

<i>SERFF Tracking Number:</i>	<i>AMFD-125698490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39490</i>
<i>Company Tracking Number:</i>	<i>1004</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
<i>Product Name:</i>	<i>FIUL</i>		
<i>Project Name/Number:</i>	<i>FIUL/1004</i>		

Filing at a Glance

Company: Sagicor Life Insurance Company

Product Name: FIUL

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.101 External Indexed - Single
Life

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: AMFD-125698490 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39490

Co Tr Num: 1004

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Timothy Morris

Disposition Date: 07/15/2008

Date Submitted: 07/01/2008

Disposition Status: Approved

Implementation Date:

General Information

Project Name: FIUL

Project Number: 1004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/15/2008

State Status Changed: 07/15/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Sagicor Life Insurance Company

NAIC Company Code: 60445

FEIN: 74-1915841

Form Nos.: 1004-Fixed Indexed Universal Life Policy

5026-Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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5027-Disclosure Supplement to Application
6035-Accidental Death Benefit Rider
6036-Children's Term Rider
6037-Accelerated Insurance Benefit Rider
6038-Waiver of Monthly Deduction Rider
6039-Accelerated Insurance Rider Disclosure Statement
6040-Primary Insured Term Rider
6041-Additional Insured Term Rider
7042-Annual Statement
7044-Illustration to Maturity
7045-Supplemental Illustration-Chronic Illness
7046-Supplemental Illustration-Loans
9017-Brochure
Statement of Variability
Hedging Policy
Actuarial Memoranda
Officer Certification & Illustration Actuary Certification
Readability Certification

The above referenced forms are being submitted for your review and approval. These are new forms and will not replace any forms currently on file with your department. Also enclosed for review and approval are Actuarial Memoranda. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. I certify that I have performed the Flesch readability test on the forms and the score meets or exceeds state regulations.

The Fixed Indexed Universal Life Insurance Policy is a flexible premium Policy that is payable upon the death of the owner. Five Income options will be available. The policy is non-participating and is individually underwritten at the Home Office.

Sagicor intends to offer multiple investment strategies. Initially, those strategies will be the Declared Rate strategy, the S&P 500® strategy, and a Multi-Index strategy. The S&P 500® is a one year, point-to-point strategy, with the maximum interest rate equal to the cap. The Multi-Index strategy is a three-year, point-to-point strategy, with a varying participation

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rate. For the Declared Rate strategy, the interest rate for the year is declared annually.

The following approved forms will be used with the above forms:

Form 5018-Fixed Index Supplemental Application; Approved 6/19/2008, SERFF # WESA-125356788

Form 5019 – Aviation Questionnaire;

Form 5020 - Avocation Questionnaire;

Form 5021 - Financial Personal Questionnaire;

Form 5022 - Financial Business Questionnaire;

Form 5023 - Alcohol & Drug Questionnaire;

Form 7004 – Foreign Travel Questionnaire; Approved 12/6/2006, Serff # AMFD-125039278

We are requesting that the aforementioned Questionnaires which were previously approved on 2/29/2008 for use with our Whole Life Product, under SERFF # AMFD-125443275, be approved for general use for underwriting of all our life products.

These forms will be illustrated using the base illustration form 7044 and/or the supplemental illustrations 7045, and/or 7046. Form 7046 illustrates loans, and form 7045 illustrates chronic illness.

The policy will be marketed through independent and career agents to individuals between the ages of 15 days to age 85. The process will conform to your State's requirements with respect to consumer disclosures, signatures (UETA) and right to examine provision. The policy will be available for both non-qualified plans and qualified plans. Application form 5026 will be printed with form 5012 attached, which was approved by your Department on 2/9/2007.

We request the approval of bracketed information on a variable basis to reflect different account information. A statement of variability is enclosed. Please be assured that these forms will be used in accordance with all applicable state laws and regulations.

Rates are attached as Exhibits A & B to the actuarial memorandum. The rates are filed for information only.

Please note that we may change the appearance and pagination but not the text of these forms to comply with future changes in print systems. No font will be less than 10 point size. The color and/or weight of the paper may change. No changes to the text other than corrections of typographical errors will be made to the forms without re-filing them with you.

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If you have any questions, please feel free to call me at 800-531-5067, extension 5655 or email me at Barbara_Lathrop@sagicor.com. Thank you for your attention to this matter.

Sincerely,

Barbara Lathrop
 Compliance Coordinator

Company and Contact

Filing Contact Information

Timothy Morris, Tim_Morris@Sagicor.com
 4343 N. Scottsdale Road (480) 425-5160 [Phone]
 Scottsdale, AZ 85251 (480) 425-5150[FAX]

Filing Company Information

Sagicor Life Insurance Company CoCode: 60445 State of Domicile: Texas
 4343 N. Scottsdale Road Group Code: 3766 Company Type:
 Suite 300
 Scottsdale, AZ 85251 Group Name: State ID Number:
 (800) 531-5067 ext. 5653[Phone] FEIN Number: 74-1915841

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Retaliatory non-exempt.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sagicor Life Insurance Company	\$100.00	07/01/2008	21190587

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/15/2008	07/15/2008

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	07/07/2008	07/07/2008	Timothy Morris	07/11/2008	07/11/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Illustration to Maturity	Form	Timothy Morris	07/07/2008	07/07/2008

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Disposition

Disposition Date: 07/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memoranda		No
Supporting Document	Hedging Policy		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification of Compliance		Yes
Form (revised)	Fixed Indexed Universal Life Policy		Yes
Form	Fixed Indexed Universal Life Policy	Withdrawn	Yes
Form	Life Insurance Application		Yes
Form	Disclosure Supplement to Application		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Children's Term Rider		Yes
Form	Accelerated Benefit Insurance Rider		Yes
Form	Waiver of Monthly Deduction Rider		Yes
Form	Accelerated Benefit Insurance Rider		Yes
Form	Disclosure Statement		
Form	Primary Insured Term Rider		Yes
Form	Additional Insured Term Rider		Yes
Form	Annual Statement		Yes
Form (revised)	Illustration to Maturity		Yes
Form	Illustration to Maturity	Withdrawn	Yes
Form	Supplemental Illustration - Chronic Illness		Yes
Form	Supplemental Illustration - Loans		Yes
Form	Brochure		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/07/2008
Submitted Date 07/07/2008

Respond By Date

Dear Timothy Morris,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Fixed Indexed Universal Life Policy (Form)

Comment: External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

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 07/11/2008
Submitted Date 07/11/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Attached is a Certification of Compliance per your request.

Also attached is policy form 1004AR. The Suicide provision has been revised.

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Thank you.

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Fixed Indexed Universal Life Policy (Form)

Comment:

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

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:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Fixed Indexed Universal Life Policy	1004AR		Policy/Contract/Fraternal Certificate	Revised		45	1004AR.pdf
Previous Version							
Fixed Indexed Universal Life Policy	1004		Policy/Contract/Fraternal Certificate	Initial		45	1004 Indexed UL Policy.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Timothy Morris

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Amendment Letter

Amendment Date:
 Submitted Date: 07/07/2008

Comments:

Please accept the revised Illustration to Maturity, Form 7044, as a substitution to the form originally submitted with this Serff filing. The only change appears on page 15 of the form. The benefit amounts should not have been published with the Rider names and they have been removed. No other changes have been made to this form. Thank you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
7044	Other	Illustration to Revised Maturity					0	7044 UL III to Maturity 070308.pdf

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1004AR	Policy/Cont Fixed Indexed ract/Fratern Universal Life Policy al Certificate	Revised	Replaced Form #: Previous Filing #:	45	1004AR.pdf
	5026	Application/Life Insurance Enrollment Application Form	Initial		45	5026 Application.pdf
	5027	Application/Disclosure Enrollment Supplement to Form Application	Initial		42	5027 Disclosure Supp to App.pdf
	6035	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	6035 Accidental Death Benefit Rider.pdf
	6036	Policy/Cont Children's Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	6036 Children's Term Rider.pdf
	6037	Policy/Cont Accelerated Benefit ract/Fratern Insurance Rider	Initial		62	6037 Accelerated

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					Ben Ins Rider.pdf
6038	Policy/Cont Waiver of Monthly ract/Fratern Deduction Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50	6038 Waiver of Monthly Deductions Rider.pdf	
6039	Policy/Cont Accelerated Benefit ract/Fratern Insurance Rider al Disclosure Statement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	59	6039 Accelerated Ben Ins Disc Stmnt.pdf	
6040	Policy/Cont Primary Insured ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	6040 Primary Insured Term Rider.pdf	
6041	Policy/Cont Additional Insured ract/Fratern Term Rider al	Initial	49	6041 Additional Insured Term	

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Certificate: Rider.pdf
 Amendment, Insert
 Page,
 Endorsement or Rider

7042	Other	Annual Statement	Initial		0	7042 Annual Statement.pdf
7044	Other	Illustration to Maturity Revised		Replaced Form #: Previous Filing #:	0	7044 UL III to Maturity 070308.pdf
7045	Other	Supplemental Illustration - Chronic Illness	Initial		0	7045 UL III CI Supp.pdf
7046	Other	Supplemental Illustration - Loans	Initial		0	7046 UL III Loan Supp.pdf
9017	Advertising Brochure		Initial		0	9017 Brochure Panels.pdf



4343 N. Scottsdale Rd., Suite 300
Scottsdale, AZ 85251 / 800-531-5067
A Stock Insurance Company

FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY

In this Policy, "You" and "Your" refer to the current Owner of this Policy. "We", "Us", "Our" and "The Company" refer to Sagicor Life Insurance Company.

INSURING AGREEMENT

We will pay the Death Benefit Amount to the Beneficiary when the Home Office receives, In Writing, Due Proof that the death of the Insured occurred while this Policy was in force. The provisions of this page, the following pages and the Application are each a part of this Policy. This Policy is issued in return for the Application and payment of Your initial Premium.

RIGHT TO EXAMINE POLICY

IMPORTANT: YOU HAVE PURCHASED A LIFE INSURANCE POLICY. CAREFULLY REVIEW IT FOR LIMITATIONS. THIS POLICY MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND BY RETURNING IT TO THE INSURANCE COMPANY OR AGENT WHO SOLD YOU THIS POLICY. AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY, KNOWN AS A SURRENDER CHARGE. SEE THE POLICY DATA PAGE AND THE SURRENDER CHARGE PROVISION FOR SURRENDER CHARGE INFORMATION.

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Us.

Signed for Us at Our Home Office in Scottsdale, Arizona.

Handwritten signature of Catherine Hauck in black ink.

Secretary

Handwritten signature of James Hoff in black ink.

President

IMPORTANT NOTICE

WHILE THE INTEREST CREDITING CALCULATION MAY RECOGNIZE BOTH INCREASES AND DECREASES IN AN INDEX, CREDITED INTEREST WILL NEVER BE LESS THAN ZERO. WHILE FUTURE VALUES FOR THIS POLICY ARE GUARANTEED TO BE LINKED TO A STOCK MARKET INDEX IF YOU SO CHOOSE, THIS POLICY DOES NOT DIRECTLY PARTICIPATE IN ANY STOCKS OR EQUITY INVESTMENTS. EACH INDEX USED DOES NOT REFLECT DIVIDENDS PAID ON THE STOCKS UNDERLYING THE INDEX.

FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY

Insurance Payable at Death
You May Pay Flexible Premiums for Life
Nonparticipating

GUIDE TO POLICY PROVISIONS

INSURING AGREEMENT	[1]	HOLDING ACCOUNT ALLOCATION	[21]
RIGHT TO EXAMINE POLICY	[1]	PREMIUM LOAD	[21]
READ YOUR POLICY CAREFULLY	[1]	GRACE PERIOD	[21]
IMPORTANT NOTICE	[1]	POLICY LAPSE AND NOTICE	[21]
GUIDE TO POLICY PROVISIONS	[2]	POLICY VALUES	[21]
POLICY DATA PAGE	[3]	ACCUMULATION VALUE	[21]
POLICY INFORMATON	[3]	GUARANTEED ACCUMULATION VALUE	[21]
SURRENDER CHARGE FACTOR TABLE	[4]	COST OF INSURANCE	[21]
SCHEDULE OF ADDITIONAL BENEFITS	[4]	NET AMOUNT AT RISK	[22]
BASE COST OF INSURANCE CHARGES PAGE	[5]	POLICY EXPENSE CHARGE	[22]
MINIMUM DEATH BENEFIT FACTORS	[6]	CASH SURRENDER VALUE	[22]
ADDITIONAL INSURED TERM RIDER CHARGES PAGE	[7]	SURRENDER	[22]
PRIMARY INSURED TERM RIDER CHARGES PAGE	[8]	SURRENDER CHARGE	[22]
WAIVER OF MONTHLY DEDUCTIONS RIDER CHARGES PAGE	[9]	PARTIAL WITHDRAWALS	[22]
DECLARED RATE STRATEGY [1]	[10]	POLICY LOAN	[22]
INDEXED STRATEGY [1]	[11]	RIGHT TO BORROW AND LOAN VALUE	[22]
INDEXED STRATEGY [2]	[13]	LOAN COLLATERAL ACCOUNT	[23]
DEFINITIONS	[16]	LOAN INTEREST CHARGED	[23]
THE POLICY	[17]	AUTOMATIC TRANSFERS	[23]
ENTIRE POLICY	[17]	REPAYMENT	[23]
CHANGE OF POLICY TERMS	[18]	REINSTATEMENT	[23]
SUBMISSION OF POLICY	[18]	BENEFITS	[23]
STATEMENTS IN APPLICATION	[18]	FACE AMOUNT	[23]
PROOF OF FACTS	[18]	DEATH BENEFIT OPTION	[23]
CREDITOR CLAIMS	[18]	DEATH BENEFIT AMOUNT	[23]
BASIS OF VALUES	[18]	DEFINITION OF LIFE INSURANCE	[24]
GENERAL POLICY PROVISION	[18]	DECREASES IN FACE AMOUNT	[24]
ANNUAL STATEMENT	[18]	INCREASES IN FACE AMOUNT	[24]
NON-PARTICIPATING	[18]	DEATH BENEFIT OPTION CHANGES	[24]
MISSTATEMENT OF AGE OR SEX	[18]	POLICY PROCEEDS	[25]
SUICIDE EXCLUSION	[19]	LOAN OR SURRENDER DEFERMENT	[25]
INCONTESTABILITY	[19]	PROTECTION AGAINST CREDITORS	[25]
CONFORMITY WITH STATE STATUTES	[19]	INCOME OPTIONS	[25]
TERMINATION	[19]	GENERAL	[25]
CONTROL OF THE POLICY	[19]	ANNUITY PAYMENTS	[25]
OWNER	[19]	ANNUITY PAYMENTS BEGIN	[25]
RIGHTS OF OWNERSHIP	[19]	GUARANTEED AND EXCESS INTEREST	[25]
CHANGE OF OWNERSHIP	[19]	PAYEE	[26]
ASSIGNMENT	[20]	DEATH OF PAYEE	[26]
BENEFICIARY	[20]	ELECTION OF INCOME OPTIONS	[26]
GENERAL	[20]	INCOME OPTIONS	[26]
CHANGE OF BENEFICIARY	[20]	INCOME OPTION TABLES	[28]
PREMIUMS	[20]	INSERT	
SCHEDULED PREMIUMS	[20]	APPLICATION	
UNSCHEDULED PREMIUMS	[20]	DISCLOSURE SUPPLEMENT	
NO LAPSE MONTHLY PREMIUM	[20]	RIDERS	
PREMIUM LIMITATIONS	[20]		

POLICY DATA PAGE

POLICY INFORMATION

Insured:	[JOHN DOE]	Policy Number:	[TESTPOLICY4]
Age and Sex:	[35 MALE]	Premium Class:	[Non-tobacco]
Face Amount:	[\$100,000]	Death Benefit Option:	[A]
Initial Allocation Date:	[07/08/2007]	Policy Date:	[07/01/2007]
Scheduled Premium:			[\$2,400.00 Annually]
No Lapse Monthly Premium:			[\$115.83]
No Lapse Guarantee Expiration Date			[07/08/2012]
Maximum Premium Load:			[7.0%]
Maximum Policy Expense Charge Factor:			[\$0.29 per 1,000 of Face Amount]
Maximum Policy Expense Charge Period:			Years [1-20]
Minimum Face Amount:			[\$50,000]
Guaranteed Annual Interest Rates:			
Guaranteed Accumulation Value		2.00%	
Any Declared Rate Strategy		2.00%	
Any Indexed Strategy		0.00%	
Loan Collateral Account		2.00%	
Holding Account		2.00%	
Maximum Loan Interest Rate:			[6.00%] in arrears
Definition of Life Insurance Test:			[Cash Value Accumulation Test]
[Guideline Level Premium:			N/A
Guideline Single Premium:			N/A]

SURRENDER CHARGE FACTOR TABLE

Per 1,000 of Face Amount

Policy Year	Factor
[1	21.00
2	21.00
3	21.00
4	21.00
5	21.00
6	19.09
7	17.18
8	15.27
9	13.36
10	11.45
11	9.55
12	7.64
13	5.73
14	3.82
15	1.91
16+]	0.00

SCHEDULE OF ADDITIONAL BENEFITS

Benefit Name	Benefit Amount	Effective Date	Guaranteed Monthly Rider Rates	Expiry Date
Accelerated Benefit Insurance Rider	\$[100,000]	[07/01/2007]	No Additional Charge	[07/12/2097]
Accidental Death Benefit Rider	\$[100,000]	[07/01/2007]	\$[0.12] Per 1,000	[07/01/2047]
Children's Term Rider	\$[10,000]	[07/01/2007]	\$[0.52] Per 1,000	[07/01/2026]
Additional Insured Term Rider	See Additional Insured Term Rider Charges Page			
Primary Insured Term Rider	See Primary Insured Term Rider Charges Page			
Waiver Of Monthly Deductions Rider	See Waiver of Monthly Deductions Rider Charges Page			

BASE POLICY COST OF INSURANCE CHARGES PAGE

GUARANTEED MONTHLY COST OF INSURANCE RATES Per \$1,000 Of Net Amount At Risk

Beginning of Policy Year	Age	Maximum Rate	Beginning of Policy Year	Age	Maximum Rate
[1	35	0.09	44	78	4.80
2	36	0.10	45	79	5.36
3	37	0.10	46	80	5.98
4	38	0.11	47	81	6.65
5	39	0.12	48	82	7.37
6	40	0.13	49	83	8.15
7	41	0.14	50	84	9.02
8	42	0.15	51	85	9.99
9	43	0.17	52	86	11.05
10	44	0.18	53	87	12.20
11	45	0.20	54	88	13.42
12	46	0.22	55	89	14.70
13	47	0.24	56	90	15.98
14	48	0.25	57	91	17.24
15	49	0.27	58	92	18.55
16	50	0.29	59	93	19.94
17	51	0.31	60	94	21.40
18	52	0.35	61	95	22.85
19	53	0.38	62	96	24.27
20	54	0.43	63	97	25.77
21	55	0.49	64	98	27.38
22	56	0.54	65	99	29.09
23	57	0.59	66	100	30.73
24	58	0.65	67	101	32.18
25	59	0.71	68	102	33.73
26	60	0.79	69	103	35.37
27	61	0.88	70	104	37.11
28	62	0.99	71	105	38.93
29	63	1.10	72	106	40.88
30	64	1.23	73	107	42.93
31	65	1.35	74	108	45.12
32	66	1.48	75	109	47.44
33	67	1.62	76	110	49.89
34	68	1.76	77	111	52.49
35	69	1.92	78	112	55.24
36	70	2.11	79	113	58.15
37	71	2.33	80	114	61.22
38	72	2.60	81	115	64.47
39	73	2.88	82	116	67.90
40	74	3.18	83	117	71.51
41	75	3.50	84	118	75.32
42	76	3.87	85	119	79.31
43	77	4.30	86	120	83.33]

MINIMUM DEATH BENEFIT FACTORS

Age	Non-Tobacco		Tobacco		Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female		Male	Female	Male	Female
[35	4.81	5.42	3.95	4.34	78	1.36	1.49	1.49	1.38
36	4.64	5.23	3.82	4.20	79	1.33	1.46	1.46	1.36
37	4.48	5.05	3.70	4.06	80	1.31	1.43	1.43	1.34
38	4.33	4.88	3.58	3.92	81	1.29	1.40	1.40	1.32
39	4.18	4.71	3.46	3.79	82	1.27	1.37	1.37	1.30
40	4.04	4.55	3.35	3.67	83	1.25	1.35	1.35	1.28
41	3.90	4.39	3.24	3.55	84	1.23	1.32	1.32	1.26
42	3.77	4.24	3.14	3.43	85	1.21	1.30	1.30	1.25
43	3.64	4.09	3.04	3.32	86	1.20	1.28	1.28	1.23
44	3.52	3.95	2.95	3.21	87	1.19	1.26	1.26	1.22
45	3.40	3.82	2.86	3.11	88	1.17	1.24	1.24	1.21
46	3.29	3.69	2.77	3.01	89	1.16	1.23	1.23	1.20
47	3.18	3.57	2.69	2.91	90	1.15	1.21	1.21	1.19
48	3.08	3.45	2.61	2.82	91	1.14	1.20	1.20	1.18
49	2.98	3.34	2.53	2.74	92	1.13	1.18	1.18	1.16
50	2.88	3.23	2.46	2.65	93	1.12	1.17	1.17	1.15
51	2.79	3.12	2.38	2.58	94	1.12	1.15	1.15	1.14
52	2.70	3.02	2.32	2.50	95	1.11	1.14	1.14	1.13
53	2.61	2.93	2.25	2.43	96	1.10	1.13	1.13	1.12
54	2.53	2.84	2.19	2.36	97	1.10	1.12	1.12	1.12
55	2.45	2.75	2.13	2.30	98	1.09	1.12	1.12	1.11
56	2.38	2.67	2.07	2.24	99	1.09	1.11	1.11	1.11
57	2.30	2.59	2.02	2.18	100	1.08	1.10	1.10	1.10
58	2.24	2.51	1.97	2.12	101	1.08	1.09	1.09	1.09
59	2.17	2.44	1.92	2.07	102	1.07	1.09	1.09	1.08
60	2.11	2.37	1.87	2.02	103	1.07	1.08	1.08	1.08
61	2.05	2.30	1.82	1.97	104	1.06	1.07	1.07	1.07
62	1.99	2.24	1.78	1.92	105	1.06	1.07	1.07	1.07
63	1.94	2.17	1.74	1.88	106	1.06	1.06	1.06	1.06
64	1.88	2.11	1.70	1.83	107	1.05	1.06	1.06	1.06
65	1.83	2.06	1.67	1.79	108	1.05	1.05	1.05	1.05
66	1.79	2.00	1.63	1.75	109	1.05	1.05	1.05	1.05
67	1.74	1.95	1.60	1.71	110	1.04	1.04	1.04	1.04
68	1.70	1.90	1.56	1.67	111	1.04	1.04	1.04	1.04
69	1.66	1.85	1.53	1.64	112	1.04	1.04	1.04	1.04
70	1.62	1.80	1.50	1.60	113	1.04	1.04	1.04	1.04
71	1.58	1.75	1.47	1.57	114	1.03	1.03	1.03	1.03
72	1.54	1.71	1.45	1.54	115	1.03	1.03	1.03	1.03
73	1.51	1.67	1.42	1.51	116	1.03	1.03	1.03	1.03
74	1.48	1.63	1.39	1.48	117	1.03	1.03	1.03	1.03
75	1.44	1.59	1.37	1.45	118	1.02	1.02	1.02	1.02
76	1.41	1.56	1.35	1.43	119	1.02	1.02	1.02	1.02
77	1.39	1.52	1.32	1.40	120	1.02	1.02	1.02	1.02]

