNAME</u>	<u>AR</u>
PRINT ENROLLER/AGENT NAME	AGT. NO.	DATE	CITY	STATE

X ✓ Lin Jones
ENROLLER / AGENT SIGNATURE

<i>SERFF Tracking Number:</i>	<i>METF-125551808</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38800</i>
<i>Company Tracking Number:</i>	<i>PWLSEVMET-NI-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>/PWLSEVMET-NI-08</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: METF-125551808 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 38800
Company Tracking Number: PWLSEVMET-NI-08
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /PWLSEVMET-NI-08

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

03/17/2008

Comments:

Attachments:

AR Cert for Bull 11-83.pdf
AR MET Certification.pdf
PWLSEVMET Read Cert.pdf
ULABRMET Read Cert.pdf
ULCLMET-ADB Read Cert..pdf
ULCLMET-CIR Read Cert.pdf
ULCLMET-WP Read cert.pdf
08M021 Read Cert.pdf
08M021-E Read Cert.pdf
08M022 Read.pdf
08M023 Read Cert.pdf

Review Status:

Satisfied -Name: Application

03/17/2008

Comments:

The applications are attached under the Form Schedule tab.

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo

03/17/2008

Comments:

Attachments:

PWLSEVMET Act Mem.pdf
ULABRMET Act Mem.pdf
ULCLMET-ADB Act..pdf
ULCLMET-CIR Act Mem.pdf
ULCLMET-WP Act. mem.pdf

Review Status:

SERFF Tracking Number: METF-125551808 *State:* Arkansas
Filing Company: Texas Life Insurance Company *State Tracking Number:* 38800
Company Tracking Number: PWLSEVMET-NI-08
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /PWLSEVMET-NI-08

Satisfied -Name: No Illustration Certification 04/23/2008
Comments:
Attachment:
No Illus cert MET.pdf

SERFF Tracking Number: METF-125551808 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 38800
Company Tracking Number: PWLSEVMET-NI-08
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /PWLSEVMET-NI-08

Review Status:

Satisfied -Name: Applicant & Agent Statement 04/23/2008

Comments:

Attachment:

m49agentStatement.pdf

Review Status:

Satisfied -Name: Accelerated Death Benefit Disclosure 04/23/2008

Comments:

This statement appears inside the sales brochure and stays with the Applicant.

Attachment:

Accel Death Benefit Disc Statement.pdf

Review Status:

Satisfied -Name: Cover Letter 04/25/2008

Comments:

Attachment:

AR Fil Let.pdf

Review Status:

Satisfied -Name: Statement of Policy Cost and Benefit Information 04/25/2008

Comments:

Attachment:

Policy cost_disc.pdf

Review Status:

Satisfied -Name: Letter of authorization 04/25/2008

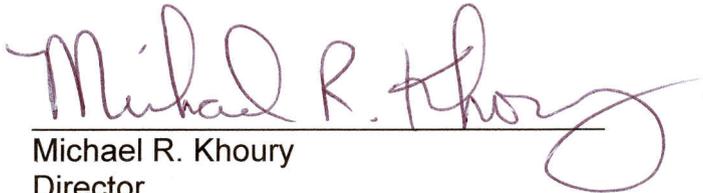
Comments:

Attachment:

Karen's Filing Authorization Letter-1.doc

CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that rider form PWLSEVMET-NI-08 does comply with the guidelines of such Bulletin.

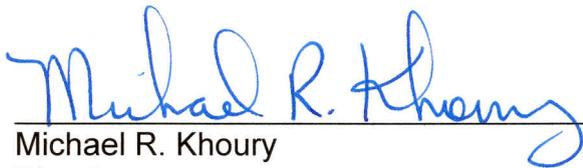


Michael R. Khoury
Director
Product Development, Claims and Records

Date: 23 April 2008

CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

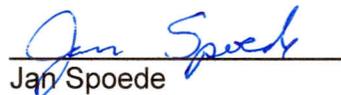


Michael R. Khoury
Director
Product Development, Claims and Records

Date: 7 April 2008

**CERTIFICATION OF READABILITY
FORM PWLSEVMET-NI-08**

This is to certify that Texas Life Insurance Company Form PWLSEVMET-NI-08 has achieved a Flesch Reading Ease Score of 56.05.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

Texas Life Insurance Company®

A MetLife Company

CERTIFICATION OF READABILITY FORM ULABRMET-08

This is to certify that Texas Life Insurance Company Form ULABRMET-08 has achieved a Flesch Reading Ease Score of 51.04.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

Texas Life Insurance Company®
A MetLife Company

**CERTIFICATION OF READABILITY
FORM ULCLMET-ADB-08**

This is to certify that Texas Life Insurance Company Form ULCLMET-ADB-08 has achieved a Flesch Reading Ease Score of 50.50.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

Texas Life Insurance Company®

A MetLife Company

CERTIFICATION OF READABILITY FORM ULCLMET-CIR-08

This is to certify that Texas Life Insurance Company Form ULCLMET-CIR-08 has achieved a Flesch Reading Ease Score of 51.50.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

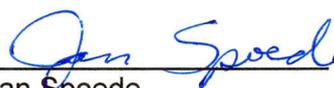
Date: 22 April 2008

Texas Life Insurance Company®

A MetLife Company

CERTIFICATION OF READABILITY FORM ULCLMET-WP-08

This is to certify that Texas Life Insurance Company Form ULCLMET-WP-08 has achieved a Flesch Reading Ease Score of 51.80.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

**CERTIFICATION OF READABILITY
FORM 08M021**

This is to certify that Texas Life Insurance Company Form 08M021 has achieved a Flesch Reading Ease Score of 54.10.



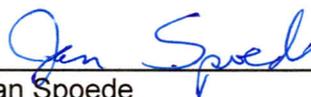
Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

**CERTIFICATION OF READABILITY
FORM 08M021-E**

This is to certify that Texas Life Insurance Company Form 08M021-E has achieved a Flesch Reading Ease Score of 57.00.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

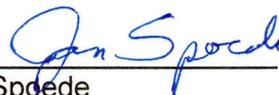
Date: 22 April 2008

Texas Life Insurance Company®

A MetLife Company

CERTIFICATION OF READABILITY FORM 08M022

This is to certify that Texas Life Insurance Company Form 08M022 has achieved a Flesch Reading Ease Score of 54.10.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

**CERTIFICATION OF READABILITY
FORM 08M023**

This is to certify that Texas Life Insurance Company Form 08M023 has achieved a Flesch Reading Ease Score of 57.00.



Jan Spoede
Senior Associate
Product Development, Claims, &
Records

Texas Life Insurance Company
Waco, Texas

Date: 22 April 2008

Texas Life Insurance Company

ACTUARIAL DEMONSTRATION
FOR
LIFE INSURANCE POLICY FORM PWLSEVMET-NI-08
(LIMITED PAYMENT WHOLE LIFE INSURANCE)

This is to certify that the attached Actuarial Demonstration for policy form PWLSEVMET-NI-08 is a true demonstration of minimum valuation and cash values, if any.