ADDITIONAL INSURED TERM RIDER CHARGES PAGE

Rider Name: **Additional Insured Term Rider**

Additional Insured: [JANE DOE] Benefit Amount: [\$100,000]

Premium Class: [Non-Tobacco] Age and Sex: [35 FEMALE]

Rider Effective Date: [07/01/2007] Rider Expiry Date: [07/01/2057]

MONTHLY GUARANTEED RIDER RATES Per \$1,000 Of Rider Benefit

Beginning of Policy			Beginning of Policy			Beginning of Policy		
Year	Age	Maximum Rate	Year	Age	Maximum Rate	Year	Age	Maximum Rate
[1	35	0.08	30	64	0.89	59	93	13.29
2	36	0.08	31	65	0.96	60	94	15.02
3	37	0.09	32	66	1.04	61	95	16.90
4	38	0.09	33	67	1.13	62	96	18.75
5	39	0.10	34	68	1.23	63	97	19.96
6	40	0.10	35	69	1.34	64	98	20.61
7	41	0.11	36	70	1.47	65	99	21.97
8	42	0.12	37	71	1.61	66	100	23.73
9	43	0.13	38	72	1.76	67	101	25.64
10	44	0.14	39	73	1.93	68	102	27.75
11	45	0.15	40	74	2.12	69	103	30.06
12	46	0.16	41	75	2.33	70	104	32.57
13	47	0.18	42	76	2.55	71	105	35.23
14	48	0.20	43	77	2.80	72	106	37.94
15	49	0.22	44	78	3.08	73	107	40.71
16	50	0.25	45	79	3.37	74	108	43.52
17	51	0.27	46	80	3.75	75	109	46.42
18	52	0.31	47	81	4.20	76	110	49.33
19	53	0.34	48	82	4.69	77	111	52.13
20	54	0.37	49	83	5.19	78	112	54.81
21	55	0.41	50	84	5.76	79	113	57.57
22	56	0.45	51	85	6.33	80	114	61.00
23	57	0.50	52	86	7.01	81	115	64.28
24	58	0.55	53	87	7.85	82	116	67.70
25	59	0.59	54	88	8.73	83	117	71.33
26	60	0.64	55	89	9.61	84	118	74.72
27	61	0.70	56	90	10.25	85	119	78.26
28	62	0.76	57	91	10.87	86	120	83.33]
29	63	0.82	58	92	11.90			

PRIMARY INSURED TERM RIDER CHARGES PAGE

Rider Name: **Primary Insured Term Rider**

Primary Insured: [JOHN DOE] Benefit Amount: [\$100,000]

Premium Class: [Non-Tobacco] Age and Sex: [35 MALE]

Rider Effective Date: [07/01/2007] Rider Expiry Date: [07/01/2057]

MONTHLY GUARANTEED RIDER RATES Per \$1,000 Of Rider Benefit

Beginning of Policy			Beginning of Policy			Beginning of Policy		
Year	Age	Maximum Rate	Year	Age	Maximum Rate	Year	Age	Maximum Rate
1	35	0.09	30	64	1.23	59	93	19.94
2	36	0.10	31	65	1.35	60	94	21.40
3	37	0.10	32	66	1.48	61	95	22.85
4	38	0.11	33	67	1.62	62	96	24.27
5	39	0.12	34	68	1.76	63	97	25.77
6	40	0.13	35	69	1.92	64	98	27.38
7	41	0.14	36	70	2.11	65	99	29.09
8	42	0.15	37	71	2.33	66	100	30.73
9	43	0.17	38	72	2.60	67	101	32.18
10	44	0.18	39	73	2.88	68	102	33.73
11	45	0.20	40	74	3.18	69	103	35.37
12	46	0.22	41	75	3.50	70	104	37.11
13	47	0.24	42	76	3.87	71	105	38.93
14	48	0.25	43	77	4.30	72	106	40.88
15	49	0.27	44	78	4.80	73	107	42.93
16	50	0.29	45	79	5.36	74	108	45.12
17	51	0.31	46	80	5.98	75	109	47.44
18	52	0.35	47	81	6.65	76	110	49.89
19	53	0.38	48	82	7.37	77	111	52.49
20	54	0.43	49	83	8.15	78	112	55.24
21	55	0.49	50	84	9.02	79	113	58.15
22	56	0.54	51	85	9.99	80	114	61.22
23	57	0.59	52	86	11.05	81	115	64.47
24	58	0.65	53	87	12.20	82	116	67.90
25	59	0.71	54	88	13.42	83	117	71.51
26	60	0.79	55	89	14.70	84	118	75.32
27	61	0.88	56	90	15.98	85	119	79.31
28	62	0.99	57	91	17.24	86	120	83.33
29	63	1.10	58	92	18.55			

WAIVER OF MONTHLY DEDUCTIONS RIDER CHARGES PAGE

Rider Name: **Waiver Of Monthly Deductions Rider**

Insured: [JOHN DOE]

Rider Effective Date: [07/01/2007]

Rider Expiry Date: [07/01/2042]

Beginning of Policy			Beginning of Policy		
Year	Age	Maximum Percentage Rate	Year	Age	Maximum Percentage Rate
[1	35	9.13%	14	48	12.97%
2	36	9.41%	15	49	13.33%
3	37	9.68%	16	50	13.70%
4	38	9.96%	17	51	14.61%
5	39	10.23%	18	52	15.99%
6	40	10.51%	19	53	17.35%
7	41	10.78%	20	54	18.72%
8	42	11.06%	21	55	20.09%
9	43	11.33%	22	56	18.72%
10	44	11.60%	23	57	23.74%
11	45	11.87%	24	58	25.57%
12	46	12.24%	25	59	27.39%]
13	47	12.60%			

DECLARED RATE STRATEGY [1]

TERM PERIOD: 1 YEAR
INITIAL ALLOCATION DATE: [JANUARY 1, 2006]
INITIAL INTEREST RATE: [4.75%]

We will establish a Declared Rate Account for an allocation to Declared Rate Strategy [1]. A Declared Rate Account will have its own Term Period and interest rate.

The Initial Interest Rate will not change for the Term Period shown. We may declare a different interest rate for subsequent Term Periods, and such rate will never be less than the Guaranteed Annual Interest Rate shown on the Policy Data Page.

Interest will be credited daily to the Declared Rate Account after Activity, if any, has been deducted for that day. Only upon reaching the end of the Term Period may the Declared Rate Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, the Declared Rate Account Value will remain in this same Declared Rate Strategy. If this strategy is no longer available, We will transfer to another Declared Rate Strategy as offered by Us.

INDEXED STRATEGY [1]

TERM PERIOD:	[1 YEAR]
INDEX:	[S&P 500®]
MINIMUM PARTICIPATION RATE:	[100%]
MINIMUM CAP:	[4.0%]
INITIAL ALLOCATION DATE:	[JANUARY 1, 2006]
INITIAL PARTICIPATION RATE:	[100%]
INITIAL CAP:	[10.00%]

We will establish an Indexed Strategy Account for an allocation to the Indexed Strategy [1]. An Indexed Strategy Account will have its own Term Period, Participation Rate, and Cap. The Initial Allocation Date may be up to one month following the receipt of the initial Premium. Future Allocation Dates may be up to one year following the receipt of a Premium.

The Initial Participation Rate and Initial Cap will not change for the Term Period shown. We may declare a different Participation Rate or a different Cap for subsequent Term Periods, and such rate will never be less than the Minimum Participation Rate and Minimum Cap, respectively.

Interest will be credited only at the end of the Term Period to the Indexed Strategy Account. The interest credited at the end of the Term Period equals $(A - B) \times \max\{\text{Guaranteed Annual Interest Rate for any Indexed Strategy as shown on the Policy Data Page, min}[\text{Cap, Participation Rate} \times \text{Indexed Interest Rate}]\}$ where:

A equals the Indexed Strategy Account Value at the beginning of the Term Period,
B equals any Activity from the Strategy during the Term Period,
 $\max\{.....\}$ is the greater of the two values contained within the parenthesis above, and
 $\min\{.....\}$ is the lesser of the two values contained within the parenthesis above.

Only upon reaching the end of the Term Period may the Indexed Strategy Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, the Indexed Strategy Account Value will remain in this same Indexed Strategy. If this strategy is no longer available, We will transfer to another Declared Rate Strategy as offered by Us.

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INDEXED STRATEGY [2]

TERM PERIOD:	[3 YEARS]
INDEX [1]:	[Russell [®] 2000]
INDEX [2]:	[Dow Jones EURO STOXX 50 [®] Index]
INDEX [3]:	[Hang Seng Index]
MINIMUM PARTICIPATION RATE:	[20%]
MINIMUM CAP:	[Not Applicable]
INITIAL ALLOCATION DATE:	[JANUARY 1, 2006]
INITIAL PARTICIPATION RATE:	[60%]
INITIAL CAP:	[Not Applicable]
WEIGHTING [A]:	[60%]
WEIGHTING [B]:	[40%]
WEIGHTING [C]:	[0%]

We will establish an Indexed Strategy Account for an allocation to the Indexed Strategy [2]. An Indexed Strategy Account will have its own Term Period, Participation Rate, and Cap. The Initial Allocation Date may be up to one month following the receipt of the initial Premium. Future Allocation Dates may be up to one year following receipt of a Premium.

The Initial Participation Rate and Initial Cap will not change for the Term Period shown. We may declare a different Participation Rate or a different Cap for subsequent Term Periods, and such rate will never be less than the Minimum Participation Rate and Minimum Cap, respectively.

If this Policy terminates due to the death of the Owner, then the Term Period will end on the date of death of the Owner.

Interest will be credited only at the end of the Term Period to the Indexed Strategy Account. The interest credited at the end of the Term Period equals $(A - B) \times \max\{\text{Guaranteed Annual Interest Rate for any Indexed Strategy as shown on the Policy Data Page, } \min\{\text{Cap, Participation Rate} \times ([L] + [M] + [N])\}\}$ where:

A equals the Indexed Strategy Account Value at the beginning of the Term Period,

B equals any Activity from the Strategy during the Term Period,

$\max\{ \dots, \dots \}$ is the greater of the two values contained within the parenthesis above,

$\min\{ \dots, \dots, \dots \}$ is the smallest of the three values contained within the parenthesis above,

L = Weighting [A] x the largest Indexed Interest Rate for Index [1], Index [2], and Index [3], and

M = Weighting [B] x the second largest Indexed Interest Rate for Index [1], Index [2], and Index [3].

N = Weighting [C] x the third largest Indexed Interest Rate for Index [1], Index [2], and Index [3].

Only upon reaching the end of the Term Period may the Indexed Strategy Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, the Indexed Strategy Account Value will remain in this same Indexed Strategy. If this strategy is no longer available, We will transfer to another Declared Rate Strategy as offered by Us.

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DEFINITIONS

Some of the terms used in this Policy are defined here. Others are defined throughout this Policy.

ACTIVITY

Activity is any Cost Of Insurance Charge, Rider Charges, Policy Expense Charge, transfers to the Loan Collateral Account, Partial Withdrawal Amounts and service fees.

ALLOCATION DATE

Allocation Date is a date when We allocate amounts to the strategies. The Initial Allocation Date is shown on the Policy Data Page. It is the date from which Policy Years, Policy Anniversaries, and Monthly Processing Dates will be determined. Future Allocation Dates will be on Policy Anniversaries.

ALLOCATION PERCENTAGE

Allocation Percentage for each strategy is the percent of the Holding Account balance that You designate to be credited to a strategy.

APPLICATION

Application is the form You filled out to apply for this Policy.

ATTAINED AGE

Attained Age is the age of the Insured on the last Policy Anniversary.

BENEFICIARY

Beneficiary is named in the Application, unless later changed, and refers to the person or persons entitled to receive the Death Benefit Amount.

CONTINGENT BENEFICIARY

Contingent Beneficiary is named in the Application and will receive the Death Benefit Amount if the Beneficiary is not living at the time of the Insured's death.

DEATH BENEFIT AMOUNT

Death Benefit Amount is the benefit amount We are obliged to pay under the terms of this Policy if the Insured dies while this Policy is in force.

DUE PROOF

Due Proof is evidence of death, including but not limited to a certified death certificate issued by the governmental authority where the death occurred, or other evidence satisfactory to Us.

EVIDENCE OF INSURABILITY

Evidence Of Insurability is information about a person which We may require to approve, change or Reinstate a Policy or Rider(s).

GUARANTEED ACTIVITY

Guaranteed Activity is any Guaranteed Monthly Cost Of Insurance Charge, Guaranteed Rider Charges, Maximum Policy Expense Charge, Partial Withdrawal Amounts and service fees.

HOLDING ACCOUNT

Holding Account is the account in which Premiums less Premium Loads will be deposited when they are received by Us.

INDEXED INTEREST RATE

Indexed Interest Rate is the closing index value for a particular index at the end of the Term Period divided by the closing index value for that same particular index at the beginning of the Term Period, minus 1. When there is a date for which a value for a particular index is not available, then the value of that particular index will equal the closing value of the particular index on the most recent date, prior to this date that the index was available.

INDEBTEDNESS

Indebtedness is the amount of any outstanding Policy Loans against this Policy plus any accrued and unpaid interest.

IN WRITING

In Writing means in a written form satisfactory to Us and received at our Home Office.

LAPSE or LAPSED

Lapse or Lapsed means that the insurance coverage under this Policy has terminated and is no longer in force.

MONTHLY PROCESSING DATE

Monthly Processing Date is the date each month on which the Cost Of Insurance Charge, Rider Charges and Policy Expense Charge are deducted from the Accumulation Value. The first Monthly Processing Date is the Allocation Date. Subsequent Monthly Processing Dates are the same day of each calendar month as the Allocation Date.

ORDER OF ACTIVITY

Order Of Activity will first be deducted from the Holding Account. If the Activity exceeds the Account Value in the Holding Account, then the remaining Activity will be deducted from the Account Value of Declared Rate Strategy [1]. If the Activity exceeds the Account Value in Declared Rate Strategy [1], then the remaining Activity will be deducted from any other non-indexed strategies, as chosen and offered by The Company. If there still remains Activity to be deducted, then it will next be deducted from the Account Value of Indexed Strategy [1]. If there still remains Activity to be deducted, then it will next be deducted from the Account Value of Indexed Strategy [2]. Finally, any other indexed strategies, as decided by Us, will have any remaining Activity deducted from its Account Value.

POLICY ANNIVERSARY

Policy Anniversary occurs once each year on the same month and day as the Initial Allocation Date.

POLICY DATE

Policy Date is the date the initial Premium is received and Your insurance coverage becomes effective.

PREMIUM CLASS

Premium Class is the mortality classification assigned to the Insured under this Policy. The Premium Class is shown on the Policy Data Page.

REINSTATE or REINSTATEMENT

Reinstate or Reinstatement means to restore coverage after this Policy has Lapsed.

WE, US, OUR or THE COMPANY

We, Us Our or The Company refers to Sagicor Life Insurance Company.

YOU, YOUR or YOURS

You, Your or Yours refers to the current Owner of this Policy.

THE POLICY

We have issued this Policy in consideration for Your Application and the payment of the initial Premium.

ENTIRE POLICY

The entire Policy consists of:

1. This Policy;
2. The Application attached to this Policy on the Policy Date or delivery date;
3. Any attached amendments and supplements to the Application;
4. Any attached Riders and endorsements; and
5. Any attached Application for Reinstatement.

In the absence of fraud (not in NC), We will consider all statements made by or for the Insured to be representations and not warranties. We can use no such statements to void this Policy, and cannot use them to defend against a claim unless, that statement is in the attached Application, the Application for Reinstatement, in an amendment, or supplement to the Application when issued or delivered.

CHANGE OF POLICY TERMS

No agent or person other than The Company President or Secretary has the authority to change or modify this Policy or waive any of its provisions. We may not modify this Policy without Your consent, except to make it comply with any changes in the Internal Revenue Code or as required by any other applicable law. Any changes, modifications or waivers must be In Writing.

SUBMISSION OF POLICY

We may ask You to send Us this Policy for Surrender or to note a Policy Loan on it. Our failure to have You send it to Us for such purposes does not indicate that the payment or loan has not been made.

STATEMENTS IN APPLICATION

All statements made in the Application and in any supplementary Application are representations and not warranties. We can contest the validity of this Policy if there is a material misstatement in the Application. We can contest the validity of a Reinstatement if there is a material misrepresentation in the Application for Reinstatement. No statement will be used in defense of a claim unless it is in an Application.

PROOF OF FACTS

We have the right to ask for proof that is satisfactory to Us from anyone who is claiming ownership, beneficiary status, right to payment or any other rights associated with this Policy. We may ask for proof of that person's age, sex or identity. Any payment We make relying on this proof discharges Us of any obligation to make the same payment to another person.

CREDITOR CLAIMS

All payments under this Policy are exempt from legal process and the claims of creditors to the extent permitted by law. No payment will be transferred, assigned or withdrawn before it becomes payable unless We agree.

BASIS OF VALUES

The Cash Surrender Value is not less than the minimum required as of the Policy Date by the state in which this Policy was delivered. We have filed a detailed statement of the method We use to determine values with the state where this Policy was delivered. All values are equal to or more than those required by the laws of that state.

Maximum Monthly Cost Of Insurance Rates vary by sex, Attained Age and Premium Class and are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Age Last Birthday, sex and tobacco/non-tobacco distinct. We may charge rates less than the maximums shown.

GENERAL POLICY PROVISIONS

ANNUAL STATEMENT

At least once a year, We will send You a report which shows the Death Benefit Amount, the Accumulation Value, Cash Surrender Value and any other information required by the state in which this Policy was issued.

NON-PARTICIPATING

This Policy is non-participating and does not share in the profits or surplus of The Company.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of this Policy. It is determined by the date of birth written in the Application. The Attained Age of the Insured is his or her age on the last birthday prior to the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered on or after the Insured's death, then the Death Benefit Amount will be adjusted. The Death Benefit Amount will be that which would be purchased by the most recent Cost Of Insurance Charge based on the correct age and sex.

If a misstatement of age or sex of the Insured is discovered prior to the Insured's death, then Policy Values will be recalculated from the Policy Date using Cost Of Insurance Charges, Rider Charges and Policy Expense Charges for the correct age and sex. All future Cost Of Insurance Charges, Rider Charges and Policy

Expense Charges will be based on the correct age and sex. If the recalculated Accumulation Value is less than zero, then the Death Benefit Amount will be adjusted such that the Accumulation Value will be zero on the date the recalculation is made.

SUICIDE EXCLUSION

If the Insured, sane or insane, dies by suicide, while this Policy is in force and within two years (one year in CO, MO and ND) from the Policy Date, the Death Benefit Amount will be limited to the sum of Premiums paid less any Indebtedness less any withdrawals and less any Accelerated Benefit payments paid out.

If the Insured, sane or insane, dies by suicide, while this Policy is in force and within two years (one year in CO, MO and ND) from the effective date of an increase in Face Amount, then the Death Benefit Amount due to that increase will be limited to the Cost Of Insurance Charges, Rider Charges and Policy Expense Charges deducted for such increase.

If the Insured, sane or insane, dies by suicide, while this Policy is in force and within two years (one year in CO, and ND) after the date a Reinstatement becomes effective, the Death Benefit Amount payable will be limited to the sum of Premiums paid after the date of Reinstatement less any indebtedness, less any Accelerated Benefit payments paid out, less any withdrawals taken since Reinstatement. (Not in AL, AR, GA, LA, MD, MO, NE, TN, and VA.)

INCONTESTABILITY

We will not contest the validity of this Policy, except for nonpayment of Premiums, after it has been in force during the lifetime of the Insured for two years from the Policy Date. If this Policy is Reinstated, the Incontestability period will be based on the effective date of the Reinstatement.

We will not contest the validity of any Face Amount increase on this Policy, except for nonpayment of Premiums, after it has been in force during the lifetime of the Insured for two years from the effective date of an increase in Face Amount.

CONFORMITY WITH STATE STATUTES

The provisions of this Policy conform to the minimum requirements of the laws of the state in which the Policy is issued and controls over any conflicting statutes of any state in which the Insured resided on or after the Policy Date.