Joseph Barclay Cole, FSA, MAAA

Actuary

Signed: _____

Joseph Barclay Cole

Date: _____

4/22/08

Texas Life Insurance Company

(LIMITED PAYMENT WHOLE LIFE INSURANCE)

CONTRACT FORM PWLSEVMET-NI-08
Actuarial Demonstration of Reserves and Values Calculation

I. Description of Contract Characteristics

This is a limited payment whole life insurance providing life insurance coverage on the insured. Premiums are paid to age 70 or 20 years whichever is later.

A. Death Benefits

The death benefit is equal to the face amount shown on the face page of the policy form.

B. Cash Values

Cash values are calculated using the Minimum Non-Forfeiture Values Adjusted Premium Method.

C. Non-Forfeiture options

In addition to cash option the policyholder may elect a paid up term option or reduced paid up insurance.

II. Basis of Values

A. Basis of Calculation of Terminal Reserve

- 1 2001 CSO 4.00% Mortality Table - C, Unisex, Age Last Birthday
- 2 Curtate Functions
- 3 CRVM Method
- 4 x = issue age 1 to 70

B. Net Premiums

1st Year

$$\alpha = \frac{1,000Cx}{Dx}$$

Renewal Years

$$\beta = \frac{1,000A_{x+1}}{\ddot{a}_{x+1:70-x-1}}$$

C. Terminal Reserves

$${}_tV_x = 1,000A_{x+t} - \beta\ddot{a}_{x+t:70-x-t}$$

D. Values

- 1 Net Premium at 35

$$\alpha = 1.09615$$

$$\beta = 11.28502$$

- 2 10_{yr} Terminal Reserve for Issue Age 35

$${}_{10}V_{35} = 1,000A_{45} - \beta\ddot{a}_{45:25}$$

$${}_{10}V_{35} = 108.29$$

E. Basis of Calculations of Cash Values

- 1 2001 CSO 5.0% Mortality Table - C Unisex, Age Last Birthday
- 2 Curtate Functions
- 3 Minimum Non-Forfeiture Values Adjusted Premium Method
- 4 x = Issue Ages 1 - 70

F. Adjusted Premium

$$P_x^{Ad} = \text{lesser of}$$

$$\frac{1,000A_x + \frac{1,250A_x}{\ddot{a}_{x:70-x}} + 10}{\ddot{a}_{x:70-x}}$$

or

\$60.00

G. Cash Values

$${}_tCV_x = 1,000A_{x+t} - P_x^{Ad} \ddot{a}_{x+t:70-x-t}$$

H. Values

1 Adjusted Premium for Issue Age 35

$$P_{35}^{Ad} = \frac{1,000A_{35} + \frac{1,250A_{35}}{\ddot{a}_{35:35}} + 10}{\ddot{a}_{35:35}} = 9.80932$$

2 10th Year Cash Value at Issue Age 35

$${}_{10}CV_{35} = 1,000A_{45} - 9.80932 \ddot{a}_{45:25}$$

$${}_{10}CV_{35} = 77.11$$

I. Reserves and Cash Values for Issue Age 35 for 20 years

MINIMUM VALUES DEMONSTRATION

Male Issue Age 35

Year	Reserve	Cash Value	Year	Reserve	Cash Value
1	0	0	11	122.21	89.03
2	10.54	0	12	136.52	101.38
3	21.43	4.67	13	151.25	114.18
4	32.70	13.86	14	166.45	127.47
5	44.35	23.42	15	182.10	141.27
6	56.38	33.38	16	196.20	155.56
7	68.79	43.72	17	214.73	170.32
8	81.59	54.45	18	231.65	185.53
9	94.75	65.59	19	248.99	201.20
10	108.29	77.11	20	266.69	217.31

Metropolitan Life Insurance Company

ACTUARIAL MEMORANDUM ULABRMET-08 ACCELERATED DEATH BENEFIT RIDER

- I. **Benefit**
This rider provides for the payment of an accelerated death benefit if the Insured is Terminally Ill. Terminally Ill means the Insured has a sickness or injury expected to result in death within twelve months. Certain requirements and conditions apply which are described fully in the form. The amount of this benefit is 92% of the insurance proceeds otherwise payable had the Insured then died, less \$150.00, and less any due and unpaid monthly deduction.
- II. **Risks**
The risk is negligible and is equal to the difference between expected and actual mortality of the Insured surviving the first twelve months after the diagnosis of the Insured's sickness or injury..
- III. **Costs**
There is no additional premium charge or cost for this Rider.
- IV. **Calculation for Statutory Reserves**
No additional reserves on Policies upon which no claim has yet arisen are necessary for this Rider as the benefit provided is actuarially equivalent to the death benefit that would be paid at the date of death. Also, no additional reserves for Policies upon which an accelerated claim has arisen are necessary for this Rider as the benefit is less than 92% of the face amount to be paid in a lump sum.

Marian J. Zeldin, FSA, MAAA
Vice President and Actuary

Date

**ACTUARIAL MEMORANDUM
ULCLMET-ADB-08
ACCIDENTAL DEATH BENEFIT RIDER**

I. Basis of Calculation of Reserves

- A. 2001 CSO Mortality Table
- B. Interest: 4%
- C. Immediate Payment of Claims
- D. CRVM
- E. Age Last Birthday

II. Cash Value

This rider has no cash values.

III. Calculation of Reserves

Due to the limitation of the administration system, the reserve held will be \$0.045 per \$1,000 of accidental death benefit.


Joseph Barclay Cole, FSA, MAAA
Actuary

Texas Life Insurance Company[®]

A MetLife Company

ACTUARIAL MEMORANDUM ULCLMET-CIR-08 CHILDREN'S TERM LIFE INSURANCE RIDER

I. Basis of Calculation of Reserves

- A. 2001 CSO Mortality Table
- B. Interest: 4%
- C. Immediate Payment of Claims
- D. CRVM
- E. Age Last Birthday

II. Cash Value

This rider has no cash values.

III. Calculation of Reserves

Due to the limitation of the administration system, the reserve held will be \$0.25 per \$1,000 of death benefit.


Joseph Barclay Clay, FSA, MAAA
Actuary

Texas Life Insurance Company[®]

A MetLife Company

ACTUARIAL MEMORANDUM ULCLMET-WP-08 WAIVER OF PREMIUM DISABILITY BENEFIT RIDER

I. Basis of Calculation of Reserves

- A. 2001 CSO Mortality Table
- B. Interest: 4%
- C. Immediate Payment of Claims
- D. CRVM
- E. Age Last Birthday

II. Cash Value

This rider has no cash values.

III. Calculation of Reserves

Due to the limitation of the administration system, the reserve held will be 5% of the monthly premium collected for the waiver of premium benefit.



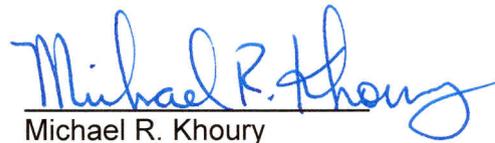
Joseph Barclay Clay, FSA, MAAA
Actuary

Texas Life Insurance Company®
A MetLife Company

Notification of policy form to be marketed without illustrations

Form: PWLSEVMET-NI-08

Texas Life Insurance Company herein is providing notification that it intends to market the above referenced form without the use of an illustration.



Michael R. Khoury
Director
Product Development, Claims, &
Records

Date: 4 April 2008

Accelerated Death Benefit

Disclosure Statement

Termination of Policy

The Accelerated Death Benefit will be paid only once under the rider. When the benefit is paid under the Accelerated Death Benefit Rider the policy will terminate along with any other benefits or riders attached to the policy. Any existing policy loan will be repaid and no value will remain in the policy.

Tax Information

Benefit received from the Accelerated Death Benefit Rider is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. As long as the Accelerated Death Benefit qualifies for favorable tax treatment, the benefit will be excluded from your income and not subject to federal income taxation.

Because of the complexity of tax laws relating to acceleration of life insurance benefits, you should consult a qualified tax or legal advisor to determine the effect receipt of the accelerated benefit may have on you. Texas Life nor its agents are authorized to give you tax or legal advice.

Effect on Public Assistance Programs

Receipt of the Accelerated Death Benefit may affect your, your spouse's, or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and with social services agencies concerning how receipt of this benefit will affect you, your spouse, and your family's eligibility for public assistance.

Physician Certification of Terminal Illness

Certification of terminal illness must be made by a physician who is defined as a legally qualified and duly licensed practitioner of the healing arts acting within the scope of the practitioner's license. The certification cannot be made by the Insured, the Policyowner, a member of the Insured's immediate family, a member of the Policyowner's family, or any other person with an immediate financial interest in the payment of the Accelerated Death Benefit even if otherwise qualified as a physician.

Requirement for Consent of Payment

An irrevocable beneficiary or assignee of the policy must consent in writing to payment of the Accelerated Death Benefit before any payment will be made under the benefit.

Definition of Terminal Illness

A terminal illness to qualify for payment under this benefit must be one where the life expectancy is 12 months or less from the date the benefit is requested.(TX)

Items Not Covered in this Disclosure

All provisions of the rider have not been covered in this disclosure. You should read the rider in full to understand the terms and conditions that apply when payment is made under the Accelerated Death Benefit Rider.

Texas Life Insurance Company®

A MetLife Company

25 April 2008

Life Analyst
Arkansas Department of Insurance
Life Forms Approval Section
1200 West 3rd
Little Rock, AR 72201-1904

Re: FEIN 74-094089; NAIC No. 69396; Phone: 800-283-9233; Fax 254-745-6389;

Submission For Approval of New Limited Payment Whole Life Insurance Policy Form PWLSEVMET-NI-08 for Voluntary Payroll Deduction Sales
Accelerated Death Benefit Due To Terminal Illness Rider, ULABRMET-08
Accidental Death Benefit Rider, Form No. ULCLMET-ADB-08
Waiver of Premium Disability Benefit Rider, Form No. ULCLMET-WP-08
Children's Term Life Insurance Rider, Form No. ULCLMET-CIR-08
Express Application, Form No. 08M021
Supplement to the Application, Form No. 08M022
Simplified Application, Form No. 08M023
Electronic Application, Form No. 08M021-E

The previously approved identical Texas Life Insurance Company forms are:

PWLSEV-NI-05, Whole Life Insurance Policy Form, approved on August 8, 2005

ULABR-07, Accelerated Death Benefit Due to Terminal Illness Rider previously approved on September 10, 2007

ULCL-ADB-07, Accidental Death Benefit Rider approved on September 10, 2007

ULCL-WP-07, Waiver of Premium Disability Benefit Rider approved on September 10, 2007

ULCL-CIR-07, Children's Term Life Insurance Rider approved on September 10, 2007

04M109, Express Application approved on August 3, 2005

04M004, Supplement to the Application approved on August 3, 2005

04M121, Simplified Application approved on August 3, 2005

04M109-E, Electronic Application approved on August 3, 2005

Dear Life Form Analyst:

We are submitting the above forms to your state for approval. These forms are identical to the previously approved forms listed above, except for the form numbers, the company that will be selling them, and the paper they are printed on. We are submitting these for our parent company, Metropolitan Life Insurance Company. For

Life Forms Analyst
Arkansas Department of Insurance
25 April 2008

your review, we have attached a copy of a letter from an Officer of MetLife which grants to us the authority to prepare this filing on their behalf. No changes have been made to these forms, they are exactly the same, except where the company is mentioned, it will now say MetLife. We are not replacing the already approved form.

Policy Form Description for Form PWLSEVMET-NI-08

The policy is a limited payment whole life insurance policy with premiums payable for twenty years or to attained age 70, if later. The death benefit is a level amount only. Cash values are based on the Cash values are based on the 2001 Commissioners Standard Ordinary Mortality Table-C, Unisex, Age Last Birthday at 5.00% interest. Reserves are also based on the 2001 Commissioners Standard Ordinary Mortality Table-C, Unisex, Age Last Birthday at 4.00% interest.

Gender-Neutral Costs and Benefits

This policy form provides for gender-neutral costs and benefits. The form will be marketed exclusively to employee groups. We believe the holding and rationale of *Arizona Governing Committee on Tax Deferred Annuity and Deferred Compensation Plans v. Norris*, 103 S.Ct 3492 (1983) might reasonably be construed to apply to this policy.

Accelerated Death Benefit Rider Due to Terminal Illness

The filing also includes the Accelerated Death Benefit Rider Due to Terminal Illness Form No. ULABRMET-08. The Texas Life Version ULABR-07 was previously approved on September 10, 2007.

Risk Classifications

This form has three risk classifications, namely: Standard Express; Standard and Special. The additional cost for the Special risk class is reflected in the premium charge.

Applications

Standard-Express

Application Form No. 08M021-AR/KY is available when the number of eligible employees at the employer where the policy is offered is 50 and above. The application asks three work and health related questions that must be truthfully answered Yes, No, No in order to qualify.

Standard Simplified Application

Application Form No. 08M023-AR/KY is available when the number of eligible employees at the employer where the policy is offered is 5-49. This application asks

Life Forms Analyst
Arkansas Department of Insurance
25 April 2008

additional health and lifestyle questions not included in Application Form No. 08M021-AR/KY.

Supplemental Standard Application

The specimen policy form includes Application Form No. 08M022-AR/KY.

Form 08M021AR/KY-E

Application Form 08M021AR/KY-E is the electronic version of the application that is capable of incorporating all elements of Forms 08M021-AR/KY, 08M022-AR/KY and 08M023-AR/KY. We have provided you a print sample of Form 08M021AR/KY-E an example of the paper application produced by the electronic system.