TERMINATION

This Policy will terminate on the earliest of the following dates:

1. The date the Insured dies; or
2. The date You cash Surrender this Policy; or
3. The date this Policy Lapses as described in the Premium section of this Policy.

CONTROL OF THE POLICY

OWNER

The Insured is the Owner of this Policy unless a different Owner is named in the Application; or a new Owner is later named, subject to the terms of the Change of Ownership provision.

RIGHTS OF OWNERSHIP

While the Insured is living, You, as the Owner, may exercise any rights provided to You by this Policy. If this Policy is assigned; Your rights are subject to the rights of an assignee.

If You die before the Insured, all ownership rights then belong to the contingent Owner. If there is no contingent Owner, ownership rights then belong to Your estate.

CHANGE OF OWNERSHIP

While the Insured is living and this Policy is in force, You may name a new Owner by providing Us with a notice of the change In Writing. You and any irrevocable Beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us in Our Home Office.

ASSIGNMENT

This Policy may be assigned. No assignment will be recognized by Us unless a copy is received and recorded by Us in Our Home Office. We will not be responsible for the validity of any assignment. The claim of any assignee is subordinate to Ours, including any Indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. Rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

GENERAL

The Beneficiary receives the Death Benefit Amount of this Policy upon the death of the Insured. If the Beneficiary dies prior to the Insured, then the Death Benefit Amount will be paid to the Contingent Beneficiary upon the death of the Insured. The Beneficiary and Contingent Beneficiary of this Policy are named in the Application, unless new Beneficiaries are named later. The Beneficiary and Contingent Beneficiary are subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You or in the event of Your death, Your estate, will be named as the Beneficiary.

CHANGE OF BENEFICIARY

At any time, while the Insured is living and the Policy is in force, You may request a change In Writing of the Beneficiary and/or Contingent Beneficiary. You and any Irrevocable Beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us in Our Home Office.

PREMIUMS

SCHEDULED PREMIUMS

The Scheduled Premium shown on the Policy Data Page may be paid while the Policy is in force. You may increase or decrease the amount of the Scheduled Premium, subject to limits that We may set and as described in the Premium Limitations provision. Scheduled Premiums may be paid annually, or at such other intervals as We permit.

UNSCHEDULED PREMIUMS

You may make Unscheduled Premiums at any time the Policy is in force, subject to limits that We may set and as described in the Premium Limitations provision.

NO LAPSE MONTHLY PREMIUM

For any period prior to the No Lapse Guarantee Expiration Date, this Policy is guaranteed to remain in force if the sum of all Premiums paid less Partial Withdrawals and Indebtedness, is greater than or equal to the cumulative No Lapse Monthly Premium for that period.

If You request an increase in the Face Amount or if any Riders are added prior to the No Lapse Guarantee Expiration Date, then the No Lapse Monthly Premium will be recalculated to reflect the increase. Decreases in Face Amount and/or cancelling Riders will have no impact on the No Lapse Monthly Premium.

PREMIUM LIMITATIONS

We will return any Premium or any portion of the Accumulation Value which causes the Policy to not qualify as life insurance under the Internal Revenue Code of 1986, as amended, and its rules and regulations. If a Premium payment would result in an increase in the Death Benefit Amount, then We may limit the amount of Premium paid or We may require Evidence Of Insurability. The minimum Premium payment We will accept is \$25.00.

HOLDING ACCOUNT ALLOCATION

Premiums received by Us prior to the next Allocation Date, less Premium Loads, will be deposited in the Holding Account. Interest will be credited to the Holding Account, less any Activity for that account, on a daily basis at an interest rate not less than the Guaranteed Annual Interest Rate shown on the Policy Data Page.

Your instructions will allow the Holding Account balance to be transferred to one or more Declared Rate Strategies and/or to one or more Indexed Strategies in accordance with options offered by Us. Allocations to the strategies from the Holding Account will occur on the next Policy Anniversary.

PREMIUM LOAD

Premium Load is a percentage of the Premium. The Maximum Premium Load percentage is stated on the Policy Data Page. The Company may choose to charge less than the Maximum Premium Load percentage.

GRACE PERIOD

Prior to the No Lapse Guarantee Expiration Date this Policy will remain in force as long as at least one of the following is true:

1. The Cash Surrender Value is large enough to cover the Cost Of Insurance Charges, Rider Charges and Policy Expense Charges on the next Monthly Processing Date;
2. The No Lapse Monthly Premium has been paid as described in the No Lapse Monthly Premium provision.

After the No Lapse Guarantee Expiration Date this Policy will remain in force as long as the Cash Surrender Value is large enough to cover the Cost Of Insurance Charges, Rider Charges and Policy Expense Charges on the next Monthly Processing Date.

If none of these conditions are true then the Policy will enter a 61 day Grace Period. During the Grace Period, You must make the required Premium payment to keep the Policy in force. If the entire required Premium is not received in full by the end of the Grace Period, then the Policy will terminate with no value. The required Premium payment will be equal to past due charges plus an amount We expect will be sufficient to keep the Policy in force for 2 months following receipt of the required Premium payment. If we receive at least the required Premium amount during the Grace Period, then We will apply the Premium to the Policy and deduct past due charges. If the death of the Insured occurs during the Grace Period, then We will deduct any unpaid Cost Of Insurance Charges, Rider Charges and Policy Expense Charges from the Death Benefit Amount.

POLICY LAPSE AND NOTICE

At least thirty-one (31) days before the end of the Grace Period a notice stating the required Premium due will be mailed to Your last known address and that of any assignee of record.

POLICY VALUES

ACCUMULATION VALUE

The Accumulation Value is the sum of all Declared Rate Account Values, all Indexed Strategy Account Values, the Loan Collateral Account, and the Holding Account.

GUARANTEED ACCUMULATION VALUE

The Guaranteed Accumulation Value is equal to the Premiums paid less Premium Loads, accumulated at the Guaranteed Annual Interest Rate for the Guaranteed Accumulation Value, as shown on the Policy Data Page, adjusted by any Guaranteed Activity.

COST OF INSURANCE

We will deduct the Cost Of Insurance Charge from the Accumulation Value on the Initial Allocation Date and on each Monthly Processing Date thereafter. The maximum Monthly Cost Of Insurance Charge is the Net Amount At Risk divided by 1,000 then multiplied by the applicable maximum Guaranteed Monthly Cost Of Insurance Rate.

The Cost Of Insurance Charge will be deducted from the Account Values as designated by the Order of Activity.

Guaranteed Monthly Cost Of Insurance Rates vary by sex, Attained Age and Premium Class. The Guaranteed Monthly Cost Of Insurance Rates for each Policy Year of Your Policy are shown in the Guaranteed Monthly Cost Of Insurance Rates Table on the Base Policy Cost Of Insurance Charges Page and are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Age Last Birthday, sex and tobacco/non-tobacco distinct. We may charge rates less than the Guaranteed Monthly Cost Of Insurance Rates shown.

NET AMOUNT AT RISK

The Net Amount At Risk on any Monthly Processing Date is equal to the Death Benefit Amount plus any Indebtedness minus the Accumulation Value. For purposes of this calculation the Accumulation Value will be equal to the greater of the Accumulation Value and the Guaranteed Accumulation Value minus the Policy Expense Charge minus any Rider Charges. The Death Benefit Amount used in the calculation of the Net Amount At Risk will utilize this Accumulation Value.

POLICY EXPENSE CHARGE

We will deduct the Policy Expense Charge from the Accumulation Value on the Initial Allocation Date and on each Monthly Processing Date thereafter until the end of the Maximum Policy Expense Charge Period. The Policy Expense Charge equals the Face Amount divided by 1,000 then multiplied by the Maximum Policy Expense Charge Factor. The Maximum Policy Expense Charge Factor and Maximum Policy Expense Charge Period are shown on the Policy Data Page. We may use a factor less than the Maximum Policy Expense Charge Factor. We may deduct a Policy Expense Charge for a shorter period than the Maximum Policy Expense Charge Period.

The Policy Expense Charge will be deducted from the Account Values as designated by the Order Of Activity.

If the Face Amount is increased, then there will be a new Policy Expense Charge and Maximum Policy Expense Charge Period associated with that increase.

CASH SURRENDER VALUE

The Cash Surrender Value is equal to the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Surrender Charge and less any Indebtedness.

SURRENDER

You may Surrender this Policy to Us at any time while it is in force. If You do, We will pay the Cash Surrender Value. This Policy will terminate without notice if You Surrender it. It may not be Reinstated.

SURRENDER CHARGE

A Surrender Charge will apply if You Surrender this Policy. The Surrender Charge is equal to the factor shown in the Surrender Charge Factor Table on the Policy Data Page multiplied by the Face Amount per 1,000. If the Face Amount is increased, then there will be a new Surrender Charge Factor Table associated with that increase.

PARTIAL WITHDRAWALS

You may request a Partial Withdrawal from the Accumulation Value any time after the first Policy Anniversary. One Partial Withdrawal is permitted each Policy Year. A Partial Withdrawal will reduce the Accumulation Value by the amount of the Partial Withdrawal, based on the Order of Activity as designated on the Definitions Page. If Death Benefit Option A is selected, then a Partial Withdrawal will reduce the Face Amount by the amount of the Partial Withdrawal. There is a [\$25] service fee applied to each Partial Withdrawal. The Partial Withdrawal plus the service fee must be at least \$500. A Partial Withdrawal may not reduce the Cash Surrender Value below \$500 or reduce the Face Amount below the Minimum Face Amount shown on the Policy Data Page.

POLICY LOANS

RIGHT TO BORROW AND LOAN VALUE

Loans are available anytime after the first Policy Anniversary. The Maximum Loan Amount equals the Cash Surrender Value minus the anticipated Cost Of Insurance Charges, Rider Charges, Policy Expense Charges and loan interest on the Indebtedness from the date of the loan to the next Policy Anniversary.

The Policy is the sole security for the Indebtedness. Any Indebtedness at time of termination will reduce the Policy Proceeds.

LOAN COLLATERAL ACCOUNT

When a loan is requested, an amount equal to the amount of the loan will be transferred from the Strategy Accounts, as designated by the Order Of Activity on the Definitions Page, to the Loan Collateral Account.

The annual effective interest rate applicable to the Loan Collateral Account will never be less than the Guaranteed Annual Interest Rate for the Loan Collateral Account, as shown on the Policy Data Page. Interest is credited daily to the Loan Collateral Account.

LOAN INTEREST CHARGED

The annual interest rate charged on loans will not exceed the Maximum Loan Interest Rate, as shown on the Policy Data Page. We may charge less than the Maximum Loan Interest Rate. Any outstanding Policy Loans against this Policy plus any accrued and unpaid interest is known as the Indebtedness.

After the Policy has been in force for ten years, the amount of any Indebtedness up to the amount of interest earned in the Policy will be charged interest at a rate that will be equal to the interest rate that is being credited to the Loan Collateral Account. Any remaining Indebtedness in excess of the interest earned in the Policy may be charged interest at a different rate, but not to exceed the Maximum Loan Interest Rate.

AUTOMATIC TRANSFERS

While Indebtedness exists, a transfer to the Loan Collateral Account will occur on the Policy Anniversary. The amount of this transfer is the difference between the Indebtedness and the Loan Collateral Account on that day. It will be transferred from the Strategy Accounts, as designated by the Order Of Activity on the Definitions Page, to the Loan Collateral Account.

REPAYMENT

Loan repayments up to and including the Indebtedness may be made by You at anytime prior to the termination of the Policy. A transfer from the Loan Collateral Account to the Holding Account for the same amount will simultaneously occur. If the loan repayment exceeds the Loan Collateral Account, only the amount in the Loan Collateral Account will be transferred to a Holding Account.

REINSTATEMENT

After this Policy has Lapsed, You may Reinstate it within five (5) years after the date of Lapse. You cannot Reinstate this Policy if it has been surrendered. To Reinstate this Policy You must:

1. Furnish Evidence Of Insurability satisfactory to Us; and
2. Pay Premiums sufficient to keep the Policy in force from the beginning of the Grace Period to the end of the Grace Period and for two months after the date of Reinstatement; and
3. Repay or Reinstate the Policy Loan; and
4. Pay interest on numbers 2 and 3 at an annual rate not to exceed the Maximum Loan Interest Rate, as shown on the Policy Data Page, compounded annually. Interest at this rate will be due from the date of Lapse to the date of Reinstatement of the Policy.

BENEFITS

FACE AMOUNT

The Face Amount is shown on the Policy Data Page.

DEATH BENEFIT OPTION

The Death Benefit Option is shown on the Policy Data Page. The Death Benefit Option determines the method by which the Death Benefit Amount is calculated.

DEATH BENEFIT AMOUNT

While the Policy is in force there are two Death Benefit Options available.

Death Benefit Option A, the Death Benefit Amount will be the greater of the following two amounts, as of the date of death of the Insured:

1. The Face Amount less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value, times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

Death Benefit Option B, the Death Benefit Amount will be the greater of the following two amounts as of the date of death of the Insured:

1. The Face Amount plus the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

DEFINITION OF LIFE INSURANCE

This Policy is designed to qualify as a life insurance policy under the Internal Revenue Code of 1986, as amended, and its rules and regulations. All terms and provisions of the Policy will be construed in a manner consistent with that design. We reserve the right to amend the Policy, adjust the amount of coverage, or reject any change request when required to maintain this qualification.

The Definition of Life Insurance Test is the specific method by which the Policy qualifies as a life insurance policy. There are two methods: the Guideline Premium Test (GPT) and the Cash Value Accumulation Test. The test applicable to Your Policy is shown on the Policy Data Page. If no test is elected on the Application, then the Guideline Premium Test will apply to Your Policy. The test is not subject to change unless required by a change in the applicable Internal Revenue Code or by any other applicable legal authority.

DECREASES IN FACE AMOUNT

You may request a decrease in Face Amount after the first Policy Year or after one year following the effective date of a previous increase or decrease in Face Amount or Death Benefit Option change by sending Us a request In Writing. A decrease in Face Amount will be effective on the Monthly Processing Date immediately following the date Your request is approved by Us. During the first five years following the Policy Date or following the effective date of a Face Amount increase We can limit the amount of any decrease. At any time, We can limit the amount of a Face Amount decrease subject to the GPT as referenced in the Definition of Life Insurance section. Also, the Face Amount after the decrease can never be less than the Minimum Face Amount shown on the Policy Data Page. The decrease will be applied first to the Face Amount provided by increases, if any, starting with the most recent, and then lastly to the initial Face Amount. Surrender Charges, Policy Expense Charges and the No Lapse Monthly Premium will not change due to a Face Amount decrease. We will amend the Policy when the decrease in Face Amount becomes effective.

INCREASES IN FACE AMOUNT

You may apply for an increase in the Face Amount after the first Policy Year or after one year following the effective date of a previous increase or decrease in Face Amount or Death Benefit Option change. You must provide Evidence Of Insurability satisfactory to Us, and pay the No Lapse Monthly Premium if the increase occurs prior to the No Lapse Expiration Date. An increase in Face Amount will be effective on the Monthly Processing Date immediately following the date Your Application is approved by Us. An increase in Face Amount will have new Surrender Charges and Policy Expense Charges associated with it, based on the Attained Age, sex, and amount of the increase. We will amend the Policy when the increase in Face Amount becomes effective.

DEATH BENEFIT OPTION CHANGES

You may request a change in the Death Benefit Option after the first Policy Year or after one year following the effective date of a previous increase or decrease in Face Amount or Death Benefit Option change by sending Us a request In Writing. We reserve the right to require Evidence Of Insurability satisfactory to Us if the change in Death Benefit Option will increase the Net Amount At Risk.

If Death Benefit Option A is in effect, and a request to change to Death Benefit Option B is approved by Us, then the Face Amount will be decreased by the amount of the Accumulation Value. The decrease in Face Amount will be applied as described in the Decreases in Face Amount provision. Death Benefit Option B will become effective on the Monthly Processing Date immediately following the date We approve the change.

If Death Benefit Option B is in effect, and a request to change to Death Benefit Option A is approved by Us, then the Face Amount will be increased by the amount of the Accumulation Value. Death Benefit Option A will become effective on the Monthly Processing Date immediately following the date We approve the change. An increase in Face Amount due to a Death Benefit Option change will be applied as described in the Increases in Face Amount section.

POLICY PROCEEDS

The proceeds of this Policy may either be the Death Benefit Amount that is payable to the Beneficiary upon the death of the Insured, or the Cash Surrender Value payable to You if You Surrender this Policy during the lifetime of the Insured. Proceeds may be paid in a lump sum or under one or more Income Options. See the Income Options Section of this Policy.

Death Benefit Amount will be calculated based on the date of the Insured's death. We will make payment within 30 days (within two (2) months in Indiana and Illinois) of receipt of Due Proof of the death of the Insured. If settlement is made after the first thirty (30) days, We will pay interest as required by law.

Cash Surrender Value will be calculated based on the date We receive Your request, In Writing, to Surrender this Policy.

We will pay interest from the date proceeds are calculated to the date of payment. The rate of interest will not be less than that required by law.

LOAN OR SURRENDER DEFERMENT

We may defer the payment of any Partial Withdrawal, Surrender or Policy Loan for not more than six (6) months after We receive Your request In Writing.

PROTECTION AGAINST CREDITORS

As permitted by law, funds held and Income Option payments shall not be subject to levy, attachment or other judicial process.

INCOME OPTIONS

GENERAL

All or part of the Policy Proceeds may be applied to an Income Option. In addition to the options described below, other options may be available upon request. When an Income Option is elected, this Policy terminates and a supplementary Policy is issued, with a Policy Date equal to the first payment date. You will name at least one Annuitant and a Payee. The Annuitant and the Payee can be the same person. The payments made under a supplementary Policy are called Annuity Payments.

ANNUITY PAYMENTS

The Company will make Annuity Payments to the Payee according to the Income Option elected by the Owner. If the Owner does not name a Payee, the Annuitant will become the Payee. If an Income Option is based on the Annuitant's life, Due Proof the Annuitant is alive and Due Proof of the Annuitant's age and sex may be required before Annuity Payments begin. The Annuity Payments will be based on proceeds equal to:

1. The Policy Proceeds value before Annuity Payments begin, less
2. Any Taxes payable by Us and not previously deducted.

The minimum amount that may be applied to an Income Option is \$2,500. Each Annuity Payment must be at least \$100.00. Income Options of Life will be based on the Annuity 2000 Mortality Table.

ANNUITY PAYMENTS BEGIN

Payments begin one month following the date Policy Proceeds are applied to an Income Option.

GUARANTEED AND EXCESS INTEREST

Annuity Payments under all Settlement options are calculated at an annualized interest rate of no less than 1.00%.

PAYEE

The person named to receive the Annuity Payments under an Income Option is called a Payee. An association, corporation, partnership or fiduciary may not be a Payee without Our approval.

DEATH OF PAYEE

When the Payee dies, the value of any remaining Annuity Payments will be paid in a lump sum to the Payee's estate. This value equals the discounted value of any unpaid payments still due. This value will be based on the interest rate that was used to determine the payments.

ELECTION OF INCOME OPTIONS

All Policy Proceeds are payable in one lump sum or under any of the Income Options described below.

The Owner may elect or change, In Writing, an Income Option while the Insured is living and prior to the Expiry Date of this Policy. An Income Option selected for a particular Beneficiary will end if You change that Beneficiary. After the Insured dies, anyone who will receive the Policy Proceeds in one sum may choose an Income Option. We must receive the request, In Writing, within 60 days.

If a Beneficiary chooses an Income Option, the rights of all other Beneficiaries end. Any amount remaining unpaid when that Beneficiary dies will be paid to his or her estate unless another Beneficiary has been named to receive payment. The Beneficiary may make such a selection.

If no Income Option is elected, the default Income Option is Option 2, Table 2; Life Income with a guaranteed period of monthly payments for ten (10) years.

Equivalent payments for monthly, quarterly, semi-annual or annual intervals may be chosen. The Income Options are described in terms of monthly payments. We will quote the amount of the other payments upon request. For life contingent options, there is no value that may be commuted, withdrawn or transferred to another option after the date of the first payment.

INCOME OPTIONS

1. Income for Fixed Period
We will make guaranteed equal payments at regular intervals from five (5) to twenty (20) years.
2. Life Income
We will make equal payments at one (1) month intervals during the lifetime of the Annuitant named in the supplementary Policy.
 - a. Guaranteed Period
We can guarantee that payments will be made for a certain number of years, even if the Annuitant named in the supplementary Policy dies before all the guaranteed payments are made. If the Annuitant named in the supplementary Policy dies before the certain number of years has passed, payments will continue to the Beneficiary named in the supplementary Policy. (Option 2, Table 2)
 - b. Life Only
The Annuity Payments are paid as long as the Annuitant lives. (Option 2, Table 3)
3. Interest
For an agreed period of at least five (5) years, Policy Proceeds will be held by Us and will earn interest at a rate We declare annually. During the period:
 - a. Interest is paid periodically to the Payee; or
 - b. Interest accumulates.Any time during the period, Policy Proceeds plus any accumulated interest may be applied under another Income Option. At the end of the period, Policy Proceeds plus any accumulated interest may be taken in a lump sum payment or applied under another payment option.
4. Joint and Survivor Life Annuity
We can guarantee that equal payments will be made jointly to two annuitants as long as they both live. When one of the annuitants dies, payments will continue to the survivor under one of the following choices:
 - a. Equal monthly payments of the original amount. (Joint and 100% survivor)
 - b. Equal monthly payments of 2/3 of the original amount. (Joint and 2/3 survivor)
 - c. Equal monthly payments of 1/2 of the original amount. (Joint and 1/2 survivor)

5. Income of Fixed Amount

We can guarantee that a certain amount will be paid at fixed intervals until the proceeds and interest earned by the unpaid proceeds have been paid. The payments of a fixed amount must extend over a period of at least five (5) years. Our last payment will be the balance of the proceeds and interest. You determine the amount of each payment, which may be made at twelve (12), six (6), three (3) or one (1) month intervals.