Features

The electronic application is dynamic - it can change to produce only those elements of the application necessary for the particular applicants applying. For example, if the applicant applies for insurance on himself and his children, the application lists all applicants and the amount of coverage. If the applicant applies only for himself, the application lists only the applicant applying and the coverage for him. Similarly, if any applicant answers a question "yes" and details are provided to explain the answer, the application lists the details, identified by the applicant's name, immediately following the question. The application output only contains the "Express" or "Simplified" set of application questions required for the applicant. If all applicants qualify under the "Express" application, the printed application would contain only the questions for Express, just like the Form 08M021-AR/KY application. If the applicants required the "Simplified" questions the application would contain the same information as the Form 08M023-AR/KY or the combination of the Form 08M021-AR?KY and 08M022-AR?KY. Because of this dynamic capability, Form 08M021AR/KY-E may change in length and specific questions depending on which set of application questions is appropriate. However, the language of the questions used will always be the language that has been filed with Department and the layout and general appearance (font size, type style, spacing, etc.) of the application will be the same as the sample you are reviewing.

Signatures

Since Form 08M021AR/KY-E is designed to be used as part of an electronic application system, it can accept either physical or electronic signature. The agent may print the application and have the applicant sign it. In most cases we anticipate that the application will be signed electronically. Currently, we support electronic signatures by use of a signature pad and also through use of a secure password. However, we anticipate that additional forms of electronic signature will come into common use and we intend to offer the application for use with any legally recognizable electronic signature for which we can provide suitable data security.

Regardless of the form of the electronic signature, the following items will be true.

Life Forms Analyst
Arkansas Department of Insurance
25 April 2008

- At the end of the data collection process the applicant is presented a screen for review which is substantially identical to a printed copy of Form 08M021AR/KY-E, except for buttons allowing the applicant to make any corrections or edits to the application information.
- The applicant will be presented a screen that includes a statement describing what actions will constitute an electronic signature. The applicant will also receive a description of the effect of the signature, the company's use of it and the means by which the applicant can revoke the signature.
- The application record and the signature will be bound in a single record. Any change to the application information after the signature will void the signature.
- The information collected electronically will be handled in a manner to keep it secure from unauthorized viewing and use.

Issue Ages

The policy is available for insureds ages 6 months through 70. Issue age is based on Age Last Birthday.

Face Amount

The specimen policy is for \$100,000. The death benefit is the Face Amount. The death benefit is reduced by any Contract loan

Premium

Premium and Non-Payment of Premiums and Grace Period are described on Page 7 of the policy.

Contract Loans

The Cash Value is available for Contract Loans at 7.4% in advance.

Computation of Values

The Guaranteed Cash Values, the amounts of reduced paid-up insurance and the periods of extended term insurance available are described on page 4. Reserves held for this contract will never be less than the Surrender Value. An Actuarial Memorandum is enclosed for your review.

Advertising Materials and Marketing Plan

This policy form will be solicited by appointed agents to individual consumers. We *presently intend to use a brochure in lieu of computer-generated illustrations.*

Page 5

Life Forms Analyst
Arkansas Department of Insurance
25 April 2008

If you have any questions, please call me at 1-800-283-9233, ext. 6371 or e-mail me at jspoede@texaslife.com.

Very truly yours,



Jan N. Spoede
Senior Associate
Product Development, Claims and Records

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

METROPOLITAN LIFE INSURANCE COMPANY

200 Park Avenue
New York, New York 10166

LIMITED PAYMENT WHOLE LIFE INSURANCE TO 121

(Policy Form: PWLSEVMET-NI-08)

Agent
[John Q. Agent]
[123 MAIN ST]
[Temple, TX 76700]

Insured [John Q. Doe]
Issue Age [35]
Contract Number [CL0000001]
Face Amount [100,000.00]
Maximum Contract Loan Interest Rate 7.4% In Advance

Column 1	Column 2	Column 3	Column 4
End Year	Annual Premium	End of Year Guaranteed Cash Value	Beginning of Year Guaranteed Death Benefit
1	1,134.00	0.00	100,000.00
2	1,134.00	0.00	100,000.00
3	1,134.00	468.00	100,000.00
4	1,134.00	1,387.00	100,000.00
5	1,134.00	2,343.00	100,000.00
6	1,134.00	3,339.00	100,000.00
7	1,134.00	4,373.00	100,000.00
8	1,134.00	5,446.00	100,000.00
9	1,134.00	6,560.00	100,000.00
10	1,134.00	7,712.00	100,000.00
11	1,134.00	8,904.00	100,000.00
12	1,134.00	10,139.00	100,000.00
13	1,134.00	11,419.00	100,000.00
14	1,134.00	12,748.00	100,000.00
15	1,134.00	14,128.00	100,000.00
16	1,134.00	15,557.00	100,000.00
17	1,134.00	17,033.00	100,000.00
18	1,134.00	18,554.00	100,000.00
19	1,134.00	20,121.00	100,000.00
20	1,134.00	21,732.00	100,000.00
21	1,134.00	23,384.00	100,000.00
22	1,134.00	25,079.00	100,000.00
23	1,134.00	26,824.00	100,000.00
24	1,134.00	28,623.00	100,000.00
25	1,134.00	30,478.00	100,000.00
At Age			
60	1,134.00	30,478.00	100,000.00
65	1,134.00	40,507.00	100,000.00
70	1,134.00	52,089.00	100,000.00

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

METROPOLITAN LIFE INSURANCE COMPANY

200 Park Avenue
New York, NY 10166

LIMITED PAYMENT WHOLE LIFE INSURANCE TO 121

(Policy Form: PWLSEVMET-NI-08)

Agent
[John Q. Agent]
[123 MAIN ST]
[Temple, TX 76700]

Insured	[John Q. Doe]
Issue Age	[35]
Contract Number	[CL0000001]
Face Amount	[100,000.00]
Maximum Contract Loan Interest Rate	7.4% In Advance

COST INDEXES

	Guaranteed	
	10 Years	20 Years
Surrender	5.50	5.08
Net Payment	11.34	11.34

Refer to the life insurance buyer's guide for an explanation of the intended use of these indexes. The interest adjusted Cost Indexes shown are one measure of the cost of protection and other services rendered by the Company. While a lower index number generally represents a better value than a higher one, it does not necessarily define true cost. Use it to compare. Your actual indexes may increase or decrease depending upon the time when surrender or death occurs.

This summary assumes the payment of the Annual Premium on the Issue Date and on each Contract Anniversary Date thereafter, assuming no Contract Loan.

SERFF Tracking Number: METF-125551808 *State:* Arkansas
Filing Company: Texas Life Insurance Company *State Tracking Number:* 38800
Company Tracking Number: PWLSEVMET-NI-08
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /PWLSEVMET-NI-08

Attachment "Karen's Filing Authorization Letter-1.doc" is not a PDF document and cannot be reproduced here.

<i>SERFF Tracking Number:</i>	<i>METF-125551808</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38800</i>
<i>Company Tracking Number:</i>	<i>PWLSEVMET-NI-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>/PWLSEVMET-NI-08</i>		

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Whole Life Insurance Policy	04/21/2008	AR pwlsevMet_ni_08 _.pdf

MetLife Metropolitan Life Insurance Company

WE PROMISE TO PAY THE Insurance Proceeds to the Beneficiary, subject to the provisions of this Contract, when We receive due proof of the Insured's death. Payment will be made only if this Contract is in force on the date of such Insured's death.

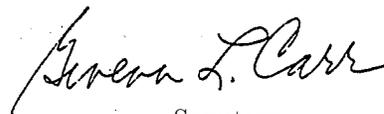
THE CONSIDERATION FOR THIS CONTRACT is the application hereof and the payment in advance of the premiums in accordance with the terms and conditions of this Contract. The first premium is payable on or before delivery of this contract.

Insured: [John Q. Doe] **Face Amount:** \$ [100,000.00] **Issue Date:** [July 1, 2008]

SIGNED BY METROPOLITAN LIFE INSURANCE COMPANY at New York, NY, its Home Office, 200 Park Avenue on the Issue Date of this Contract.



President



Secretary

READ THIS CONTRACT CAREFULLY. This Contract is a legal contract between the Contract owner and Metropolitan Life Insurance Company.

30 DAY RIGHT TO EXAMINE

It is important to Us that You are satisfied with this Contract. If You are not satisfied You may, within 30 days after this Contract is delivered to You, return it to Us or to Our agent. If You return the Contract within this time period We will refund all of the premium You have paid. The Contract will then be deemed void from the beginning.

LIMITED PAYMENT WHOLE LIFE INSURANCE

Life insurance payable if the Insured dies prior to attained age 121. Premiums payable for twenty years or to attained age 70, if later. Cash value less Contract Loan payable upon surrender. Non-participating. No dividends.

CONTRACT CONTENTS

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SCHEDULE FOR CONTRACT NUMBER [CL0000001]

Form No.	Type of Coverage	Face Amount	Rate Class Numeral	Years Payable
PWLSEVMET-NI-08	Limited Payment Whole Life Insurance	\$[100,000.00]	[Standard] (1.0000)	[35]
ULABRMET-08	Accelerated Death Benefit Rider			
WLPPMET-ADB-08	Accidental Death Benefit Rider	\$100,000.00	Standard	30
WLPPMET-WP-08	Waiver Premium Benefit Rider	N/A	Standard	25
WLPPMET-CIR-08	Children's Term Life Insurance Rider	\$10,000.00	Standard	30

Beneficiary - As stated in the application for this Contract unless changed in accordance with Contract provisions.

Owner [John Q. Doe] Insured [John Q. Doe]
 Issue Age [35] Issue Date [July 1, 2008]
 Premium Payment \$[1,134.00] Premium Payment Mode [Annual]

Contract Loan Interest Rate: 7.4% in advance

Premiums

	Annual	Semi-Annual	Monthly Electronic Transfer	Monthly Direct Bill
Base Plan	\$[1,134.00]	\$[567.00]	\$[94.50]	\$[96.50]
Accidental Death Benefit Rider	96.00	48.00	8.00	8.00
Waiver of Premium Benefit Rider ...	113.40	56.70	9.45	9.45
Children's Term Life Insurance Rider	54.00	27.00	4.50	4.50
Total Premium	\$[1,134.00]	\$[567.00]	\$[94.50]	\$[96.50]

Table of Values

The values below are applicable to a Contract without a Contract Loan.

End of Contract Year	Guaranteed Cash Value	Reduced Paid-up Insurance	Extended Term Insurance (years & days)
1	0.00	0	0 & 0
2	0.00	0	0 & 0
3	468.00	3,000	3 & 185
4	1,387.00	8,300	8 & 266
5	2,343.00	13,400	12 & 251
6	3,339.00	18,300	15 & 204
7	4,373.00	23,000	17 & 269
8	5,446.00	27,500	19 & 172
9	6,560.00	31,800	20 & 304
10	7,712.00	35,800	21 & 343
11	8,904.00	39,700	22 & 319
12	10,139.00	43,500	23 & 241
13	11,419.00	47,000	24 & 111
14	12,748.00	50,500	24 & 298
15	14,128.00	53,800	25 & 82
16	15,557.00	56,900	25 & 199
17	17,033.00	60,000	25 & 289
18	18,554.00	62,900	25 & 353
19	20,121.00	65,600	26 & 29
20	21,732.00	68,300	26 & 51
21	23,384.00	70,900	26 & 56
22	25,079.00	73,300	26 & 50
23	26,824.00	75,700	26 & 34
24	28,623.00	78,000	26 & 13
25	30,478.00	80,200	25 & 354
At Age 60	30,478.00	80,200	25 & 354
At Age 65	40,507.00	90,400	25 & 316

On request, We will provide values for Contract Years not shown.

Guaranteed interest rate - 5% a year.

Mortality Table - Commissioners 2001 Standard Ordinary Mortality Table C.

Definitions

To make this Contract easier to read, We have left out many cross-references and conditional statements. Therefore, the provisions of the Contract must be read as a whole.

In this Contract, the following words mean:

Attained Age - The Issue Age shown on page 3 increased by 1 on each succeeding Contract Anniversary Date. For example, if the Issue Age is 35, then the Attained Age on the 5th Contract Anniversary Date is 40 (35 plus 5).

Beneficiary - The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Contract is in force.

Contract Anniversary Date - The same day and month as the Issue Date shown on page 3 for each succeeding year.

Contract Year - The interval of time from the Issue Date to the first Contract Anniversary Date, and between consecutive Contract Anniversary Dates.

Contract Loan - The sum of any unpaid Contract Loans and any accrued and unpaid Contract Loan interest.

Insurance Proceeds - The total amount of money We will pay the Beneficiary at the death of the Insured if this Contract is then in force.

Insured - The person whose life is insured under the terms of this Contract. See page 3.

You, Your - The owner of this Contract. The owner may be someone other than the Insured.

We, Our, Us - Metropolitan Life Insurance Company at its Home Office.

Written Request - A writing to exercise any rights under this Contract, appropriately signed and received by Us at Our Home Office on forms that We supply. We may also require that the Contract be sent to Us with any Written Request.

Payment When Insured Dies

Subject to the provisions of this Contract, when the Insured dies We will pay the Insurance Proceeds to the Beneficiary, and this Contract will then terminate. We will pay the Insurance Proceeds to the Beneficiary only after We receive:

- (a) this Contract;
- (b) due proof that the Insured died while this Contract was in force;
- (c) a properly completed claim form on a form which We will provide; and,
- (d) an authorization on a form We supply, from the next of kin of the Insured, which allows Us to obtain and disclose information concerning the Insured.