6. We reserve the right to offer additional Income Options.

The Income Option tables show monthly Annuity Payments based on \$1,000.00 of annuity proceeds. Upon request, the Annuity Payments under any Income Option can be paid quarterly, semi-annually or annually. The Annuity Payments for any age, sex or payment frequency not shown are furnished upon request.

INCOME OPTION TABLES

Monthly Income per \$1,000 of Policy Proceeds
Guaranteed Basis of Calculation for Income Options

The basis is the Annuity 2000 Mortality Table (sex distinct) @ 1.0%.

Income Option 1
Income for Fixed Period

Table 1	
# of Years Payable	Monthly Income
5	\$17.09
6	\$14.31
7	\$12.33
8	\$10.84
9	\$9.68
10	\$8.76
11	\$8.00
12	\$7.37
13	\$6.84
14	\$6.38
15	\$5.98
16	\$5.64
17	\$5.33
18	\$5.06
19	\$4.82
20	\$4.60

Income Option 2
Income for Life

Age	Table 2 Life w/10 Year Certain		Table 3 Life Only	
	Male	Female	Male	Female
50	\$2.98	\$2.75	\$2.99	\$2.75
51	\$3.04	\$2.81	\$3.07	\$2.82
52	\$3.11	\$2.87	\$3.14	\$2.88
53	\$3.19	\$2.93	\$3.22	\$2.95
54	\$3.27	\$3.00	\$3.30	\$3.02
55	\$3.35	\$3.07	\$3.39	\$3.09
56	\$3.44	\$3.15	\$3.48	\$3.17
57	\$3.53	\$3.23	\$3.57	\$3.25
58	\$3.63	\$3.32	\$3.68	\$3.34
59	\$3.73	\$3.40	\$3.79	\$3.43
60	\$3.83	\$3.50	\$3.90	\$3.53
61	\$3.94	\$3.60	\$4.03	\$3.64
62	\$4.06	\$3.70	\$4.16	\$3.75
63	\$4.19	\$3.81	\$4.30	\$3.87
64	\$4.32	\$3.93	\$4.45	\$3.99
65	\$4.45	\$4.05	\$4.61	\$4.13
66	\$4.59	\$4.18	\$4.78	\$4.27
67	\$4.74	\$4.32	\$4.96	\$4.42
68	\$4.90	\$4.46	\$5.15	\$4.59
69	\$5.05	\$4.61	\$5.36	\$4.77
70	\$5.22	\$4.77	\$5.58	\$4.96

Income Option 4
Joint & Survivor Life Income

Table 4				
Male Age	Female Age	Joint & 100% Survivor	Joint & 2/3 Survivor	Joint & 1/2 Survivor
50	45	\$2.33	\$2.58	\$2.72
50	50	\$2.47	\$2.72	\$2.87
55	55	\$2.74	\$3.05	\$3.23
60	55	\$2.85	\$3.23	\$3.45
65	60	\$3.23	\$3.71	\$4.00
65	65	\$3.54	\$4.05	\$4.35
70	65	\$3.74	\$4.35	\$4.74
70	70	\$4.17	\$4.83	\$5.25
75	70	\$4.44	\$5.25	\$5.78
75	75	\$5.03	\$5.94	\$6.52

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Sagicor

LIFE INSURANCE COMPANY

**4343 N. Scottsdale Rd., Suite 300
Scottsdale, AZ 85251 / 800-531-5067**

FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY

Insurance Payable at Death
You May Pay Flexible Premiums for Life
Nonparticipating



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, AZ 85251 / 800-531-5067

Life Insurance Application

Proposed Insured Information

Name: _____ Sex: Male Female
Maiden Name (if applicable): _____

Date of Birth: _____ Birthplace: _____ Height: _____ Weight: _____

Social Security Number _____ Driver's License Number/State: _____

Residence Address: _____
City State Zip Code

Former Residence: _____
(if at current address less than 2 years) City State Zip Code

Telephone No.: Home _____ Work _____ Other _____

Occupation: _____ Employer's Name: _____

Annual Earned Income: _____ How long with current Employer? _____

Is Proposed Insured a U.S. Citizen? Yes No Email Address: _____

If no, please complete Foreign Travel and Residence Questionnaire and provide alien registration number: _____

Primary Beneficiary Name: _____

Relationship: _____ SSN/Tax ID#: _____ Date of Birth/Trust: _____

Owner Information (If other than the Insured. If Trust, provide copy of title and signature page.)

Owner's Name: _____

Residence Address: _____
City State Zip Code

Telephone No.: Home _____ Work _____ Other _____

Are you a U.S. Citizen: Yes No Email Address: _____

If no, please complete Foreign Travel and Residence Questionnaire and provide alien registration number. _____

Coverage Information

Face Amount applied for: _____

Plan applied for: 10/20/30 YR Term Whole Life Fixed Indexed Universal Life
(circle one term period)

No Lapse Universal Life Perpetual Life Other _____

Coverage Information (cont.)

Riders Applied for: Accidental Death Benefit _____ Accident Disability Income Benefit _____
(Amount Applied For) (Amount Applied For)

Waiver of Premium Return of Premium Waiver of Monthly Deductions Critical Illness

Primary Insured Term Children's Term (Complete Children's Term Rider Application and attach)

Additional Insured Term _____ (Amount Applied For)

Guaranteed Insurability Option Accelerated Benefit Insurance Critical Care

Primary Insured Rider Beneficiary Name: _____

Relationship: _____ SSN/TAX ID# _____ Date of Birth/Trust: _____

UL Elections (select one) Life Insurance Test: Guideline Premium Test Cash Value Accumulation Test
Death Benefit Option: A B

Indexed Allocation %: Declared Rate _____ Indexed Strategy 1: _____ Indexed Strategy 2 _____

Premium Information

Premium Class Quoted: _____ (Policy will be issued in the premium class quoted unless advised otherwise.)

Premium Collected with Application: _____ Lump Sum/1035 Exchange: _____

Planned Premium Mode: Single Annually Semi-Annually Quarterly Monthly EFT

Billing Method: Individual List/Group Bill Draft Initial Premium? Yes No

Premium Loan Option? Yes No

Additional Information/Agent Requests: _____

Additional Insured Information (If Additional Insureds, please attach information on a separate piece of paper.)

Name: _____ Sex: Male Female
Maiden Name (if applicable): _____

Date of Birth: _____ Birthplace: _____ Height: _____ Weight: _____

Social Security Number: _____ Driver's License Number/State: _____

Residence Address: _____
(if at current address less than 2 years) City State Zip Code

Former Residence: _____
(if at current address less than 2 years) City State Zip Code

Telephone No.: Home _____ Work _____ Other _____

Occupation: _____ Employer's Name: _____

Annual Earned Income: _____ How long with current Employer: _____

Primary Beneficiary Name: _____

Relationship: _____ SSN/Tax ID #: _____ Date of Birth/Trust: _____

Additional Insured Information (cont.)

Contingent Beneficiary Name: _____

Relationship: _____ SSN/Tax ID#: _____ Date of Birth/Trust: _____

Are you a U.S. Citizen? Yes No

If no, please complete Foreign Travel and Resident Questionnaire and provide alien registration number: _____

Coverage In Force/Replacement Information

1. Will any life insurance or annuity in this or any other company be replaced or changed as a result of this Application? Yes No (If yes, please list below and complete replacement form.)

2. Does the Proposed Insured or any Additional Insured's have any other life insurance or annuity in force, or is any application for life insurance or annuity or reinstatement now pending or best applied for in the last 90 days? Yes No (Please list below)

Insured	Company	Policy #	Amount	Issue Date	Plan Type

Physician Information

(For each Insured/Additional Insured, please list all physicians seen in the last 5 years.)

Insured	Physician Name/Address/Phone	Date/Reason of last visit

Medical History Information (For all yes answers provide details below)

	Proposed Insured	Additional Insured
1. Is any proposed insured presently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever been treated by a physician for or been diagnosed as having:		
a) High blood pressure, chest pains, heart attack or failure, strokes or any other disease or disorder of the heart or blood vessels, irregular heart beat;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Asthma, emphysema, tuberculosis or any other disease or disorder of the lungs or respiratory system, sleep apnea;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Epilepsy, convulsions, headaches, emotional or mental conditions or any other disease or disorder of the brain or the nervous system;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Ulcer, colitis, hepatitis or any other disease or disorder of the liver, gallbladder, pancreas, stomach, rectum or intestines;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Diabetes, high or low blood sugar, thyroid, lymphatic system or any other glandular disease or disorder;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) High cholesterol, anemia or any other disease or disorder of the blood;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Arthritis, gout, severe injury or any other disease or disorder of the spine, bones, joints or muscles;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Allergies or any other disease or disorder of the eyes, ears, nose, throat or skin;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical History Information (cont.)	Proposed Insured	Additional Insured
i) Sugar, albumin or blood in the urine, kidney stones, sexually transmitted disease or any other disease or disorder of the kidneys, bladder, urinary or reproductive system;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Cancer, tumor, leukemia, melanoma or any other abnormal or malignant growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Received advice, treatment or been convicted for the use of alcohol; used, received advice for, been treated for or been convicted of the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug within the last 10 years ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Had any positive results indicating Human Immunodeficiency Virus (HIV), or been medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Gained or lost more than 10 pounds over the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you currently in a Nursing Home, or in the last 5 years have you been confined to any hospital or clinic or been advised by a physician to have any diagnostic tests, treatment or surgery not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Consulted, been examined or treated by any physician or any medical professional, or had observation or treatment at a hospital not previously stated on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Had any natural parent(s) or sibling(s) diagnosed with coronary artery disease, heart attack, stroke, diabetes, cancer or chronic kidney disease before age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Had any laboratory tests, treatments, or diagnostic procedures, including x-rays, EKG's, or scans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal History Information (For all yes answers provide details below)	Proposed Insured	Additional Insured
Has any proposed insured:		
1. Used any form of tobacco or nicotine products including cigarettes, cigars, pipes, chewing tobacco, snuff, nicotine patches or gum in the last 5 years ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever flown or do you intend to fly as a pilot or crew member of any aircraft? (If yes, complete Aviation Questionnaire)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ever participated in any hazardous sport or avocation including but not limited to sky diving, scuba or skin diving, vehicle or motorcycle racing, rodeo activities, hang gliding, bungee jumping or ballooning? (If yes, complete Avocation Questionnaire)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Had a driver's license suspended or revoked, been convicted of reckless or negligent driving or driving under the influence of alcohol or drugs in the last 10 years ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Intend to travel outside the United States? (If yes, complete Foreign Travel and Residence Questionnaire and attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Ever had any application for insurance or reinstatement of insurance declined, postponed, rated or modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Received or applied for disability sickness or injury benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. In the last 5 years been convicted of or are you awaiting trial for a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details to Yes answers: <hr/> <hr/> <hr/>		

Authorization and Acknowledgement

The undersigned Owner and Proposed Insured declare: By completing this life insurance application, I understand that I am applying for life insurance coverage issued by Sagicor Life Insurance Company ("Sagicor Life"). I understand and consent that this application and information obtained pursuant to this authorization may be used by Sagicor Life to evaluate my eligibility for life insurance. For underwriting and claims purposes, I authorize any physician, medical practitioner, any hospital, clinic or medically related facility, any insurance or reinsuring company, the Medical Information Bureau, Inc ("MIB"), any consumer reporting agency or insurance support organization, Pharmacy Benefit Manager, my employer, or any other organization to release to Sagicor Life or their authorized representatives (including any consumer reporting agency) acting on their behalf, all information requested by Sagicor Life about me or any of my minor children proposed to be insured. This includes but is not limited to: medical consultations, treatments or surgeries; hospital confinements for physical and mental conditions; any medical information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and treatment of me or any of my minor children proposed to be insured; use of drugs or alcohol; prescription drug records and related information maintained by physicians, pharmacy benefit managers and other sources. Any non-medical information about me or my minor children who are to be insured could include items such as information relating to employment, personal finances, habits, other insurance coverage, motor vehicle records, avocations, general reputation, and other personal characteristics. By this authorization, each physician, medical practitioner, hospital, clinic, or medically related facility contacted by Sagicor Life is instructed to provide the entire medical record in its possession concerning me or any of my minor children proposed to be insured. I understand and agree that Sagicor Life may disclose all or some of my information to its insurance administrators, its reinsurance companies, the agent who solicited my application and his or her principals, the MIB, and other persons or organizations performing business or legal services in connection with my application.

This authorization shall be valid for 30 months (24 months in WY, WV, NM, KS, SC and KY). I understand that I or my authorized representative may receive a copy of the authorization upon request. I agree that a photographic copy of this authorization shall be as valid as the original. I understand that I may revoke this authorization at any time by sending written notice to Sagicor Life at their home office. I understand that my right to revoke this authorization is limited to the extent that Sagicor Life has already taken action in reliance on the authorization.

To the best of my knowledge and belief, the statements and answers given on this form are true, complete, and correctly recorded. I understand that no liability exists for Sagicor Life until a policy is delivered and accepted by the owner, first full premium is paid and there has been no change in the health of the proposed insured that would change any of the answers in this application. I understand and agree that no agent may: accept risks or pass upon insurability; make or modify contracts; or waive any of the insurer's rights or requirements. I have received a copy of the "Disclosure Notice to Proposed Insured", and "Accelerated Benefit Insurance Rider Disclosure Statement".

For your protection, the law requires that a warning against insurance fraud appear on this application. Please see the next page for the warning applicable to your state of residence before signing this form.

To help the government fight the funding for terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you apply for life insurance, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If you wish to have more detailed explanation of our information practices, please write to: Sagicor Life Insurance Company; Attention: Compliance Department; PO Box 52121, Phoenix, AZ 85072-2121

Under the penalties of perjury by my signature on this application, I certify that: (1) the Social Security number shown on this application is my correct taxpayer identification number and, (2) I am not subject to back-up withholding either because I have not been notified by the IRS that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to back-up withholding.

Signed at (City, State) _____

On (date) _____

X _____
Proposed Insured Signature (If a minor, signature of parent or guardian)

X _____
Additional Insured Signature
(If a minor, signature of parent or guardian)

X _____
Owner Signature (If other than Proposed Insured)

Writing Agent Name (Please Print)

Writing Agent #

X _____
Writing Agent Signature

X _____
Countersigned (Licensed resident agent if state required)

Fraud Warning

Arkansas, North Dakota, South Dakota and Texas Residents Only: Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

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

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties Include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

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

New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

Tennessee Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

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

Agent's Report

Agent Name (Please Print)	Agent ID #	% Split

Each licensed agent will share equally unless otherwise indicated.

Compliance Information

1. Have you delivered the Consumer Protection Notices to the Proposed Insured(s) or Proposed Owner? Yes No Yes No
2. Did you personally meet with the Applicant/Owner and review their SSN/ Government issued ID? (If No, explain below) Yes No Yes No
3. If premium was accepted, was the Conditional Receipt completed and delivered to the Owner? Yes No Yes No
4. Does the Proposed Insured have any other life insurance or annuities currently in force or pending reinstatement? Yes No Yes No
5. Will any annuity or life insurance presently in force be replaced or changed by this policy applied for? (If Yes, and if required by state regulation, any Replacement Comparison, Notice or Statement must accompany this application.) Yes No Yes No
 1035 Exchange (Attach required forms.) External Internal
6. Is this a premium financed case? Yes No Yes No

Proposed Insured/Owner Information

1. How long have you know the Proposed Insured? _____
2. Are you related? Yes No How? _____
3. Is Proposed Insured a U.S. Citizen? Yes No
 If No, how long in U.S.? _____ Type of Visa? _____
4. Was any other person present to answer questions? Yes No
 If Yes, who and why? _____
5. Does the Proposed Insured and Owner speak and understand English? Yes No
6. What is the purpose of the insurance? _____
7. Do you know anything not disclosed in this application that may affect the risk of life insurance? Yes No
 If Yes, explain _____
8. Sagacor Life is responsible for ordering all medical requirements and will process the order within 48 hours of receiving the application. If the requirements are ordered by the agent, please indicate the requirements ordered and the Paramed Company: _____ Date Ordered: _____
 Blood Profile/HOS MD Exam Treadmill EKG EKG Paramedical Exam
9. Additional Information/Agent Requests: _____

Agent's Certification

I certify that I saw and know the proposed Insured(s) to be the person(s) described in this application and have truly and accurately recorded the information supplied by the applicant, that I know of no condition affecting the eligibility of insurability of the applicant not fully set forth in the application, and that I have made no declaration, representation, or waiver regarding coverage or the provisions or terms of the application or policy. I further certify that I am licensed in the state in which this application was completed and have delivered all required notices and disclosures and fully complied with all privacy and replacement regulations. I also assume full responsibility for the delivery of the policy and the submission of the first premium.

Signed (Writing Agent) _____ Date _____

Phone # _____ Fax # _____ E-Mail _____



Sagicor
LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, AZ 85251 / 800-531-5067

Conditional Receipt ("Receipt")

Detach and leave this page with the Applicant if money is submitted with the application. If within the past 3 years any Proposed Insured has been treated for or consulted with a physician concerning heart disease, stroke, or cancer, no payment may be accepted with the application.

Make all checks payable to Sagicor Life Insurance Company. Do not make checks payable to the Agent or leave the payee blank.

Received from _____ as the Applicant, the sum of \$ _____, for the Insurance application dated _____, with _____ as the Proposed Insured. The policy you applied for will not become effective unless and until a policy contract is delivered to you and all other conditions of coverage are met. However, subject to the conditions and limitations of this Receipt, conditional insurance under the terms of the policy applied for may become effective as of the later of (1) the date of application and (2) the date of the last medical examination, test, and/or other screening required by the Company, if any (the "Effective Date"). Such conditional insurance will take effect as of the Effective Date, so long as all of the following requirements are met:

1. Each person proposed to be insured is found to have been insurable as of the Effective Date, exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;
2. As of the Effective Date, all statements and answers given in the application must be true;
3. The payment with the application must not be less than the full initial premium for the mode of payment chosen in the application and must be received at our Home Office within the lifetime of the proposed insured;
4. All medical examinations, tests, and other screenings required of the proposed insured by the Company are completed and the results received at our Home Office within 90 days of the date the application was completed; and
5. All parts of the application, any supplemental application, questionnaires, addendum and/or amendment to the application are signed and received at our Home Office.

Any conditional coverage provided by this Receipt will terminate on the earliest of: (a) 90 days from the date the application was signed; (b) the date the company either mails notice to the Applicant of the rejection of the application and/or mails a refund of any amount paid with the application; (c) when the insurance applied for goes into effect under the terms of the policy applied for; or (d) the date the Company offers to provide insurance on terms that differ from the insurance for which you have applied.

The aggregate amount of conditional coverage provided under this Receipt, if any, and any other conditional receipt issued by the Company shall be limited to the lesser of the amount(s) applied for or [\$500,000] of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

If one or more of this Receipt's conditions have not been met exactly, or if a Proposed Insured dies by suicide, the Company will not be liable except to return any premium made with the application.

If the Company does not approve and accept the application for insurance within 90 days of the date you signed the application, the application will be deemed to be rejected by the Company and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment(s) you have made upon return of this Receipt to the Company.

This Receipt is not valid unless all blanks are completed above and this Receipt is signed by an agent. This Receipt does not provide any conditional insurance until all of the conditions and requirements are met as outlined above.

Dated at _____ on _____ X _____
City, State *Date* *Agent's Signature*



4343 N. Scottsdale Rd., Suite 300
Scottsdale, AZ 85251 / 800-531-5067

Disclosure Notice to Proposed Insured

Leave with Proposed Insured

Investigative Consumer Report Notice

You are our most important source of information, but personal information may also be collected from other persons. Such information as well as other personal or privileged information later collected by us or your Agent, may in certain circumstances, be disclosed to third parties without your authorization.

In connection with your application for insurance, an investigative consumer report may be prepared, in which information is obtained from public records and through personal interviews with your neighbors, friends, employers, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You may request to be interviewed as part of the report. Upon written request to the Company, further information on the nature and scope of the report will be provided.

Information Practices

Personal information we obtain during the underwriting process is private and confidential. We will not disclose such information to other persons or organizations without your written authorization except to the extent necessary to conduct our business, or as permitted or required by law. You have the right to be told about and obtain access to certain items of personal information in our files. You also have the right to request correction of information you believe to be inaccurate. If you would like to receive a more detailed explanation of our information practices, please write to:

Sagicor Life Insurance Company
Attention: Compliance Department
P.O. Box 52121
Phoenix, AZ 85072

Medical Information Bureau (MIB) Notice

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

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the Fair Credit Reporting Act. The address of MIB's information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112. MIB's telephone number is (617) 426-3660.

Sagicor Life Insurance Company or its reinsurers may also release information from its file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067

**Platinum Series
Fixed Indexed Universal Life Insurance
Disclosure Supplement to Application**

This Disclosure Supplement describes and summarizes certain key features of the Sagicor Life Insurance Company Platinum Series Fixed Indexed Universal Life Insurance Policy. Please see Your Policy for more detailed policy information. This Policy and some features of this Policy may not be available in all states or may vary by state.

Insured Name

Owner Name (if other than Insured)

Writing Agent Name

WHAT IS THE SAGICOR LIFE INSURANCE COMPANY PLATINUM SERIES FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY?

This Policy is a flexible premium indexed universal life insurance policy. Premium payments are subject to certain guidelines. Indexed means you have the choice of allocating Your funds into three (3) interest crediting strategies, described below. This Fixed Indexed Universal Life Insurance Policy is permanent life insurance coverage and is not a variable contract or any type of investment contract. The Policy is nonparticipating, so it is not eligible for dividends. Upon the Insured's death, the proceeds are paid to the named Beneficiaries.

WHAT ARE THE INTEREST CREDITING STRATEGIES?

There are currently three (3) crediting strategies.