When the Insured dies if any Insurance Proceeds due and payable is not then paid within a reasonable time after We receive all required items (a) through (d) not to exceed 30 days We will pay interest on the amount due at 8% per year from the date that the Insured died.

The Insurance Proceeds are the sum of (a) plus (b) minus (c) minus (d), where:

- a. is the Face Amount;
- b. is any part of a premium paid for coverage beyond the Contract month in which the Insured dies;
- c. is any premium due (not more than one month's part of the premium); and,
- d. is any Contract Loan.

Payments During Insured's Lifetime

Cash Value

Your Contract has a cash value while the Insured is alive. The cash value is the total of: The guaranteed cash value; minus any Contract Loan. If all due premiums have been paid, the guaranteed cash value is as shown in the Table of Values on page 4. There are several ways you can use all or part of the cash value:

- take a Contract Loan from us;
- surrender the Contract to Us for its full cash value; or,
- if You stop paying premiums, the cash value may be used to continue insurance for a limited time or for the Insured's lifetime at a reduced amount.

Contract Loan

You can get cash from Us by taking a Contract Loan. If there is an existing loan you can increase it. The most you can borrow is the cash value at the end of the current Contract Year less any unpaid premiums for that year and loan interest to the end of that year. A loan may not be taken if extended term insurance is in effect.

Loan interest is charged daily. The rate of interest on Contract Loans is shown in the Schedule on page 3.

Contract Loan Repayment

You may repay all or part (but not less than \$50) of a Contract Loan at any time while the Insured is alive.

Contract Termination

Your Contract will end whenever the amount of your Contract Loan plus loan interest is more than the guaranteed cash value.

We will mail a notice to you at least 31 days before termination. We will also mail a notice to any assignee on Our records. You can prevent termination by making sufficient repayment of the loan.

Deferment

We may delay paying the cash value for up to 6 months from the date We receive a request for payment. If We delay for 30 days or more, interest will be paid from the date We receive the request at the rate We set from time to time. We also may delay making a Contract Loan, except for a loan to pay a premium, for up to 6 months from the date you request the loan.

Premiums

Premium Payment

The benefits of Your Contract depend on the payment of premiums when due. Premiums are payable, while the Insured is alive, on or before their due dates as shown in the premium schedule on page 3. Premiums may be paid at Our Home Office or any other office We designate. Premiums after the first may be payable to one of Our agents. You may request a receipt signed by one of Our officers.

You may change the frequency of payment with Our approval.

Grace Period

After the first premium is paid, there will be a grace period of 31 days after each premium due date to pay the premium. If the Insured dies during a grace period, the Insurance Proceeds will still be payable.

Automatic Contract Loan

Each premium that remains unpaid at the end of the grace period may be paid by an automatic Contract Loan if:

1. You ask Us to do so in the application for Your Contract or in writing while no premium is due and unpaid; and,
2. Your Contract has enough cash value to pay the premium. You may cancel this provision at any time and resume premium payments as scheduled.

Non-Payment of Premiums

If any premium due is not paid by the end of its grace period, your Contract will end on the due date of that premium. However, after premiums have been paid until there is a guaranteed cash value as first shown in the Table of Value on page 4, you may choose either reduced paid-up insurance or cash instead of extended term insurance.

1. **Extended Term Insurance** - The amount of the extended term insurance will be the total of the Face Amount minus any Contract Loan. The Contract Loan provisions will no longer apply. Benefits provided by any riders will end. At the end of the term, this Contract will be void.
2. **Reduced Paid-Up Insurance** - In lieu of Extended Term Insurance, you may choose to continue insurance for the lifetime of the Insured but for a reduced amount. This choice may be made at any time within 3 months after the due date of the first unpaid premium. The Contract Loan provisions will continue to apply. Benefits provided by any riders will end.
3. **Cash** - Instead of continuing insurance coverage, you may surrender Your Contract for its cash value.

Computation of Values

The Table of Values on page 4 shows the guaranteed cash values, the amounts of reduced paid-up insurance and the periods of extended term insurance that We would provide. This table does not take into account any Contract Loan. Values not shown in the table are computed by the same method as that used for the values shown. The method of computation will be furnished on request.

A period of extended term insurance is measured from the due date of the first unpaid premium. We compute the length of extended term insurance or the amount of reduced paid-up insurance by applying the cash value as a net single premium as of the due date of the first unpaid premium. The Insured's age for this

purpose is the age on the date of the Contract plus the number of Contract Years and full months from that date to the due date of the first unpaid premium. Any loans or cash paid to you during the grace period will not be included in the cash value applied.

At any time, the guaranteed cash value of any paid-up insurance or any extended term insurance is equal to the net single premium for such insurance at the Insured's then attained age. The guaranteed cash value will not decrease during the first 3 months after the due date of the first unpaid premium. Also, the guaranteed cash value will not decrease for the first 31 days after the end of a Contract Year.

Guaranteed cash values, insurance benefits and net single premiums are computed on the basis of immediate payment of death claims and refund of premiums beyond the end of the month in which the Insured dies. The guaranteed interest rate and mortality tables used are shown on page 4.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this Contract is delivered. The values under this Contract are equal to or greater than those required by the law of that state.

Reinstatement

If You have stopped paying premiums and You have not surrendered Your Contract for its cash value, You may reinstate the Contract while the Insured is alive if You:

1. Request reinstatement within 3 years of the due date of the first unpaid premium;
2. Provide evidence of insurability satisfactory to us;
3. Pay all overdue premiums to the date of reinstatement with compound interest at the rate of 6% a year; and
4. Repay any Contract Loan in effect on the due date of the first unpaid premium, plus any Contract Loan taken after that. Compound interest to the date of reinstatement will be charged on any unpaid loan at the applicable Contract Loan interest rate, as would have been charged if all due premiums had been paid.

Any cash value that Your Contract would have after reinstatement may be taken as a Contract Loan and used toward the payment required to make reinstatement.

After 3 years from the due date of the first unpaid premium, the Contract may be reinstated subject to the conditions We set.

Ownership and Beneficiary

Ownership

As owner, You may by Written Request exercise all rights under Your Contract while the Insured is alive. You may name a contingent owner should You die before the death of the Insured.

Change of Ownership

By Written Request You may name a new owner at any time. If You designate a new owner, it will not change the Beneficiary or contingent Beneficiary, unless You specify otherwise. The new owner can exercise all the rights of ownership, unless You specify otherwise. No change is binding on Us until We record it. Once recorded, the change binds Us as of the date You signed it. The change will not apply to any payment made by Us before We record Your Written Request.

Collateral Assignment

Your Contract may be collaterally assigned. We are not bound by the assignment unless You make a Written Request. No assignment is binding on Us until We record it. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest.

Beneficiary

Unless You choose otherwise, any payment to beneficiaries will be paid based on the following order of priority. Payment will be made to:

- (a) The Beneficiary. If more than one Beneficiary is then living, We will pay them in equal shares unless You specify otherwise.
- (b) The contingent Beneficiary, if no Beneficiary is living when a payment is due. If more than one contingent Beneficiary is then living, We will pay them in equal shares unless You specify otherwise.
- (c) The estate of the last Beneficiary or contingent Beneficiary to die, if no Beneficiary or contingent Beneficiary is living when payment is due. This payment will be in one sum.

You may change the Beneficiary by Written Request. Unless You specify otherwise, You will not need the permission of the Beneficiary to make another change in the future.

General Provisions

The Contract

This Contract and a copy of the application attached to it make up the entire Contract between You and Us. In the absence of fraud, all statements made in the application will be considered representations and not warranties. Also, We will not use any statement to void this Contract or defend against any claim made under it unless such statement is contained in the application. Only Our President or Our Secretary together with one of Our Vice Presidents have the authority to make any changes in this Contract. Any change must be in writing. We are not bound by any promise or representation made by any agent or person other than as specifically contained in this Contract. Any additional benefit rider attached to this Contract will become a part of this Contract and will be subject to all the terms and conditions of this Contract, unless We state otherwise in the rider.

Your Rights

You can exercise Your rights under this Contract while the Insured is alive by making a Written Request. We will also require a Written Request from the assignee if Your Contract is assigned as collateral. We will also require a Written Request from the Beneficiary if You have not reserved the right to change the Beneficiary.

Incontestability

Except for nonpayment of premiums, this Contract will be incontestable after it has been in force during the lifetime of the Insured for two years from the Issue Date. This provision does not apply to any rider providing benefits specifically for disability or death by accident.

If this Contract is reinstated, We will not contest the reinstatement after it is again in force during the lifetime of the Insured for two years from the effective date of the reinstatement. For this purpose, if We contest the reinstatement the contest will be based upon material statement(s) only made in the application for reinstatement.

Suicide

If the Insured commits suicide, while sane or insane, within two years from the Issue Date, this Contract will immediately terminate, and We will not pay the Insurance Proceeds. The amount We will pay shall be limited to the premiums We actually received for this Contract reduced by the amount of any Contract Loan and accrued loan interest then outstanding. If the Contract is reinstated We will measure this period from the first day this Contract is again in force.

Misstatement Of Age

If the Insured's Issue Age on the Issue Date is not correct as shown on page 3, We will adjust the benefits under this Contract. The adjusted benefits will be those which the premium paid would have bought at the correct Issue Age.

Nonparticipating

This Contract does not participate in any distribution of surplus. No dividends are payable.

Governing Law

This Contract is subject to the laws of the state of Arkansas. If any provision of the Contract does not conform to these laws, the Contract will be applied to conform to the law.

Optional Income Plans

The Insurance Proceeds, instead of being paid in one sum, may be applied under one or more of the following Income Plans. Also, at any time while the Contract is in force and the Insured is alive, You may by Written Request ask that:

- (a) all or a part of the Cash Value less any Contract Loan be applied under a non-life income plan (a plan which provides a schedule of payments which is not dependent on the lifetime of the payee);
or
- (b) all or a part of the Cash Value less any Contract Loan be applied under a life income plan (a plan which provides a schedule of payments which depends on the lifetime of one or more payees and which may guarantee that payments will be made for at least a specified number of years).

If only a part of the Cash Value is to be applied the balance of the value will be paid to You in a single sum. If only a part of the Insurance Proceeds is to be applied after the Insured dies, the balance of the Insurance Proceeds will be paid to the Beneficiary.

Non-Life Income Plans

Available with respect to the Insurance Proceeds or Cash Value less any Contract Loan.

Option 1. Interest Income - The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by Written Request.

Option 2. Installment Income for a Stated Period - Monthly installment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years). See Table 1.

Option 2A. Installment Income of a Stated Amount - Monthly installment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.

Life Income Plans

Available with respect to the Insurance Proceeds or Cash Value less any Contract Loan.

Option 3. Single Life Income - With Guaranteed Payment Period - Monthly payments will be made during the lifetime of the payee with chosen guaranteed payment period of 10, 15 or 20 years. See Table 2.

Option 3A. Single Life Income - Installment Refund - Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit. See Table 2.

Option 4. Joint and Survivor Life Income - Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. See Table 3.

Other Frequencies and Plans

Instead of monthly payments, You may choose to have payments made quarterly, semiannually or annually. Other Income Plans may be arranged which are mutually agreeable to You and Us.

Choice of Income Plans

A choice of Income Plan for any Insurance Proceeds made by You while the Insured is alive will take effect when the Insured dies. All other choices of Income Plans will take effect when recorded by Us, or later, if requested. When an Income Plan starts, We will issue an agreement which will describe the terms of the plan. We may require that You send Us this Contract. We may also require proof of the payee's age.

Income Plans may be chosen:

- (a) By You during the lifetime of the Insured.
- (b) By the Beneficiary within one year after the date the Insured dies and before any payment has been made to the Beneficiary, if no election was in effect on the date of death.

A choice of an Income Plan will not become effective unless each payment under the plan would be at least \$50.

Limitations

If the payee is not a natural person, the choice of an income plan will be subject to Our approval.

Income plan payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.

Income Plan Rates

Amounts applied under the non-life income plans will earn interest at a rate We set from time to time. That rate will never be less than 3% a year.

Life income plan payments will be based on a rate set by Us and in effect on the date the Insurance Proceeds become payable or on the date the Cash Value less Indebtedness is applied. The minimum rates are shown in Tables 2 and 3 following, and are based upon the 1983 Table "a" for individual annuities and a guaranteed interest rate of 3.5% per annum.

Minimum Payments under Optional Income Plans

Monthly payments under Options 2, 3, and 4 for each \$1,000 applied will not be less than the amount shown in the following Tables. Monthly life income payments will not be less than those that would be provided to a person in the same class as the Insured by a single payment immediate annuity bought with an equal amount at the time monthly payments start.

Interest From Date of Death

When the Insured dies if any Insurance Proceeds due and payable is not then paid within a reasonable time after We receive all required items described on page 7 not to exceed 30 days We will pay interest on the amount due at 8% per year from the date that the Insured died.

TABLE 1

**Installment Income for a Stated Period
Monthly Payments for each \$1,000 Applied**

Years Payable	Monthly Payment	Years Payable	Monthly Payment	Years Payable	Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

Annual, semi-annual or quarterly payments will be determined by multiplying the monthly payment by 11.838, 5.963 or 2.991, respectively.