Declared Rate Strategy [1]

Declared Rate Strategy [1] offers a current credited interest rate declared by Us that will be in effect for at least the first 12 months. At each anniversary We may change this rate for the following year but it will never be less than the Guaranteed Annual Interest rate of 2% per year.

Two (2) index linked strategies

The current index linked strategies available are Indexed Strategy [1] and Indexed Strategy [2]. Each offers index credits that are linked in part to the performance of the market index elected. The value of your policy may be enhanced by the performance of the external index you selected, but there is no "downside risk" because you do not directly participate in any index fund, stock, or equity investment. The indexed strategies guarantee the credited rate will never be less than 0%.

Indexed Strategy [1]

This indexed strategy is linked to the S&P 500® index. The Indexed Interest Rate is calculated by dividing the end of the Term Period indexed value by the beginning of the Term Period indexed value subject to the appropriate Participation Rate and Cap. The indexed values used exclude any dividends.

Indexed Strategy [2]

This indexed strategy is a "basket" of indices and utilizes a three (3) year Global Look Back. The Indexed Interest Rate is calculated using 60% of the return of the best performing index, plus 40% of the return of the 2nd best performing index and subject to the appropriate Participation Rate and Cap. The worst performing index over the period is not used when determining the Indexed Interest Rate.

Currently the three (3) indices used in Indexed Strategy [2] are the:

- Russell® 2000
- Dow Jones EURO STOXX 50® Index
- Hang Seng Index

These provide an opportunity to benefit from globally diversified indices that do not necessarily move in the same direction at the same time.

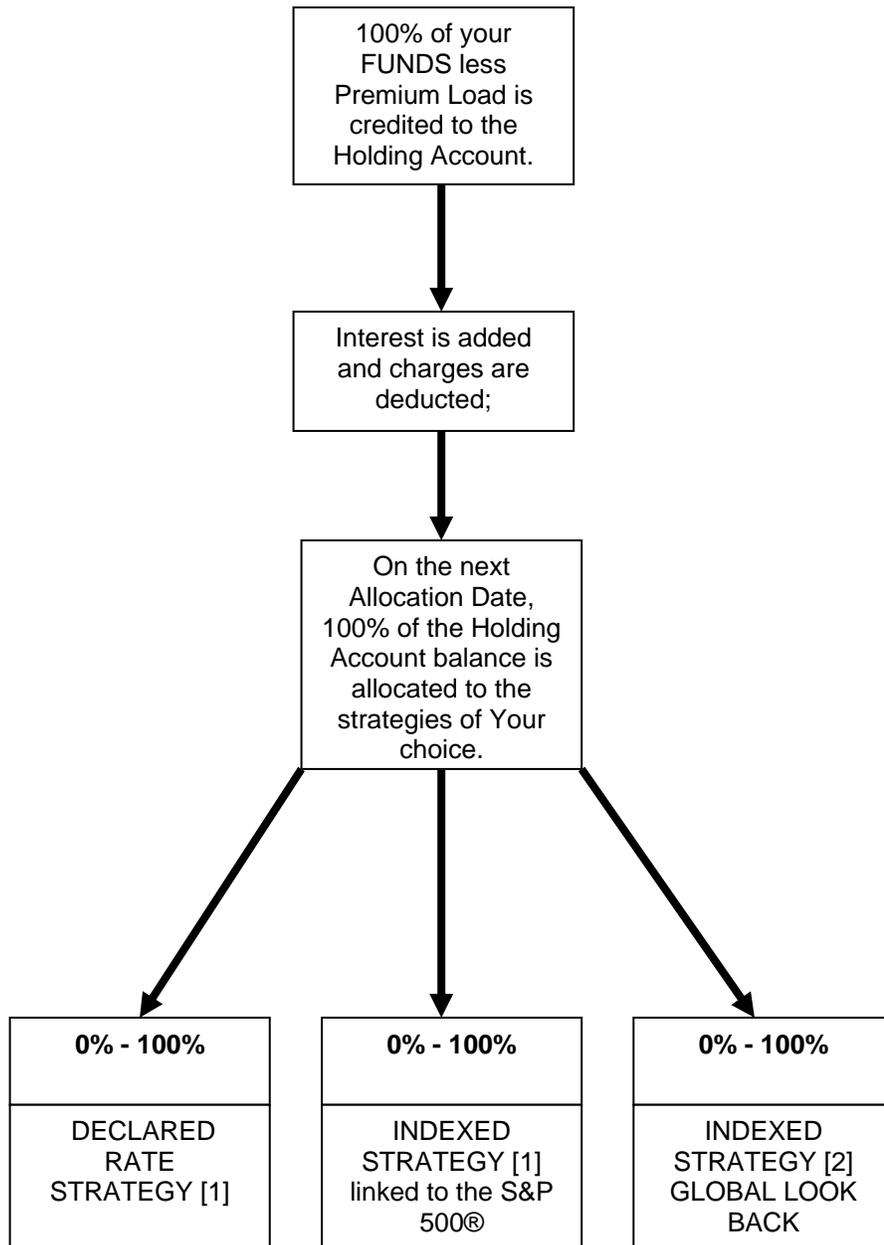
HOW DO I ELECT A STRATEGY?

Your strategy election is communicated to Sagicor Life Insurance Company by completing Application Form [5026].

Your allocation can be made to any of the three (3) interest crediting strategies. The allocation percentages can be in any proportion as long as they equal 100%.

WHAT STEPS ARE TAKEN ONCE MY FUNDS ARE PAID AND THE POLICY IS ISSUED?

Once we receive your Funds and the Policy is issued the following takes place.



ONCE MY FUNDS ARE ALLOCATED TO A STRATEGY, WHAT HAPPENS?

DECLARED RATE STRATEGY [1]

When funds are allocated to Declared Rate Strategy [1] a Declared Rate Account is created. Interest is credited to the account on a daily basis. The interest rate is fixed for the one year Term Period and is guaranteed never to be less than 2% per year.



When funds are allocated to Indexed Strategy [1] an Indexed Strategy Account is created and the one year Term Period begins.

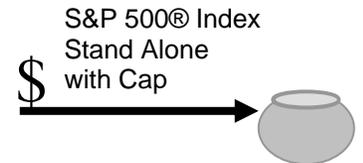
Indexed Strategy [1] uses the S&P 500® index. It is a one year point-to-point strategy. Indexed interest, if any, is credited to the Indexed Strategy Account, on the Policy Anniversary.

INDEXED STRATEGY [1]

The strategy election will automatically renew for another year unless you request a transfer to a different strategy.

The indexed interest credited is based on the change in the index from the beginning of the Term Period to the end of the Term Period and subject to the Participation Rate and Cap.

Any positive gains are locked in and not subject to loss next year. Interest credited to the Indexed Strategy Account [1] can never be less than zero.



When funds are allocated to Indexed Strategy [2] an Indexed Strategy Account is created. This strategy has a three (3) year Term Period. Interest will be credited to the Indexed Strategy Account at the end of the Term Period. If the Policy terminates due to the death of the Insured, then the Term Period will end on the date of death and interest will be credited to the Indexed Strategy Account at that time.

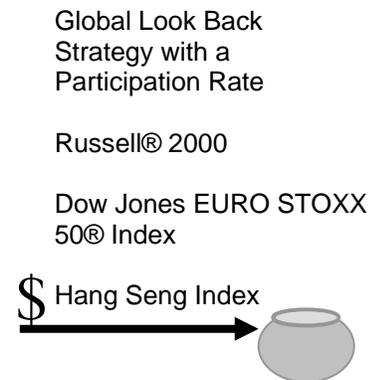
INDEXED STRATEGY [2]

The value of the three (3) indices at the end of the Term Period are compared with their respective value at the beginning of the Term Period.

Indexed interest, if any, is calculated using 60% of the return of the best performing index and 40% of the return of the second best performing index and then adjusted for the Participation Rate and Cap. The worst performing index over the period is not used when determining the amount of indexed interest to be credited to the Indexed Strategy Account.

This strategy provides an opportunity to benefit from globally diverse indices that do not necessarily move in the same direction, at the same time.

Any positive gains are locked in and not subject to loss during the next Term Period. Interest credited to Indexed Strategy Account [2] can never be less than zero.



When can I change my allocation choices?

The Declared Rate Strategy and Indexed Strategy [1] have one year Term Periods and can be adjusted at the end of the Term Period. Indexed Strategy [2] has a three (3) year Term Period and can be adjusted at the end of the three year period. You will be notified when these periods are about to renew.

What are the declared interest rate, the Participation Rate and Cap?

The fixed interest rate for Declared Rate Strategy [1] is declared annually and guaranteed for one year. The current one year rate for this policy can be found at our website, www.SagikorLifeUSA.com, or by calling our Marketing Department at 1-800-406-9900. The fixed rate is guaranteed to never be less than [2%] per year for the life of the policy.

Indexed Strategy [1] (S&P 500® Index linked strategy) currently has a [100%] Participation Rate and a [10%] Cap. The Participation Rate and Cap are guaranteed for the initial Term Period. The minimum Participation Rate is [100%]. There is a minimum Cap of [4%].

Indexed Strategy [2] (Global Look Back Strategy) has no Cap and an Initial Participation Rate of [60%] which is declared by us and guaranteed for each three (3) year Term Period. The minimum Participation Rate is [20%].

Acknowledgements and Statements of Understanding

Please initial each of the following statements, signifying that you have read and understand each statement.

- _____ This is a life insurance policy that is neither a variable contract nor any type of investment contract.
- _____ Any personalized illustrations are based on hypothetical rates of return which are not indicative of future index crediting or actual interest credited in the Declared Rate Strategy.
- _____ You have a 30-Day Right To Examine and return the policy after you receive it. If you decide to return the policy, all premiums paid will be returned.
- _____ Sagikor Life Insurance Company reserves the right to set non-indexed interest rates, Participation Rates, and Caps subject to guaranteed minimums and maximums in the Policy.
- _____ I understand that this Disclosure Supplement to Application is made part of my Application for a Sagikor Life Insurance Company Platinum Series Fixed Indexed Universal Life Insurance Policy which is a nonparticipating (no dividends) fixed indexed universal life policy.
- _____ The Sagikor Life Insurance Company Platinum Series Fixed Indexed Universal Life Insurance Policy contains a Declared Rate Strategy and two (2) indexed strategies. While the Policy may be affected by an external index, I understand my Funds and Policy Value do not directly participate in any stock market index, mutual fund, stock or other investment in securities.
- _____ Sagikor Life Insurance Company does not render legal or tax advice. If legal or tax advice is required, the services of a competent professional should be sought.

By signing below, I acknowledge that I have read and understand this document.

Signature of Insured

Date

Signature of Owner

Date

Agent Certification

I certify that this Disclosure Supplement to Application has been presented to the Insured and Owner. I have not made any promises about future results and have not made any statements that differ from the information detailed in this form, company brochure, or Policy.

Signature of Writing Agent

Date

The Policy is issued by Sagicor Life Insurance Company a member of the Sagicor Financial Group. All guarantees are based on the financial strength and claims paying ability of Sagicor Life Insurance Company which is solely responsible for the obligations under this Policy.

Disclosures:

Each Index does not reflect dividends paid by the stock underlying that index.

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ACCIDENTAL DEATH BENEFIT RIDER

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. The Effective Date of this Rider, the amount of Accidental Death Benefit, and the Rider Charges are shown on the Rider Charges Page in the Policy. The Rider Charge is deducted on each Monthly Processing Date from the Accumulation Value of the Policy to which this Rider is attached.

RIDER BENEFITS

In return for Your Application for this Rider and payment of its monthly Rider Charge, We agree to provide the benefits described in this Rider.

DEATH BENEFIT

We will pay to the Beneficiary the Accidental Death Benefit amount, shown on the Rider Charges Page, when We receive proof In Writing that the death of the Insured resulted from a Covered Accident while this Rider was in force.

DEFINITIONS

A Licensed Physician, as used in this Rider, is a trained physician who is licensed to practice medicine in the United States and is not the Insured, Owner, or a member of their immediate family by blood or marriage.

DEFINITION OF A COVERED ACCIDENT

A Covered Accident means a sudden, unexpected and unintended injury independent of disease or infirmity or any other cause; and

1. Occurred within 90 days from the date of injury; and
2. Occurred while the Policy and this Rider were in force.

RISKS NOT COVERED

No benefit will be provided by this Rider if, the Insured's death results, directly or indirectly, from any of the following causes or is contributed to, wholly or in part, by any of the following causes:

1. Suicide, while sane or insane; or
2. An act that was caused by war, declared or undeclared; or
3. Military, naval or air service for any country at war, declared or undeclared; or
4. Taking part in a riot, insurrection, or rebellion; or
5. Taking part in a civil commotion, civil disobedience, or unlawful assembly, except while acting in a lawful manner within the scope of authority; or
6. Drug addiction unless such drugs were taken on the advice of a Licensed Physician; or
7. Committing or attempting to commit an act which would constitute a felony; or
8. Committing a misdemeanor, except in self defense; or
9. Alcoholism (not in FL and MN); or
10. Taking part in a contest of speed involving motor vehicles or boats; parachuting, or hang gliding; or
11. Taking part in a sport for pay or profit; bungee jumping; rappelling or mountain climbing; or
12. Air travel, except while riding as a fare paying passenger on a regularly scheduled commercial airline, or as a passenger for transportation only and not as a pilot or crewmember.

AUTOPSY

We have the right to examine the body of the Insured and to have an autopsy performed, at Our expense, if not forbidden by law.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of this Policy. It is determined by the Date of Birth written on the Application. The Attained Age of the Insured is his or her age on the last birthday on the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered on or after the Insured's death, then the Accidental Death Benefit Rider Amount will be adjusted. The Accidental Death Benefit Rider Amount will be that which would be purchased by the most recent Rider Charge based on the correct age and sex.

If a misstatement of age or sex of the Insured is discovered prior to the Insured's death, then Policy Values will be recalculated from the Effective Date of this Rider using Rider Charges for the correct age and sex. All future Rider Charges will be based on the correct age and sex.

INCONTESTABILITY

This Rider is subject to the Incontestability provision of the Policy. However, the contestable period for this Rider will be measured from the Effective Date of this Rider.

TERMINATION

This Rider terminates on the earliest of the following dates:

1. The next Monthly Processing Date for the Policy on or after the date We receive Your request, In Writing, to terminate this Rider (You must return the Policy and this Rider for endorsement); or
2. The Policy Anniversary that follows the Insured's 70th birthday; or
3. The date any claim shown to be fraudulent is submitted; or
4. The date the Policy terminates.



Secretary



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Scottsdale, AZ 85251 / 800-531-5067

CHILDREN'S TERM RIDER

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. The Effective Date, the Rider Benefit Amount and the Rider Charges are shown on the Rider Charges Page in the Policy. The Rider Charge is deducted on each Monthly Processing Date from the Accumulation Value of the Policy to which this Rider is attached.

DEFINITIONS

Insured Child, as used in this Rider, means any unmarried Child, stepchild or legally adopted Child of the Insured who is named in the Application for this Rider and who, at the date of Application, is less than 20 years of age. It also means any Child who, after the date of the Application, is born to the Insured, or is legally adopted by the Insured prior to the Child's 20th birthday. A Child will cease to be an Insured Child on the earliest of the following dates:

1. The Rider anniversary date that follows the Child's 25th birthday; or
2. The date of the Child's marriage; or
3. The date this Rider is converted.

RIDER BENEFITS

In return for Your Application for this Rider and payment of its monthly Rider Charge, We agree to provide the benefits described in this Rider.

DEATH BENEFIT

We will pay the Children's Term Rider Benefit Amount for an Insured Child when We receive proof, In Writing, that the death occurred while this Rider was in force on that Insured Child, and after that Insured Child had attained the age of 15 days. The Children's Term Rider Benefit Amount will also be paid if the death of the Insured Child occurred during the first 30 days after the child ceases to meet the definition of Insured Child and before a Conversion Policy has taken effect. (See Conversion Of Insurance section below.)

PAID-UP TERM INSURANCE

If the Insured under the Policy dies while this Rider is in force, the insurance provided by this Rider for Insured Children will be changed to Paid-Up Term Insurance. The Face Amount of the Paid-Up Term Insurance for each Insured Child will equal the amount of insurance in effect for such Insured Child on the date of the Insured's death. No further monthly charges will be required for this Rider. The Paid-Up Term Insurance for each Insured Child will continue to the earlier of the following dates:

1. 30 days after the date such Child ceases to meet the definition of Insured Child; or
2. The date the Insured Child's coverage is converted.

If the Paid-Up Term Insurance terminates due to the Insured Child's marriage, any remaining Cash Value may be paid to You or applied to the premium for the Conversion Policy.

CONVERSION OF INSURANCE

The coverage provided by this Rider on an Insured Child may be converted to a separate Policy on the life of the Insured Child. No Evidence Of Insurability will be required. This Conversion will be subject to the following:

1. The Conversion must take place while this Rider is in force and the Insured Child is living. Coverage may be converted within 30 days after the date such Child ceases to meet the definition of Insured Child.
2. The Conversion Policy may be any permanent life insurance Policy being issued by Us for Conversion at that time. The amount of the Conversion Policy may be no more than five (5) times the amount of insurance that is in force on the life of the Insured Child. The amount of insurance converted must meet the minimum issue rules for the plan chosen.
3. The charge will be at the rate then in use for the plan chosen.

4. We must receive an Application and the first premium for the Conversion Policy prior to the expiration of the 30 day period referred to in item 1 above. The Conversion will take effect when We receive the Application and premium in Our Home Office. Application must be made by the Insured Child and signed by You. If the Insured Child is not old enough to legally apply for life insurance, the Application must be made by the Insured Child's legal guardian.
5. The Effective Date of the Conversion Policy will be the date the previous coverage terminated.
6. The Suicide and contestable periods under the Conversion Policy will be based on the Effective Date of this Rider. However, for any increase in benefit amount made at the time of Conversion or any Riders added to the Conversion Policy, the Suicide and contestable periods will begin on the Effective Date of the Conversion Policy.

CASH VALUE

This Rider has no Cash Value except while it is in force as Paid-Up Term Insurance. The Cash Value of this Rider with respect to each Insured Child is equal to the net single premium for the Paid-Up Term Insurance in force at the then current age of that Insured Child. The Cash Value will be based on the mortality table and interest rate used to calculate reserves on the Policy. A table of Cash Values will be furnished upon request.

SURRENDER

If this Rider is in force as Paid-Up Term Insurance, it may be surrendered for its Cash Value at Your written request. Upon Surrender, the Rider terminates and the Cash Value will be paid to You in one sum. Surrender will be effective on the date We receive this Rider and a request for Surrender In Writing.

If Surrender occurs within 31 days after a Rider anniversary date, the Cash Value will not be less than the Cash Value on such date. We may postpone payment for not more than six (6) months from the date We receive this Rider and a request for Surrender In Writing.

OWNER

The Owner of the Policy to which this Rider is attached will be the Owner of this Rider. If the Owner is the Insured, after the death of the Insured, control of the resulting Paid-Up Term Insurance on each Insured Child will pass to that Insured Child or to his or her legal guardian.

BENEFICIARY

Unless otherwise provided, any amount payable under this Rider upon the death of the Insured Child will be paid to the Policy Owner, if living. Otherwise, it will be paid to the estate of the deceased Insured Child. No change of Beneficiary may be made with respect to any amount payable under this Rider after the death of an Insured Child.

GRACE PERIOD

If an Insured Child dies during the Grace Period of the Policy, all monthly deductions due under the Policy will be deducted from the Children's Term Rider Benefit Amount payable. If the due and unpaid monthly deduction exceed the Children's Term Rider Benefit Amount payable, the entire amount due must be paid before any benefit will be paid under this Rider.

PAYMENT OF PROCEEDS

Any amount payable on the death of an Insured Child may be applied to any Income Option available under the Policy. A supplementary contract will be issued. Surrender of the Policy will not be required.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of the Policy. It is determined by the Date of Birth written in the Application. The Attained Age of the Insured is his or her age on the last birthday on the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered on or after the Insured's death, then the Children's Term Rider Benefit Amount will be adjusted. The Children's Term Rider Benefit Amount will be that which would be purchased by the most recent Rider Charge based on the correct age and sex.

If a misstatement of age or sex of the Insured is discovered prior to the Insured's death, then Policy Values will be recalculated from the Rider Effective Date using Rider Charges for the correct age and sex. All future Rider Charges will be based on the correct age and sex.

SUICIDE

If an Insured Child commits Suicide, while sane or insane, within two (2) years (one year in CO, MO and ND) from the Effective Date of this Rider, no benefits will be paid. However, this Rider will continue in force on all other children then currently covered.

INCONTESTABILITY

This Rider is subject to the Incontestability provision of the Policy. However, the contestable period for this Rider will be measured from the Effective Date of this Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The next Monthly Processing Date for the Policy on or after the date We receive Your request, In Writing, to terminate this Rider. (You must return the Policy and this Rider for endorsement); or
2. The date the Policy terminates (However, if it terminates due to the death of the Insured, this Rider will continue in force as explained in the Paid-Up Term Insurance provision.); or
3. The date that coverage for the last remaining Insured Child ceases to meet the definition of Insured Child or is converted.



Secretary



4343 N. Scottsdale Rd., Suite 300
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ACCELERATED BENEFIT INSURANCE RIDER

You should consult with a personal tax advisor if You are considering electing an Accelerated Benefit payment. Benefits, as specified in Your Policy, will be reduced upon receipt of an Accelerated Benefit payment. Receipt of Accelerated Benefit payments may be taxable or may affect Your eligibility for benefits under state or federal law.

This Rider is not intended to provide coverage primarily for confinement in a Nursing Home Facility or long term care benefits.

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. The Effective Date of this Rider is shown on the Rider Charges Page in the Policy.

DEFINITIONS

An Accelerated Benefit is an advance of a portion of the Death Benefit prior to the Insured's death due to a Terminal Condition or certification by a Licensed Physician that the Insured is diagnosed with a Chronic Illness.