TABLE 2

Single Life Income
 Guaranteed Payment Period or Installment Refund
 Minimum Amount of each Monthly Payment for each \$1,000 Applied

Age	Life Only	Guaranteed Period			Installment Refund
		10 Years	15 Years	20 Years	
35	3.57	3.56	3.56	3.55	3.54
36	3.60	3.59	3.59	3.58	3.57
37	3.63	3.62	3.62	3.61	3.60
38	3.66	3.65	3.65	3.64	3.63
39	3.69	3.69	3.68	3.67	3.66
40	3.73	3.72	3.71	3.70	3.69
41	3.76	3.76	3.75	3.73	3.72
42	3.80	3.80	3.78	3.77	3.76
43	3.84	3.84	3.82	3.81	3.80
44	3.89	3.88	3.86	3.84	3.83
45	3.93	3.92	3.91	3.88	3.87
46	3.98	3.97	3.95	3.92	3.92
47	4.03	4.02	4.00	3.97	3.96
48	4.08	4.07	4.05	4.01	4.01
49	4.14	4.12	4.10	4.06	4.06
50	4.20	4.18	4.15	4.11	4.11
51	4.26	4.24	4.21	4.16	4.16
52	4.32	4.30	4.26	4.21	4.22
53	4.39	4.36	4.33	4.27	4.27
54	4.46	4.43	4.39	4.32	4.34
55	4.54	4.51	4.46	4.38	4.40
56	4.62	4.58	4.53	4.44	4.47
57	4.71	4.66	4.60	4.51	4.54
58	4.80	4.75	4.68	4.57	4.62
59	4.90	4.84	4.76	4.64	4.70
60	5.00	4.93	4.84	4.70	4.78
61	5.11	5.03	4.93	4.77	4.87
62	5.23	5.14	5.02	4.84	4.96
63	5.36	5.25	5.12	4.91	5.06
64	5.49	5.37	5.21	4.98	5.17
65	5.64	5.50	5.31	5.05	5.28
66	5.79	5.63	5.42	5.12	5.39
67	5.95	5.77	5.53	5.19	5.52
68	6.13	5.91	5.63	5.25	5.65
69	6.32	6.07	5.74	5.32	5.79
70	6.53	6.23	5.86	5.37	5.94
71	6.75	6.40	5.97	5.43	6.09
72	6.99	6.58	6.08	5.48	6.26
73	7.26	6.76	6.18	5.52	6.44
74	7.54	6.95	6.29	5.57	6.63
75	7.85	7.14	6.39	5.60	6.83
76	8.18	7.34	6.48	5.63	7.04
77	8.54	7.54	6.57	5.66	7.26
78	8.94	7.74	6.65	5.68	7.51
79	9.36	7.94	6.72	5.70	7.76
80	9.82	8.13	6.79	5.71	8.03

Values for ages not shown will be furnished upon request.

TABLE 3

Joint and Survivor Life Income
 Minimum Amount of each Monthly Payment for each \$1,000 Applied

Age	----- Age Of Second Participant -----								
	40	45	50	55	60	65	70	75	80
40	3.48	3.54	3.59	3.63	3.66	3.68	3.70	3.71	3.72
41	3.49	3.56	3.61	3.65	3.69	3.71	3.73	3.74	3.75
42	3.50	3.57	3.63	3.68	3.72	3.75	3.77	3.78	3.79
43	3.52	3.59	3.66	3.71	3.75	3.78	3.80	3.82	3.83
44	3.53	3.61	3.68	3.74	3.78	3.82	3.84	3.86	3.87
45	3.54	3.62	3.70	3.76	3.81	3.85	3.88	3.90	3.91
46	3.55	3.64	3.72	3.79	3.85	3.89	3.92	3.94	3.96
47	3.56	3.65	3.74	3.82	3.88	3.93	3.97	3.99	4.01
48	3.57	3.67	3.77	3.85	3.92	3.97	4.01	4.04	4.06
49	3.58	3.69	3.79	3.88	3.95	4.01	4.06	4.09	4.11
50	3.59	3.70	3.81	3.91	3.99	4.06	4.11	4.14	4.16
51	3.60	3.71	3.83	3.94	4.03	4.10	4.16	4.20	4.22
52	3.61	3.73	3.85	3.97	4.07	4.15	4.21	4.25	4.28
53	3.61	3.74	3.87	3.99	4.10	4.19	4.26	4.31	4.35
54	3.62	3.75	3.89	4.02	4.14	4.24	4.32	4.37	4.41
55	3.63	3.76	3.91	4.05	4.18	4.29	4.38	4.44	4.48
56	3.64	3.78	3.93	4.08	4.22	4.34	4.44	4.51	4.56
57	3.64	3.79	3.94	4.10	4.26	4.39	4.50	4.58	4.63
58	3.65	3.80	3.96	4.13	4.30	4.44	4.56	4.65	4.71
59	3.65	3.81	3.98	4.16	4.33	4.50	4.63	4.73	4.80
60	3.66	3.81	3.99	4.18	4.37	4.55	4.70	4.81	4.89
61	3.66	3.82	4.01	4.20	4.41	4.60	4.77	4.89	4.98
62	3.67	3.83	4.02	4.23	4.45	4.65	4.84	4.98	5.08
63	3.67	3.84	4.03	4.25	4.48	4.71	4.91	5.07	5.19
64	3.68	3.85	4.05	4.27	4.51	4.76	4.98	5.16	5.29
65	3.68	3.85	4.06	4.29	4.55	4.81	5.05	5.26	5.41
66	3.69	3.86	4.07	4.31	4.58	4.86	5.13	5.36	5.53
67	3.69	3.87	4.08	4.33	4.61	4.91	5.20	5.46	5.65
68	3.69	3.87	4.09	4.35	4.64	4.96	5.28	5.56	5.78
69	3.70	3.88	4.10	4.36	4.67	5.01	5.35	5.67	5.92
70	3.70	3.88	4.11	4.38	4.70	5.05	5.43	5.77	6.06
71	3.70	3.89	4.11	4.39	4.72	5.10	5.50	5.88	6.20
72	3.70	3.89	4.12	4.40	4.75	5.14	5.57	5.99	6.35
73	3.71	3.89	4.13	4.42	4.77	5.18	5.64	6.10	6.50
74	3.71	3.90	4.13	4.43	4.79	5.22	5.71	6.21	6.66
75	3.71	3.90	4.14	4.44	4.81	5.26	5.77	6.32	6.82
76	3.71	3.90	4.15	4.45	4.83	5.29	5.84	6.42	6.99
77	3.71	3.91	4.15	4.46	4.85	5.32	5.90	6.53	7.15
78	3.71	3.91	4.16	4.47	4.86	5.36	5.95	6.63	7.31
79	3.72	3.91	4.16	4.47	4.88	5.38	6.01	6.73	7.48
80	3.72	3.91	4.16	4.48	4.89	5.41	6.06	6.82	7.64

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Metropolitan Life Insurance Company

200 Park Avenue
New York, New York 10166

LIMITED PAYMENT WHOLE LIFE INSURANCE

Life insurance payable if the Insured dies prior to attained age 121. Premiums payable for twenty years or to attained age 70, if later. Cash value less policy loan payable upon surrender. Non-participating. No dividends.