A Licensed Physician, as used in this Rider, is a trained physician who is licensed to practice medicine in the United States and is not the Insured, the Owner, or a member of any of their immediate family by blood or marriage.

Terminal Condition, as used in this Rider, means that an imminent death is expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of 12 months or less of the Insured.

Chronic Illness, as used in this Rider, means that the Insured has been certified by a Licensed Physician within the last 30 days as being unable to perform, without substantial assistance from another individual, at least two Activities Of Daily Living for a period that is expected to last at least 90 days due to a loss of functional capacity.

Activities Of Daily Living, as used in this Rider, are the following; eating, toileting, transferring, bathing, dressing, or continence.

Accelerated Benefit Amount, as used in this Rider, means the lesser of an amount equal to the Death Benefit less \$25,000, or [\$250,000].

Administrative Fee, as used in this Rider, means a one time charge equaling the lesser of [\$250] or the maximum allowed by law in the state in which this Policy was issued.

ACCELERATION OF BENEFIT

We will pay to You Your elected portion of the Accelerated Benefit Amount when We receive, In Writing, proof that the Insured has a Terminal Condition or a Chronic Illness, as defined in this Rider. This proof must include, but is not limited to, certification by a Licensed Physician.

In addition We reserve the right to have the Insured examined by a Licensed Physician of Our choice, at Our expense, as part of any proof to establish eligibility for Accelerated Benefits. In a case of dispute Our Licensed Physician's opinion will prevail.

The total Accelerated Benefit Amount paid under all policies and Riders issued by Us on the life of the Insured will not exceed [\$250,000].

ACCELERATED BENEFIT AMOUNT DUE TO A TERMINAL CONDITION

Upon certification by a Licensed Physician that the Insured has been diagnosed with a Terminal Condition, as defined in this Rider, You may elect to accelerate any portion of the Accelerated Benefit Amount. The Administrative Fee will be deducted from the amount elected and the remainder will be paid in a lump sum.

ACCELERATED BENEFIT AMOUNT DUE TO A CHRONIC ILLNESS

Upon certification by a Licensed Physician that the Insured has been diagnosed with a Chronic Illness, as defined in this Rider, You may elect to accelerate any portion of the Accelerated Benefit Amount. The amount elected will be paid out in [33] equal monthly installments. The Administrative Fee will be deducted from the first installment.

EFFECT ON YOUR POLICY

Upon payment of the Accelerated Benefit, Your coverage will remain in force. However, the Death Benefit will be reduced by the amount of the Accelerated Benefit Amount paid. The Face Amount, the Accumulation Value, the Guaranteed Accumulation Value, and any Indebtedness of this Policy will be reduced proportionately based on the ratio of the Accelerated Benefit Amount paid to the Death Benefit prior to the reduction.

If the claim is due to a Terminal Condition, all future Monthly Deductions will be waived.

If the claim is due to a Chronic Illness, Monthly Deductions will be waived during the period when the Chronic Illness Benefit is being paid. At the end of the Chronic Illness Benefit period or upon recovery, whichever occurs first, the Monthly Deductions will resume.

DEATH OF AN INSURED

If the Insured dies prior to all monthly payments being made, the Policy will reduce to reflect the Accelerated Benefit paid. The reduced amount will be paid as a lump sum or as an Income Option to the Beneficiary.

If You request a benefit payment under this Rider and death of the Insured occurs before Our payment of the Accelerated Benefit, no Accelerated Benefit will be payable. In the event We make an Accelerated Benefit payment in good faith and the death occurs after the first payment date, We will be released from liability to the extent of such payment made or action taken prior to Our receipt of proof of death.

RIDER CHARGE AND CASH VALUE

There is no Rider Charge, Cash Value or Loan Value associated with this Rider.

REINSTATEMENT

If the Policy is Reinstated, this Rider, if not fully paid out at the time the Policy is Reinstated, will also be Reinstated.

RIDER LIMITATIONS

Your right to be paid an Accelerated Benefit is subject to the following conditions:

1. The Policy and Rider must be in force for 12 months before the Insured is eligible to receive any Accelerated Benefit payments.
2. If the Policy or this Rider is subject to an irrevocable Beneficiary designation or an assignment, except to Us as security for a Policy Loan, You must provide Us with written consent by any such Beneficiary or assignee to any payment under this Rider.
3. In order to prevent involuntary advance of proceeds, the Accelerated Benefit is not available if the Owner or Insured:
 - a. is required by law to elect an Accelerated Benefit in order to meet the claims of creditors, whether in bankruptcy or otherwise; or,
 - b. is required by a governmental agency to elect an Accelerated Benefit in order to apply for, obtain, or keep a government benefit or entitlement.

4. No Accelerated Benefit will be provided if the Terminal Condition or Chronic Illness results from intentionally self inflicted injuries or attempted suicide, while sane or insane (not in MO).
5. Only one type of Accelerated Benefit payment will be allowed. You cannot receive a payment based on a Terminal Condition and a Chronic Illness.

TERMINATION

This rider terminates on the earliest of the following dates:

1. the date any claim shown to be fraudulent is submitted, and
2. the date the Policy terminates, and
3. the date the Accelerated Benefit is exhausted.



Secretary

WAIVER OF MONTHLY DEDUCTIONS RIDER

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. The Effective Date of coverage and the rates for this Rider are shown on the Rider Charges Page in the Policy.

MONTHLY DEDUCTIONS

Monthly Deductions are the sum of the Policy Expense Charges, Cost Of Insurance Charges and all other Rider Charges.

RIDER BENEFITS

In return for Your Application for this Rider and payment of its monthly Rider Charge, We agree to provide the benefits described in this Rider.

We will waive all Monthly Deductions for each Monthly Processing Date for as long as the Insured meets the definition of Totally Disabled. However, We will continue to deduct Monthly Deductions until We receive, In Writing, proof of Your claim. When We approve Your claim, any eligible Monthly Deductions previously deducted will be waived.

RIDER CHARGE

The Waiver of Monthly Deductions Rider Charge is deducted on each Monthly Processing Date from the Accumulation Value of the Policy to which this Rider is attached. The Waiver of Monthly Deductions Rider Charge is equal to the Monthly Rider Percentage multiplied by the Monthly Deductions. The Monthly Guaranteed Rider Percentages are shown on the Waiver of Monthly Deductions Rider Charges Page. We may use Monthly Rider Percentages less than the Monthly Guaranteed Rider Percentage shown on the Waiver of Monthly Deductions Rider Charges Page.

DEFINITIONS

A Licensed Physician, as used in this Rider, is a trained physician who is licensed to practice medicine in the United States and is not the Insured, Owner, or a member of their immediate family by blood or marriage.

DEFINITION OF TOTALLY DISABLED

Totally Disabled means either:

1. The permanent, total loss of any of the following:
 - a. The sight of both eyes; or
 - b. The use of both hands; or
 - c. The use of both feet; or
 - d. The use of one hand and one foot; or
2. A disability that:
 - a. Results from an injury first occurring or a disease first manifesting itself after the Effective Date of this Rider, but before the Policy Anniversary that follows the Insured's 60th birthday; and
 - b. Has continued for at least six (6) consecutive months; and
 - c. Requires regular attendance by a licensed physician other than the Insured; and
 - d. Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. (During the first 24 months of Total Disability, an occupation means the Insured's regular occupation at the time the Total Disability began. Afterwards, it means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training or experience. Being a homemaker or a student is considered engaging in work for pay or profit.)

NOTICE OF CLAIM AND PROOF OF DISABILITY

We must receive, In Writing, notice of Your claim and proof that the Insured is Totally Disabled at Our Home Office:

1. While the Insured lives; and
2. Within one (1) year after the start of the Total Disability; and
3. While the Insured is Totally Disabled.

Prior to the approval of any claim, We will have the right and opportunity to have one or more Licensed Physicians named by Us to examine the Insured. This will be done at Our expense, as often as We may reasonably require.

Failure to give notice and proof within one (1) year will not cause the denial of a claim if it is shown that the notice and proof were given as soon as was reasonably possible. However, no Monthly Deductions deducted more than one (1) year prior to Your proof of claim will be waived.

PROOF OF CONTINUANCE OF DISABILITY

From time to time, We may also require, In Writing, proof that the Insured continues to be Totally Disabled. We may also require the Insured to be examined at reasonable intervals by one or more Licensed Physicians named by Us. This will be done at Our expense. We will not require proof by examination more often than once a year after Total Disability has continued for two (2) full years. If proof is not furnished on request or if the Insured fails to submit to examination, no further Monthly Deductions will be waived.

NOTICE OF RECOVERY

You must give Us notice at once when the Insured recovers from Total Disability.

REOCCURRENCE OF PRIOR DISABILITY

If, after recovery from a Total Disability which has lasted for at least six (6) consecutive months, the Insured suffers another Total Disability that:

1. Starts within 30 days of recovery; and
2. Is due to the same or related causes as the prior Total Disability;

then, the Total Disability will be deemed to have continued during the period between recovery and reoccurrence.

DISABILITIES NOT COVERED

No Benefit will be provided by this Rider if, Total Disability began before this Rider was in force; or if the Total Disability is caused directly or indirectly by:

1. An intentionally self-inflicted injury while sane or insane; or
2. An act that was caused by war, declared or undeclared; or
3. Military, naval or air service for any country at war, declared or undeclared; or
4. Taking part in a riot, insurrection, or rebellion; or
5. Taking part in a civil commotion, civil disobedience, or unlawful assembly, except while acting in a lawful manner within the scope of authority; or
6. Drug addiction unless such drugs were taken on the advice of a Licensed Physician; or
7. Bodily injury sustained while in the service of the armed forces of any country; or
8. Bodily injury sustained during a period of time of incarceration in any type of penal institution (except in Iowa); or
9. Mental illness or functional nervous disorder; or
10. Committing a felony, except in self defense; or
11. Committing a misdemeanor, except in self defense; or
12. Alcoholism (not in FL and MN); or
13. Taking part in a contest of speed involving motor vehicles or boats; parachuting, or hang gliding; or
14. Taking part in a sport for pay or profit; bungee jumping; rappelling or mountain climbing; or
15. Air travel, except while riding as a fare paying passenger on a regularly scheduled commercial airline, or as a passenger for transportation only and not as a pilot or crewmember.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of the Policy. It is determined by the Date of Birth written in the Application. The Attained Age of the Insured is his or her age on the last birthday on the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered, then Policy Values will be recalculated from the Effective Date of this Rider using Rider Charges for the correct age and sex. All future Rider Charges will be based on the correct age and sex.

INCONTESTABILITY

This Rider is subject to the Incontestability provision of the Policy. However, the contestable period for this Rider will be measured from the Effective Date of this Rider.

SETTLEMENT OR SURRENDER

The amount payable under any settlement will not be reduced by any amounts waived under this Rider.

TERMINATION

This Rider terminates on the earliest of the following dates:

1. The next Monthly Processing Date for the Policy on or after the date We receive Your request, In Writing, to terminate this Rider (You must return the Policy and this Rider for endorsement); or
2. The Policy Anniversary that follows the Insured's 60th birthday (However, such termination will not affect an eligible claim for disability occurring before then); or
3. The date any claim shown to be fraudulent is submitted; or
4. The date the Policy terminates.



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ACCELERATED BENEFIT INSURANCE RIDER DISCLOSURE STATEMENT

You should consult with a personal tax advisor if You are considering electing an Accelerated Benefit payment. Benefits as specified in Your Policy will be reduced upon receipt of an Accelerated Benefit payment. Receipt of Accelerated Benefit payments may be taxable or may affect Your eligibility for benefits under state or federal law.

This Rider is not intended to provide coverage primarily for confinement in a Nursing Home Facility or long term care benefits.

DESCRIPTION OF BENEFITS

An Accelerated Benefit is an advance of a portion of the Death Benefit prior to the Insured's death due to a Terminal Condition or certification by a Licensed Physician that the Insured is diagnosed with a Chronic Illness.

Terminal Condition, as used in this Rider, means that an imminent death is expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of 12 months or less of the Insured.

Chronic Illness, as used in this Rider, means that the Insured has been certified by a Licensed Physician within the last 30 days as being unable to perform, without substantial assistance from another individual, at least two Activities Of Daily Living for a period that is expected to last at least 90 days due to a loss of functional capacity.

Activities Of Daily Living, as used in this Rider, are the following; eating, toileting, transferring, bathing, dressing, or continence.

Accelerated Benefit Amount, as used in this Rider, means the lesser of an amount equal to the Death Benefit less \$25,000, or [\$250,000.]

Administrative Fee, as used in this Rider, means a one time charge equaling the lesser of [\$250] or the maximum allowed by law in the state in which this Policy was issued.

ACCELERATED BENEFIT AMOUNT DUE TO A TERMINAL CONDITION

Upon certification by a Licensed Physician that the Insured has been diagnosed with a Terminal Condition, as defined in this Rider, You may elect to accelerate any portion of the Accelerated Benefit Amount. The Administrative Fee will be deducted from the amount elected and the remainder will be paid in a lump sum.

ACCELERATED BENEFIT AMOUNT DUE TO A CHRONIC ILLNESS

Upon certification by a Licensed Physician that the Insured has been diagnosed with a Chronic Illness, as defined in this Rider, You may elect to accelerate any portion of the Accelerated Benefit Amount. The amount elected will be paid in [33] equal monthly installments. The Administrative Fee will be deducted from the first installment.

EFFECT ON YOUR POLICY

Upon payment of the Accelerated Benefit, Your coverage will remain in force. However, the Death Benefit will be reduced by the amount of the Accelerated Benefit Amount paid. The Face Amount, the



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PRIMARY INSURED TERM RIDER

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. The Effective Date and Primary Insured Rider Benefit Amount are shown on the Rider Charges Page in the Policy. The Insured covered by this Rider is the same Insured covered by the Policy and is shown on the Policy Data Page.

RIDER BENEFITS

In return for Your Application for this Rider and payment of its monthly Rider Charge, We agree to provide the benefits described in this Rider.

DEATH BENEFIT

We will pay the Primary Insured Rider Benefit Amount to the Rider Beneficiary when We receive proof In Writing that the death of the Insured occurred while this Rider was in force. The Primary Insured Rider Benefit Amount will be included in the Policy Proceeds.

RIDER CHARGE

The Rider Charge is deducted on each Monthly Processing Date from the Accumulation Value of the Policy to which this Rider is attached. The monthly Rider Charge is equal to the Primary Insured Rider Benefit Amount divided by 1,000, then multiplied by the monthly Rider rate. The maximum monthly Rider rate is shown on the Primary Insured Term Rider Charges Page. They are based on the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table, Age Last Birthday, sex and tobacco/non-tobacco distinct. We may charge rates less than the maximums shown.

CONVERSION OF INSURANCE

This Rider may be converted to a new Policy on the life of the Insured. No Evidence Of Insurability will be required. Such Conversion will be subject to these terms:

1. The coverage provided by this Rider may be converted any time prior to the Policy Anniversary that follows the Insured's 70th birthday if the Policy and this rider are in force and no charge is in default at that time. However, no Conversion will be allowed while the charges for this Rider are being waived, or are eligible to be waived under a Waiver Of Monthly Deductions Rider attached to the Policy, or if an accelerated benefit payment has been made.
2. The Conversion Policy may be any permanent life insurance policy being issued by Us for Conversion at that time. The amount of the Conversion Policy may not be more than the Primary Insured Rider Benefit Amount. The amount of insurance must meet the minimum issue rules for the plan chosen.
3. The charge will be at the rate then in use for the plan chosen. The rate will be based on the Insured's age at the time of Conversion and the Premium Class of the Insured as shown on the Rider Charges Page in the Policy. If this Rider was issued with an extra charge, an extra charge computed on a consistent basis will be charged on the Conversion Policy.
4. The Conversion will take effect when Our Home Office receives an Application and the first premium for the Conversion Policy. We must receive the Application and the first premium within the period of eligibility described in item 1 above. The Application must be signed by You, any assignee, and any Beneficiary whose designation You have not reserved the right to change.
5. If a Waiver Of Monthly Deductions Rider is a part of the Policy, such Rider may be a part of the Conversion Policy. Other Riders may be issued with the Conversion Policy only with Our consent.
6. The Suicide and contestable periods under the Conversion Policy will be based on the Effective Date of this Rider. However, for any Riders added to the Conversion Policy, the Suicide and contestable periods will begin on the Effective Date of the Conversion Policy.

7. This Rider must be returned to Us, and will terminate on the Effective Date of the Conversion Policy.

CASH VALUE

This Rider has no Cash Value.

CHANGES IN PRIMARY INSURED RIDER BENEFIT AMOUNT

The Primary Insured Rider Benefit Amount cannot be increased. You may request In Writing to decrease the Primary Insured Rider Benefit Amount. Such request can be made beginning one year after the Effective Date of this Rider. The Effective Date of the decrease will be the next Monthly Processing Date after We approve Your request.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of the Policy. It is determined by the Date of Birth written in the Application. The Attained Age of the Insured is his or her age on the last birthday on the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered on or after the Insured's death, then the Primary Insured Rider Benefit Amount will be adjusted. The Primary Insured Rider Benefit Amount will be that which would be purchased by the most recent Rider Charge based on the correct age and sex.

If a misstatement of age or sex of the Insured is discovered prior to the Insured's death, then Policy Values will be recalculated from the Effective Date of this Rider using Rider Charges for the correct age and sex. All future Rider Charges will be based on the correct age and sex.

SUICIDE

If the Insured, sane or insane, dies by Suicide, while this Rider is in force and within two (2) years (one year in CO, MO and ND) from the Effective Date of this Rider, the Primary Insured Rider Benefit Amount will be limited to the sum of the Rider Charges deducted from the Accumulation Value of the Policy.

INCONTESTABILITY

We will not contest the validity of this Rider, except for nonpayment of premiums, after it has been in force during the lifetime of the Insured for two years from the Effective Date of this Rider.

REINSTATEMENT

If You reinstate Your Policy under the Reinstatement provision in the Policy, then this Rider will be reinstated.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The next Monthly Processing Date for the Policy on or after We receive Your request, In Writing, to terminate this Rider. (You must return the Policy and this Rider for endorsement);
or
2. The Policy Anniversary that follows the Insured's 85th birthday; or
3. The date the Policy terminates; or
4. The date this Rider is converted.



Secretary



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ADDITIONAL INSURED TERM RIDER

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. The Effective Date and the Additional Insured Rider Benefit Amount are shown on the Rider Charges Page in the Policy. The Additional Insured covered is shown on the Rider Charges Page in the Policy. The Rider Beneficiary is named in the Application and refers to the person or persons entitled to receive the Additional Insured Rider Benefit Amount of this Rider.

RIDER BENEFITS

In return for Your Application for this Rider and payment of its monthly Rider Charge, We agree to provide the benefits described in this Rider.

DEATH BENEFIT

We will pay the Additional Insured Rider Benefit Amount to the Rider Beneficiary when We receive proof In Writing that the death of the Additional Insured occurred while this Rider was in force.

RIDER CHARGE

The Rider Charge is deducted on each Monthly Processing Date from the Accumulation Value of the Policy to which this Rider is attached. The monthly Rider Charge is equal to the Additional Insured Rider Benefit Amount divided by 1,000, then multiplied by the monthly Rider rate. The maximum monthly Rider rate is shown on the Additional Insured Term Rider Charges Page. They are based on the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table, Age Last Birthday, sex and tobacco/non-tobacco distinct. We may charge rates less than the maximums shown.

CONVERSION OF INSURANCE

This Rider may be converted to a new Policy on the life of the Insured. No Evidence Of Insurability will be required. Such Conversion will be subject to these terms:

1. The coverage provided by this Rider may be converted any time prior to the Policy Anniversary that follows the Insured's 70th birthday if the Policy and this Rider are in force and no charge is in default at that time.
2. The Conversion Policy may be any permanent life insurance policy being issued by Us for Conversion at that time. The amount of the Conversion Policy may not be more than the Additional Insured Rider Benefit Amount. The amount of insurance must meet the minimum issue rules for the plan chosen.
3. The charge will be at the rate then in use for the plan chosen. The rate will be based on the Insured's age at the time of Conversion and the Premium Class of the Insured as shown on the Rider Charges Page in the Policy. If this Rider was issued with an extra charge, an extra charge computed on a consistent basis will be charged on the Conversion Policy.
4. The Conversion will take effect when Our Home Office receives an Application and the first premium for the Conversion Policy. We must receive the Application and the first premium within the period of eligibility described in item 1 above. The Application must be signed by You, any assignee, and any Beneficiary whose designation You have not reserved the right to change.
5. The Suicide and contestable periods under the Conversion Policy will be based on the Effective Date of this Rider. However, for any Riders added to the Conversion Policy, the Suicide and contestable periods will begin on the Effective Date of the Conversion Policy.
6. This Rider must be returned to Us, and will terminate on the Effective Date of the Conversion Policy.

CASH VALUE

This Rider has no Cash Value.

CHANGES IN ADDITIONAL INSURED RIDER BENEFIT AMOUNT

The Additional Insured Rider Benefit Amount cannot be increased. You may request In Writing to decrease the Additional Insured Rider Benefit Amount. Such request can be made beginning one year after the Effective Date of this Rider. The Effective Date of the decrease will be the next Monthly Processing Date after We approve Your request.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of the Policy. It is determined by the Date of Birth written on the Application. The Attained Age of the Insured is his or her age on the last birthday on the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered on or after the Insured's death, then the Additional Insured Rider Benefit Amount will be adjusted. The Additional Insured Rider Benefit Amount will be that which would be purchased by the most recent Rider Charge based on the correct age and sex.

If a misstatement of age or sex of the Insured is discovered prior to the Insured's death, then Policy Values will be recalculated from the Effective Date of this Rider using Rider Charges for the correct age and sex. All future Rider Charges will be based on the correct age and sex.

SUICIDE

If the Rider Insured, sane or insane, dies by Suicide, while this Rider is in force and within two (2) years (one year in CO, MO and ND) from the Effective Date of this Rider, the Additional Insured Rider Benefit Amount will be limited to the sum of the Rider Charges deducted from the Accumulation Value of the Policy.

INCONTESTABILITY

We will not contest the validity of this Rider, except for nonpayment of premiums, after it has been in force during the lifetime of the Rider Insured for two years from the Effective Date of this Rider.

REINSTATEMENT

If You reinstate Your Policy under the Reinstatement provision in the Policy, then Evidence Of Insurability will be required to reinstate this Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The next Monthly Processing Date for the Policy on or after We receive Your request, In Writing, to terminate this Rider. (You must return the Policy and this Rider for endorsement);
or
2. The Policy Anniversary that follows the Rider Insured's 85th birthday; or
3. The date the Policy terminates; or
4. The date this Rider is converted.



Secretary



ANNUAL STATEMENT

POLICY NUMBER	
INITIAL ALLOCATION DATE	
ISSUE AGE	
DEATH BENEFIT OPTION	
RIDER BENEFITS	

INSURED'S AND BENEFIT AMOUNTS

FACE AMOUNT
DEATH BENEFIT

POLICY INSURED:
 PRIMARY INSURED RIDER:
 ADDITIONAL INSURED RIDER:
 CHILDREN'S TERM RIDER:

STATEMENT OF VALUES FOR THE YEAR ENDING:

BEGINNING ACCUMULATION VALUE	
AS OF	AMOUNT

POLICY MONTH	PREMIUMS RECEIVED	PREMIUM LOADS AND POLICY EXPENSE CHARGES	COST OF INSURANCE CHARGES	RIDER CHARGES	GROSS WITHDRAWALS	INTEREST CREDITED

We encourage you to review your policy's options and tax status each year. Please refer to the following pages for Allocation Detail.

ENDING ACCUMULATION VALUE	
AS OF	AMOUNT

PLAN: [FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY]
 AGENT: [BOB AGENT]
 ADDRESS: [5050 100 TH ST]
 [CITY/STATE/ZIP]

CURRENT OUTSTANDING LOAN BALANCE	CURRENT CASH SURRENDER VALUE

DATE:
COMPANY:

DEFINITIONS

ACCUMULATION VALUE

The Accumulation Value is the sum of all Declared Rate Account values, all Indexed Strategy Account values, the Loan Collateral Account, and the Holding Account.

PREMIUM LOAD

The Premium Load is an amount deducted from the Premium. The Maximum Premium Load percentage is stated on the Policy Data Page in the Policy. The Company may choose to charge less than the Maximum Premium Load percentage.

POLICY EXPENSE CHARGE

The Policy Expense Charge is an amount deducted from the Account Values as designated by the Order Of Activity on the Definitions Page in the Policy. If the Face Amount is increased, then there will be a new Policy Expense Charge and Maximum Policy Expense Charge Period associated with that increase.

BEGINNING ACCUMULATION VALUE

The Beginning Accumulation Value is the amount of the Accumulation Value of Your Policy on the beginning date of Your Annual Statement.

CASH SURRENDER VALUE

The Cash Surrender Value is equal to the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Surrender Charge and less any Indebtedness.

DEATH BENEFIT

The Death Benefit will vary depending on the option chosen and is the amount Your Beneficiary would receive upon death of the Insured on the Policy Anniversary.

FACE AMOUNT

The current amount of insurance for Your Policy.

DEATH BENEFIT OPTION

The Death Benefit Option is shown on the Policy Data Page in the Policy. The Death Benefit Option determines the method by which the Death Benefit Amount is calculated.

ENDING ACCUMULATION VALUE

The Ending Accumulation Value is the amount of the Accumulation Value of Your Policy on the ending date of Your Annual Statement.

INITIAL ALLOCATION DATE

This is the date when We allocate funds to the strategies. The Initial Allocation Date is shown on the Policy Data Page in the Policy. It is the date from which Policy Years, Policy Anniversaries, and Monthly Processing Dates will be determined. Future Allocation Dates will be on Policy Anniversaries.

COST OF INSURANCE CHARGES

The Cost Of Insurance Charges is the monthly Cost Of Insurance for Your Policy.

CURRENT OUTSTANDING LOAN BALANCE

The Current Outstanding Loan Balance reflects any outstanding loans against the Accumulation Value of Your Policy. Policy Loans are defined in Your Policy.

RIDER CHARGES

The Rider Charges is the amount that is deducted from Your Accumulation Value that paid for the Riders You purchased for Your Policy.

GROSS WITHDRAWALS

The Gross Withdrawals amount you withdrew from Your Policy's Accumulation Value during the month reported in the Annual Statement.

RIDER BENEFITS

Rider Benefits provide additional coverage and are listed on the Rider Benefits line of the Annual Statement with the following abbreviations.

ABIR – Accelerated Benefit Insurance Rider
AITR – Additional Insured Term Rider
PITR – Primary Insured Term Rider

ADBR – Accidental Death Benefit Rider
CTR – Children's Term Rider
WOMDR – Waiver of Monthly Deductions Rider

If you have any questions concerning your Annual Statement, please contact your Agent or call our Client Service Department. In the Scottsdale area call (480) 425-5100, outside Scottsdale call toll free at (800) 531-5067, extension 4610.

Allocation Detail for Period Beginning 07/01/2006 and Ending 06/30/2007

DECLARED RATE STRATEGY [1]

1 Year Fixed Rate

Current Allocation (%)	[%]
Beginning Account Value	[\$0]
Transfers In	
Allocated Transfers In	[\$0]
Reallocation from other Strategy	[\$0]
Transfers Out	
Premium Loads and Policy Expense	[\$0]
Charges	
Cost of Insurance and Rider Charges	[\$0]
Loan Collateral Account	[\$0]
Gross Withdrawals	[\$0]
Credited Interest Rate (%)	[%]
Interest Credited	[\$0]
Ending Account Value	[\$0]

INDEXED STRATEGY [1]

S&P 500[®] with Cap

Current Allocation (%)	[%]
Beginning Account Value	[\$0]
Transfers In	
Allocated Transfers In	[\$0]
Reallocation from other Strategy	[\$0]
Transfers Out	
Premium Loads and Policy Expense	[\$0]
Charges	
Cost of Insurance and Rider Charges	[\$0]
Loan Collateral Account	[\$0]
Gross Withdrawals	[\$0]
Beginning Index Value	[\$0]
Ending Index Value	[\$0]
Participation Rate	[%]
Index Rate Cap	[%]
Credited Interest Rate (%)	[%]
Interest Credited	[\$0]
Ending Account Value	[\$0]

INDEXED STRATEGY [2]
Basket Strategy with Participation Rate

Term Period	[07/01/2006 through 06/30/2007]	[07/01/2007 through 06/30/2008]	[07/01/2008 through 06/30/2009]
Current Allocation (%)	[%]		
Beginning Account Value	[\$0]		
Transfers In			
Allocated Transfers In	[\$0]		
Reallocation from other Strategy	[\$0]		
Participation Rate	[%]		
Transfers Out			
Premium Loads and Policy Expense	[\$0]		
Charges			
Cost of Insurance and Rider Charges	[\$0]		
Loan Collateral Account	[\$0]		
Gross Withdrawals	[\$0]		
Russell® 2000 Index			
Beginning Index Value	[N/A]		
Ending Index Value	[N/A]		
Earned Interest Percentage	[N/A]		
Dow Jones EURO STOXX 50® Index			
Beginning Index Value	[N/A]		
Ending Index Value	[N/A]		
Earned Interest Percentage	[N/A]		
Hang Seng Index			
Beginning Index Value	[N/A]		
Ending Index Value	[N/A]		
Earned Interest Percentage	[N/A]		
Credited Interest Rate (%)	[%]		
Interest Credited	[\$0]		
Ending Account Value	[\$0]		



LIFE INSURANCE COMPANY

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Platinum Series Fixed Indexed Universal Life Insurance

*Designed
for:*

**[John Doe]
[7604 N.W. 30th St.]
[Oklahoma City, OK 73008]**

Presented by:

**[Michael L. Kerr]
[1008 N.W. Grand Blvd.]
[Suite B]
[Oklahoma City, OK 73118]
[(800) 406-9900]**

**EACH INDEX USED DOES NOT REFLECT DIVIDENDS
PAID ON THE STOCKS UNDERLYING THE INDEX.**



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Platinum Series Fixed Indexed Universal Life Insurance

Explanation of Terms and Benefits

Life Insurance

The Platinum Series Fixed Indexed Universal Life is an individual Life Insurance Policy. This illustration shows Policy values and benefits based upon assumptions specified herein, and reflects both non-guaranteed and guaranteed values. This illustration is only a summary; please refer to the Policy for full details. In the event of conflict, Policy language will control.

The illustrated values are based upon a number of factors, including premium payments, monthly charges, surrender charges, partial withdrawals, loans, and interest credited to the Policy. Interest rates and monthly charges are subject to change. The interest rate credited for each Strategy is guaranteed not to be less than the Guaranteed Annual Interest Rate shown in the Policy for that Strategy. The charges are guaranteed not to exceed the maximums listed in the Policy. See the Policy for more information.

Underwriting Class

The premium options and monthly charges calculated for this illustration assume a Policy is issued with the underwriting class as shown in this illustration. The actual underwriting class will depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your insurance Policy.

Premium

This is the amount of Premium you plan to pay for this Policy. This illustration assumes the Premiums are paid as shown. Monthly charges will be applied against the Policy in all years prior to age 120. Unless otherwise stated, all values shown are determined as of the end of the Policy year. The non-guaranteed benefits and values are based on assumptions that are subject to change by the Company.

Allocation Percentage

The Allocation Percentage for each Strategy is the percentage of the Holding Account balance that You designate to be credited to a Strategy.

Assumed Interest Rate

The Assumed Interest Rate for the Declared Rate Strategy is the initial Declared Rate Strategy interest rate. The Assumed Interest Rate for the Index Strategy [1] is the effective annualized credited interest rate over the most recent [twenty calendar years], assuming that the [10%] Cap and [100%] Participation Rate had been in effect during that entire time period. The Assumed Interest Rate for the Index Strategy [2] is the effective three year credited interest rate over the most recent [twenty calendar years], assuming that the [60%] Participation Rate and [no] Cap had been in effect during that entire time period.

Partial Withdrawals

Partial Withdrawals are permitted after the beginning of the second Policy Year. Partial Withdrawals will reduce Accumulation Values based on the Order of Activity as defined in the Policy. There is a [\$25] service fee applied to each Partial Withdrawal. If Death Benefit Option A is selected, then a Partial Withdrawal will reduce the Face Amount by the amount of the Partial Withdrawal. The Partial Withdrawal plus the service fee must be at least \$500. A Partial Withdrawal may not reduce the Cash Surrender Value below \$500 or reduce the Face Amount below the Minimum Face Amount shown on the Policy Data Page.



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Guaranteed Accumulation Value

The Guaranteed Accumulation Value is equal to the Premiums paid less Premium Loads accumulated at the Guaranteed Annual Interest Rate adjusted by any Guaranteed Activity.

Guaranteed Cash Surrender Value

The Guaranteed Cash Surrender Value equals the Guaranteed Accumulation Value less the Surrender Charge, less any Indebtedness. The Guaranteed Cash Surrender Value assumes that the Premiums have been paid as shown. The Guaranteed Cash Surrender Value will never be less than the minimum cash value required by the laws of the state in which the Policy is issued.

Guaranteed Death Benefit Amount

While the Policy is in force there are two Death Benefit Options available:

Death Benefit Option A, the Guaranteed Death Benefit Amount will be the greater of the following two amounts, as of the date of death of the Insured:

1. The Face Amount less any Indebtedness; and
2. The Guaranteed Accumulation Value, times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

Death Benefit Option B, the Guaranteed Death Benefit Amount will be the greater of the following two amounts as of the date of death of the Insured:

1. The Face Amount plus the Guaranteed Accumulation Value, less any Indebtedness; and
2. The Guaranteed Accumulation Value times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

If the Insured dies between Policy Anniversaries, the factor on the preceding Policy Anniversary is increased proportionately to account for the period from the preceding Policy Anniversary to the end of the month in which the Insured dies.

Guaranteed Activity

Guaranteed Activity is any Guaranteed Monthly Cost of Insurance Charge, Guaranteed Rider Charges, Maximum Policy Expense Charge, Partial Withdrawal Amounts and service fees.

Declared Rate Strategy [1] Account Value

The Declared Rate Strategy [1] Account Value is the amount allocated to this Strategy increased by any interest credited at the assumed Declared Rate Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [1] Account Value

The Index Strategy [1] Account Value is the amount allocated to this Strategy increased by any interest credited at the assumed Index Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [2] Account Value

The Index Strategy [2] Account Value is the amount allocated to this Strategy increased by any interest credited at the assumed Index Strategy [2] interest rate, less any Activity related to this account.

Loan Collateral Account



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When a loan is requested, an amount equal to the amount of the loan will be transferred from the Strategy Accounts, as designated by the Order Of Activity on the Definitions Page, to the Loan Collateral Account.

The annual effective interest rate applicable to the Loan Collateral Account will never be less than the Guaranteed Annual Interest Rate for the Loan Collateral Account, as shown on the Policy Data Page. Interest is credited daily to the Loan Collateral Account.

Accumulation Value

The Accumulation Value is the sum of all Declared Rate Account values, all Indexed Strategy Account values and the Loan Collateral Account.

Cash Surrender Value

The Cash Surrender Value is the greater of the (a) Accumulation Value less the Surrender Charge and less any Indebtedness, and (b) the Guaranteed Cash Surrender Value.

Death Benefit Amount

While the Policy is in force there are two Death Benefit Options available.

Death Benefit Option A, the Death Benefit Amount will be the greater of the following two amounts, as of the date of death of the Insured:

1. The Face Amount less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value, times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

Death Benefit Option B, the Death Benefit Amount will be the greater of the following two amounts as of the date of death of the Insured:

1. The Face Amount plus the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

If the Insured dies between Policy Anniversaries, the factor on the preceding Policy Anniversary is increased proportionately to account for the period from the preceding Policy Anniversary to the end of the month in which the Insured dies.

Activity

Activity is any Cost of Insurance Charge, Rider Charges, Policy Expense Charge, transfers to the Loan Collateral Account, and Partial Withdrawal Amounts and service fees.



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Surrender Charges

A Surrender Charge will be deducted on Surrenders in the first [fifteen years] after the Policy is issued. The Surrender Charge is equal to the factor in the Surrender Charge Factor Table below, multiplied by the Face Amount divided by \$1,000. The Surrender Charge Factors will vary by issue age, sex and underwriting class.

Per \$1,000 of Face Amount

Contract Year	[1	2	3	4	5	6	7	8]
Surrender Charge Factor	[21.00	21.00	21.00	21.00	21.00	19.09	17.18	15.27]

Contract Year	[9	10	11	12	13	14	15	16]
Surrender Charge Factor	[13.36	11.45	9.55	7.64	5.73	3.82	1.91	0.00]

Face Amount increases after issue will be subject to Surrender Charges for the first [fifteen years] after the increase and will be based on the amount of the increase and the age at the time of the increase.

Definition of Life Insurance

This Policy is designed to qualify as a Life Insurance Policy under the Internal Revenue Code of 1986, as amended, and its rules and regulations. All terms and provisions of the Policy will be construed in a manner consistent with that design. We reserve the right to amend the Policy, adjust the amount of coverage, or reject any change request when required to maintain this qualification.

The Definition of Life Insurance Test is the specific method by which the Policy qualifies as a Life Insurance Policy. There are two methods: the Guideline Premium Test (GPT) and the Cash Value Accumulation Test. The test applicable to Your Policy is shown on the Policy Data Page. If no test is elected on the Application, then the Guideline Premium Test will apply to Your Policy. The test is not subject to change unless required by a change in the applicable Internal Revenue Code or by any other applicable legal authority.

Cash Value Accumulation Test

The Cash Value Accumulation Test (CVAT) allows more Premiums to be paid into a Policy with a level death benefit than the GPT. This reduces the cost of insurance charges paid. However, when the Policy cash value pushes the death benefit into the corridor, the difference between the cash value and the death benefit is larger than it is for the GPT and thus results in higher cost of insurance charges. The CVAT is advantageous for cases that are being funded at the 7 Pay limit for a limited number of years and when the future death benefit in the Policy will be reduced by partial withdrawals, loans or face decreases. In addition, it usually results in higher later year death benefits.

Guideline Premium Test

The Guideline Premium/Cash Value Corridor Test (GPT) is used for a Policy that is being funded over a long period at less than the 7-Pay limit. The cost of insurance charges deducted from a Policy using this test normally is less than a Policy using the CVAT. The increases in death benefit due to the corridor would be smaller and later than with the CVAT. Using the variable death benefit during the Premium payment period within the GPT and then switching to the level option is also a popular way of maximizing the cash values in the later Policy years.



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7 Pay Premiums (MEC Calculations)

In order to receive favorable tax treatment of distributions (including Loans and Partial Withdrawals) under the Internal Revenue Code, a Life Insurance Policy must satisfy a 7 Pay Premium limitation during the first 7 years and during 7 years after certain Policy changes. Failure to satisfy this limitation makes the Policy a Modified Endowment Contract (MEC) and causes distributions to be taxable to the extent that there is a gain in the Policy. In addition, there is a penalty of 10% of taxable income for distributions from such policies before age 59½ with certain exceptions.

Modified Endowment Contract

As illustrated, your Policy conforms to the 7 Pay Premium (MEC Calculations). Changes from those illustrated may result in classification as a MEC. Sagicor Life Insurance Company does not give tax or legal advice. Please consult your tax advisor for more information.

Initial Premium Limits Summary

[The Cash Value Accumulation Test] is used in this illustration.

[Guideline Level Premium:	N/A*
Guideline Single Premium:	N/A*]
7 Pay Premium:	\$13,954.00
Target Premium:	\$1,390.00
No Lapse Monthly Premium:	\$115.83

[*If the Death Benefit Option changes or there are changes in the Face Amount, Guideline Premiums may change.]



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[Declared Rate Strategy [1]]

The Interest credited is declared by Sagicor Life Insurance Company and is guaranteed for the first year. Interest under Declared Rate Strategy [1] will be credited daily from the time an allocation is made to this Strategy. The interest rate declared will not change prior to 1 year following the date when the allocation is made. On the anniversary date of the allocation, the interest rate then declared will once again not change for at least another year.

Indexed Strategy [1] - S&P 500® with a Cap

This is a 1-year point-to-point strategy based on an annual reset index strategy of the S&P 500® Index. Interest is credited at the end of the year, and is based solely upon any positive change in the index value which is subject to a floor of 0% and a maximum equal to the Cap. The cap is declared in advance, is guaranteed for 1 year and may change annually.

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Indexed Strategy [2] – Basket Index with a Participation Rate

This is a 3-year point-to-point strategy based on three indexes in this basket: the Russell® 2000, the Dow Jones EURO STOXX 50® Index, and the Hang Seng Index. Interest is credited at the end of the Term Period, which is defined as the earlier of date of death of the Insured or 3-years. Interest is based solely upon the ending index value and starting index value for each of these three indices. Interest is calculated using 60% of the best performing index and 40% of the second-best performing index which are added together, and then multiplied by a Participation Rate which is declared at Policy issue for the initial Term Period. The Participation Rate may change for subsequent Term Periods.



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- Recommend that any person invest in the Life Insurance Policy or any other securities.
- Have any responsibility or liability for or make any decisions about the timing, amount or pricing of the Life Insurance Policy.
- Have any responsibility or liability for the administration, management or marketing of the Life Insurance Policy.
- Consider the needs of the Life Insurance Policy or the owners of the Life Insurance Policy in determining, composing or calculating the Dow Jones EURO STOXX 50® Index or have any obligation to do so.

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- The accuracy or completeness of the Dow Jones EURO STOXX 50® Index and its data;
- The merchantability and the fitness for a particular purpose or use of the Dow Jones EURO STOXX 50® Index and its data;
- STOXX and Dow Jones will have no liability for any errors, omissions or interruptions in the Dow Jones EURO STOXX 50® Index or its data;
- Under no circumstances will STOXX or Dow Jones be liable for any lost profits or indirect, punitive, special or consequential damages or losses, even if STOXX or Dow Jones knows that they might occur.

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Platinum Series Fixed Indexed Universal Life Insurance

Prepared for:

[John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
 Planned [Monthly] Premium [\$200.00]
 Death Benefit Option [A]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[4.75% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[6.27% annual return]	[10%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[36.10% three year return]	[N/A]	[60%]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
[1]	36	2400	0	1299	0	100000	2273	0	0	0	1588	0	100000
2	37	2400	0	2604	504	100000	2273	0	0	0	3232	1132	100000
3	38	2400	0	3912	1812	100000	2273	0	0	0	4933	2833	100000
4	39	2400	0	5221	3121	100000	2273	0	0	0	6691	4591	100000
5	40	2400	0	6532	4432	100000	2273	0	0	0	8509	6409	100000
6	41	2400	0	7836	5927	100000	2273	0	0	0	10391	8482	100000
7	42	2400	0	9130	7412	100000	2273	0	0	0	12337	10619	100000
8	43	2400	0	10404	8877	100000	2273	0	0	0	14347	12820	100000
9	44	2400	0	11651	10315	100000	2273	0	0	0	16423	15087	100000
10	45	2400	0	12864	11719	100000	2273	0	0	0	18563	17418	100000
11	46	2400	0	14035	13080	100000	2273	0	0	0	21161	20206	100000
12	47	2400	0	15160	14396	100000	2273	0	0	0	23837	23073	100000
13	48	2400	0	16242	15669	100000	2273	0	0	0	26590	26017	100000
14	49	2400	0	17287	16905	100000	2273	0	0	0	29423	29041	100000
15	50	2400	0	18282	18091	100000	2273	0	0	0	32341	32150	100000

[L = Loans] [PW = Partial Withdrawal] [1 = Face Amount Increase] [2 = Face Amount Decrease] [3 = Death Benefit Option Change from A to B] [4 = Death Benefit Option Change from B to A]



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Prepared for:
 [John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
36	71	2400	0	2098	2098	100000	2273	0	0	0	103798	103798	167888
37	72	2400	0	0	0	0	2273	0	0	0	106917	106917	168849
38	73	2400	0	0	0	0	2273	0	0	0	109772	109772	169365
39	74	2400	0	0	0	0	2273	0	0	0	112334	112334	169449
40	75	2400	0	0	0	0	2273	0	0	0	114566	114566	169066
41	76	2400	0	0	0	0	2273	0	0	0	116418	116418	168171
42	77	2400	0	0	0	0	2273	0	0	0	117826	117826	166708
43	78	2400	0	0	0	0	2273	0	0	0	118700	118700	164592
44	79	2400	0	0	0	0	2273	0	0	0	118941	118941	161748
45	80	2400	0	0	0	0	2273	0	0	0	118456	118456	158116
46	81	2400	0	0	0	0	2273	0	0	0	117109	117109	153563
47	82	2400	0	0	0	0	2273	0	0	0	114760	114760	147964
48	83	2400	0	0	0	0	2273	0	0	0	111339	111339	141271
49	84	2400	0	0	0	0	2273	0	0	0	106746	106746	133395
50	85	2400	0	0	0	0	2273	0	0	0	100834	100834	124196
51	86	2400	0	0	0	0	2273	0	0	0	106222	106222	129056
52	87	2400	0	0	0	0	2273	0	0	0	111731	111731	134021
53	88	2400	0	0	0	0	2273	0	0	0	117362	117362	139110
54	89	2400	0	0	0	0	2273	0	0	0	123116	123116	144336
55	90	2400	0	0	0	0	2273	0	0	0	128998	128998	149716



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Prepared for:
 [John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
56	91	2400	0	0	0	0	2273	0	0	0	135020	135020	155273
57	92	2400	0	0	0	0	2273	0	0	0	141198	141198	161012
58	93	2400	0	0	0	0	2273	0	0	0	147540	147540	166919
59	94	2400	0	0	0	0	2273	0	0	0	154051	154051	173005
60	95	2400	0	0	0	0	2273	0	0	0	160735	160735	179282
						0							
61	96	2400	0	0	0	0	2273	0	0	0	167609	167609	185781
62	97	2400	0	0	0	0	2273	0	0	0	174693	174693	192510
63	98	2400	0	0	0	0	2273	0	0	0	181994	181994	199451
64	99	2400	0	0	0	0	2273	0	0	0	189520	189520	206621
65	100	2400	0	0	0	0	2273	0	0	0	197274	197274	214042
						0							
66	101	2400	0	0	0	0	2273	0	0	0	208906	208906	225691
67	102	2400	0	0	0	0	2273	0	0	0	221094	221094	237935
68	103	2400	0	0	0	0	2273	0	0	0	233861	233861	250725
69	104	2400	0	0	0	0	2273	0	0	0	247235	247235	264091
70	105	2400	0	0	0	0	2273	0	0	0	261243	261243	278062
						0							
71	106	2400	0	0	0	0	2273	0	0	0	275918	275918	292668
72	107	2400	0	0	0	0	2273	0	0	0	291289	291289	307942
73	108	2400	0	0	0	0	2273	0	0	0	307390	307390	323909
74	109	2400	0	0	0	0	2273	0	0	0	324256	324256	340608
75	110	2400	0	0	0	0	2273	0	0	0	341924	341924	358076



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Prepared for:
 [John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>							
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit	
76	111	2400	0	0	0	0	2273	0	0	0	0	360430	360430	376350
77	112	2400	0	0	0	0	2273	0	0	0	0	379816	379816	395472
78	113	2400	0	0	0	0	2273	0	0	0	0	400122	400122	415479
79	114	2400	0	0	0	0	2273	0	0	0	0	421393	421393	436420
80	115	2400	0	0	0	0	2273	0	0	0	0	443674	443674	458338
						0								
81	116	2400	0	0	0	0	2273	0	0	0	0	467014	467014	481281
82	117	2400	0	0	0	0	2273	0	0	0	0	491462	491462	505302
83	118	2400	0	0	0	0	2273	0	0	0	0	517072	517072	530453
84	119	2400	0	0	0	0	2273	0	0	0	0	543898	543898	556788
85	120	2400	0	0	0	0	2273	0	0	0	0	571998	571998	584376]



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Platinum Series Fixed Indexed Universal Life Insurance

Benefits Included in Proposal:

[Accelerated Benefit Insurance Rider	An Accelerated Benefit is an advance of a portion of the Death Benefit prior to the Insured's death due to a Terminal Condition or certification by a Licensed Physician that the Insured is diagnosed with a Chronic Illness. <u>This rider is included automatically at no charge.</u>
Accidental Death Benefit Rider	We will pay to the Beneficiary the Accidental Death Benefit Amount when We receive proof, In Writing that the death of the Insured resulted from a Covered Accident while this Rider was in force.
Additional Insured Term Rider	We will pay to the Rider Beneficiary the Additional Insured Rider Benefit Amount when We receive proof, In Writing that the death of the Additional Insured occurred while this Rider was in force.
Children's Term Rider	We will pay to the Rider Beneficiary the Children's Term Rider Benefit Amount when We receive proof, In Writing that the death of the Insured Child occurred while this Rider was in force on that Insured Child.
Primary Insured Term Rider	We will pay to the Rider Beneficiary the Primary Insured Rider Benefit Amount when We receive proof, In Writing that the death of the Insured occurred while this Rider was in force.
Waiver of Monthly Deductions Rider	We will waive all Monthly Deductions for each Monthly Processing Date for as long as the Insured meets the definition of Totally Disabled or has been certified by a Licensed Physician as being unable to perform at least two Activities of Daily Living due to a loss of functional capacity, when We receive, In Writing proof of Your claim.]



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Platinum Series Fixed Indexed Universal Life Insurance

Prepared for:
 [John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Summary

	Guaranteed	Midpoint	Non-Guaranteed
Year 5, Age 40			
Accumulation Value	[6,532	7,521	8,509
Cash Surrender Value	4,432	5,421	6,409
Death Benefit	100,000	100,000	100,000
Year 10, Age 45			
Accumulation Value	12,864	15,714	18,563
Cash Surrender Value	11,719	14,569	17,418
Death Benefit	100,000	100,000	100,000
Year 20, Age 55			
Accumulation Value	21,676	34,849	48,022
Cash Surrender Value	21,676	34,849	48,022
Death Benefit	100,000	110,726	121,452
Year 35, Age 70			
Accumulation Value	6,490	5,3481	100,472
Cash Surrender Value	6,490	5,3481	100,472
Death Benefit	100,000	133,259	166,518]

I have received a copy of this illustration and understand that any Non-Guaranteed values illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

 Signature of Applicant (Policy Owner)

 Date

I certify that this illustration has been presented to the applicant and that I have explained that any Non-Guaranteed values illustrated are subject to change. I have made no statements that are inconsistent with the illustration. I have not made statements which differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any Non-Guaranteed values.

 Signature of Agent

 Date

 Print Name of Agent

 Agent License Number



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Platinum Series Fixed Indexed Universal Life Insurance

Underwriting Requirements

- [Full Underwriting with substandard rating available. Maximum rating is Table 16. Flat extra rating.
- Medical Information Bureau and Pharmaceutical Database.
- Paramed, Home Office Specimen, Attending Physician's Statement, Blood Chemistry Profile, Electrocardiogram, Financial Questionnaire, Investigative Consumer Report and Motor Vehicle Report.
- Additional requirements and studies may be requested at the discretion of the underwriter at any age and any amount.
- Sagicor Life Insurance Company will be responsible for ordering all medical requirements and will process the order within 48 hours of receiving the application.]



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Platinum Series Fixed Indexed Universal Life Insurance Supplemental Illustration – Chronic Illness

Prepared for:

[John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[4.75% annual return]	[N/A]	[N/A]
Indexed Strategy [1]-[S&P 500®] Point-to-point with Cap	[0%]	[6.27% annual return]	[10%]	[100%]
Indexed Strategy [2]-Basket Strategy with Participation Rate	[0%]	[36.10% three year return]	[N/A]	[60%]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	Guaranteed Values		Non-Guaranteed Values	
				Death Benefit	Monthly Chronic Illness Benefit	Death Benefit	Monthly Chronic Illness Benefit
[1	36	2400	0	100000	2273	100000	2273
2	37	2400	0	100000	2273	100000	2273
3	38	2400	0	100000	2273	100000	2273
4	39	2400	0	100000	2273	100000	2273
5	40	2400	0	100000	2273	100000	2273
6	41	2400	0	100000	2273	100000	2273
7	42	2400	0	100000	2273	100000	2273
8	43	2400	0	100000	2273	100000	2273
9	44	2400	0	100000	2273	100000	2273
10	45	2400	0	100000	2273	100000	2273
11	46	2400	0	100000	2273	100000	2273
12	47	2400	0	100000	2273	100000	2273
13	48	2400	0	100000	2273	100000	2273
14	49	2400	0	100000	2273	100000	2273
15	50	2400	0	100000	2273	100000	2273
16	51	2400	0	100000	2273	101787	2273
17	52	2400	0	100000	2273	107082	2487
18	53	2400	0	100000	2273	112129	2640
19	54	2400	0	100000	2273	116916	2785
20	55	2400	0	100000	2273	121452	2923
21	56	2400	0	100000	2273	125720	3052
22	57	2400	0	100000	2273	129724	3173
23	58	2400	0	100000	2273	133421	3285
24	59	2400	0	100000	2273	136809	3388
25	60	2400	0	100000	2273	140055	3487



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**Platinum Series
 Fixed Indexed Universal Life Insurance
 Supplemental Illustration – Chronic Illness**

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	Guaranteed Values		Non-Guaranteed Values	
				Death Benefit	Monthly Chronic Illness Benefit	Death Benefit	Monthly Chronic Illness Benefit
26	61	2400	0	100000	2273	143805	3600
27	62	2400	0	100000	2273	147315	3707
28	63	2400	0	100000	2273	150576	3805
29	64	2400	0	100000	2273	153598	3897
30	65	2400	0	100000	2273	156379	3981
31	66	2400	0	100000	2273	158918	4058
32	67	2400	0	100000	2273	161219	4128
33	68	2400	0	100000	2273	163265	4190
34	69	2400	0	100000	2273	165042	4244
35	70	2400	0	100000	2273	166518	4288
36	71	2400	0	100000	2273	167888	4330
37	72	2400	0	0	0	168849	4359
38	73	2400	0	0	0	169365	4375
39	74	2400	0	0	0	169449	4377
40	75	2400	0	0	0	169066	4366
41	76	2400	0	0	0	168171	4339
42	77	2400	0	0	0	166708	4294
43	78	2400	0	0	0	164592	4230
44	79	2400	0	0	0	161748	4144
45	80	2400	0	0	0	158116	4034
46	81	2400	0	0	0	153563	3896
47	82	2400	0	0	0	147964	3726
48	83	2400	0	0	0	141271	3523
49	84	2400	0	0	0	133395	3285
50	85	2400	0	0	0	124196	3006
51	86	2400	0	0	0	129056	3153
52	87	2400	0	0	0	134021	3304
53	88	2400	0	0	0	139110	3458
54	89	2400	0	0	0	144336	3616
55	90	2400	0	0	0	149716	3779



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**Platinum Series
 Fixed Indexed Universal Life Insurance
 Supplemental Illustration – Chronic Illness**

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	Guaranteed Values		Non-Guaranteed Values	
				Death Benefit	Monthly Chronic Illness Benefit	Death Benefit	Monthly Chronic Illness Benefit
56	91	2400	0	0	0	155273	3948
57	92	2400	0	0	0	161012	4122
58	93	2400	0	0	0	166919	4301
59	94	2400	0	0	0	173005	4485
60	95	2400	0	0	0	179282	4675
61	96	2400	0	0	0	185781	4872
62	97	2400	0	0	0	192510	5076
63	98	2400	0	0	0	199451	5286
64	99	2400	0	0	0	206621	5504
65	100	2400	0	0	0	214042	5729
66	101	2400	0	0	0	225691	6082
67	102	2400	0	0	0	237935	6453
68	103	2400	0	0	0	250725	6840
69	104	2400	0	0	0	264091	7245
70	105	2400	0	0	0	278062	7576
71	106	2400	0	0	0	292668	7576
72	107	2400	0	0	0	307942	7576
73	108	2400	0	0	0	323909	7576
74	109	2400	0	0	0	340608	7576
75	110	2400	0	0	0	358076	7576
76	111	2400	0	0	0	376350	7576
77	112	2400	0	0	0	395472	7576
78	113	2400	0	0	0	415479	7576
79	114	2400	0	0	0	436420	7576
80	115	2400	0	0	0	458338	7576
81	116	2400	0	0	0	481281	7576
82	117	2400	0	0	0	505302	7576
83	118	2400	0	0	0	530453	7576
84	119	2400	0	0	0	556788	7576
85	120	2400	0	0	0	584376	7576]



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Platinum Series Fixed Indexed Universal Life Insurance Supplemental Illustration – Chronic Illness

Accelerated Benefit Insurance Rider

The Accelerated Benefit can be triggered in one of two ways:

Terminal Condition, as used in the Rider, means that an imminent death is expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span, of 12 months or less, of the Insured.

Chronic Illness, as used in the Rider, means that the Insured has been certified by a Licensed Physician within the last 30 days as being unable to perform, without substantial assistance from another individual, at least two Activities Of Daily Living for a period that is expected to last at least 90 days due to a loss of functional capacity.

Accelerated Benefit Amount

Accelerated Benefit Amount, as used in the Rider, means the lesser of an amount equal to the Death Benefit less \$25,000, or [\$250,000].

Activities Of Daily Living

Activities of Daily Living, as used in the Rider, are the following; eating, toileting, transferring, bathing, dressing, or continence.

Administrative Fee

Administrative Fee, as used in the Rider, means a one-time charge equaling the lesser of [\$250] or the maximum allowed by law in the state in which this Policy was issued.

Effect on the Policy

Upon payment of the Accelerated Benefit, Your coverage will remain in force. However, the Death Benefit will be reduced by the portion of the Accelerated Benefit Amount paid. The Face Amount, Accumulation Value, Guaranteed Accumulation Value and any Indebtedness of the Policy will be reduced proportionately based on the ratio of the portion of the Accelerated Benefit Amount paid to the Death Benefit prior to the reduction.

Monthly Chronic Illness Benefit

Upon certification by a Licensed Physician that the Insured has been diagnosed with a Chronic Illness, as defined in the Rider, You may elect to accelerate any portion of the Accelerated Benefit Amount. The amount elected will be paid out in [33] equal monthly installments. The Administrative Fee will be deducted from the first installment.

Reduction of the Monthly Chronic Illness Benefit due to Indebtedness

Any indebtedness on this policy will be repaid proportionately based on the ratio of the portion of the Accelerated Benefit Amount paid to the Death Benefit prior to the reduction. This repayment will be deducted proportionately from each of the [33] payments of the Monthly Chronic Illness Benefit. This repayment is not reflected in this supplemental illustration.



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Platinum Series Fixed Indexed Universal Life Insurance Supplemental Illustration – Loans

Prepared for:
 [John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Non-Guaranteed Values</u>						
				Loan Interest Charged	Loan Interest Credited	Transfers into the Loan Collateral Account	Indebtedness	Accumulation Value	Cash Surrender Value	Death Benefit
11	46	2400	0	34	22	11	596	21149	19598	99404
12	47	2400	0	36	24	12	631	23820	22425	99369
13	48	2400	0	38	25	13	669	26569	25327	99331
14	49	2400	0	40	27	13	709	29396	28305	99291
15	50	2400	0	43	28	14	752	32307	31364	99248
16	51	2400	0	45	30	15	797	35306	34509	100873
17	52	2400	0	48	32	16	845	38380	37536	106103
18	53	2400	0	51	34	17	895	41519	40623	111083
19	54	2400	0	54	36	18	949	44710	43760	115799
20	55	2400	0	57	38	19	1006	47948	46942	120259
21	56	2400	0	44	40	4	1050	51215	50165	124464
22	57	2400	0	42	42	0	1092	54503	53411	128406
23	58	2400	0	44	44	0	1136	57786	56651	132038
24	59	2400	0	45	45	0	1181	61060	59879	135359
25	60	2400	0	47	47	0	1229	64396	63168	138536

[L = Loans] [PW = Partial Withdrawal] [1 = Face Amount Increase] [2 = Face Amount Decrease] [3 = Death Benefit Option Change from A to B] [4 = Death Benefit Option Change from B to A]



Platinum Series Fixed Indexed Universal Life Insurance Supplemental Illustration – Loans

Indebtedness

Indebtedness is the amount of any outstanding Policy Loans against this Policy plus any accrued and unpaid interest.

Loan

Loans are available anytime after the first Policy Anniversary. The Maximum Loan Amount equals the Cash Surrender Value minus the anticipated Cost Of Insurance Charges, Rider Charges, Policy Expense Charges and loan interest on the Indebtedness from the date of the loan to the next Policy Anniversary.

The Policy is the sole security for the Indebtedness. Any Indebtedness at time of termination will reduce the Policy Proceeds.

Loan Amount

The Loan Amount is the amount that you borrow from your Policy for each year designated.

Loan Interest Charged

This is the annual interest charged on the total outstanding indebtedness.

After the Policy has been in force for ten years, the amount of any Indebtedness up to the amount of interest earned in the Policy will be charged interest at a rate that will be equal to the interest rate that is being credited to the Loan Collateral Account. Any remaining Indebtedness in excess of the interest earned in the Policy may be charged interest at a different rate, but not to exceed the Maximum Loan Interest Rate.

Loan Interest Credited

This is the annual interest credited to the Loan Collateral Account.

Transfers into the Loan Collateral Account

Amounts transferred into the Loan Collateral Account are equal to the difference between the Loan Interest Charged and the Loan Interest Credited plus any new Loan Amount.

The transfer amount will first be transferred from the Declared Rate Strategy [1] Account Value. If the transfer amount exceeds the Account Value in the Declared Rate Strategy [1] Account Value, then the remaining Loan Amount will be transferred from the Indexed Strategy [1] Account Value. If there still remains an amount to be transferred, then it will next be transferred from the Indexed Strategy [2] Account Value.

PLATINUM SERIES

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SUM OF ALL
YOUR CHOICES.”



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WISE FINANCIAL THINKING FOR LIFE.

Sagicor Life Insurance Company is a full-service life insurance company that helps clients make wise financial decisions today to ensure that they're protected tomorrow. We are licensed in 44 States plus the District of Columbia. Sagicor Life is rated "A-" (Excellent) by A.M. Best Company and is a wholly-owned subsidiary of Sagicor Financial Corporation, one of the oldest insurance groups in the Americas, with operations in 22 countries including the United States, Latin America and the Caribbean.

Sagicor Life is committed to offering customers world-class service with integrity and value. To learn more about Sagicor Life, visit our website at www.SagicorLifeUSA.com.



Platinum Series Fixed Indexed Universal Life Insurance is issued by Sagicor Life Insurance Company, a member of the Sagicor Group of Companies.

Product specifications contained in this brochure are not intended to be all-inclusive of product information and should only be used as part of your decision-making process. Neither Sagicor Life nor its representatives offer legal or tax advice. Should you have legal or tax questions, please contact your attorney, accountant or tax advisor.

Policy Forms 1004, 6035, 6036, 6037, 6038, 6040, 6041.

Policies and riders not available in all states. State variations may apply.

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- Estate Planning, Wealth Transfer,
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Plans
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Compensation Plans

PROTECTION FOR TODAY AND SECURITY FOR TOMORROW

Looking for a life insurance plan that can provide immediate death benefit protection with the potential for considerable growth in Accumulation Value? Sagicor Life's Platinum Series Fixed Indexed Universal Life, ("FIUL") is a flexible premium universal life insurance policy that may be the perfect choice for protecting your dreams while it helps you to achieve your long term financial goals.

Like non-indexed universal life insurance policies, Sagicor Life's FIUL accumulates value over time through credited interest. Non-indexed universal life policies are credited interest based on an interest rate set by the company. With Sagicor Life's FIUL, the interest rate credited may be based in part on the performance of one or more financial indices. It is this feature that provides the opportunity for significantly enhanced growth.

Sagicor Life's FIUL allows you to choose among three diverse crediting strategies, giving you control and flexibility over what crediting strategies are utilized in determining your Policy's credited interest. Multiple crediting strategies can be selected for a customized approach. Strategies can be changed at the end of any strategy's Term Period should your future circumstances change.

Sagicor Life's FIUL is permanent life insurance and is not a variable contract or any type of investment contract. The Policy is non-participating, so it is not eligible for dividends. Upon an Insured's death, the proceeds are paid to the named Beneficiary. Sagicor Life's FIUL is available to individuals age 15 days to 85 years with a minimum face amount of \$50,000.

FEATURES AND BENEFITS

GUARANTEED DEATH BENEFIT

The Policy's Face Amount is guaranteed from day one regardless of future changes in your age or health. Plus, your Death Benefit may increase over time as the Accumulation Value inside the Policy increases. Death Benefits paid to a named Beneficiary are generally probate free.

SIGNIFICANT GROWTH POTENTIAL

Sophisticated index linked crediting strategies offer the potential for significant growth in Accumulation Value on a tax-deferred basis with no market risk. This makes Sagicor Life's FIUL ideal for achieving long term financial goals.

INTEREST CREDITING CHOICES

Three distinct crediting strategies for wealth management and diversification:

- One-year declared fixed rate interest
- S&P 500[®] linked strategy
- Global "basket" index look-back strategy

TRIPLE TAX-ADVANTAGE

Sagicor Life's FIUL provides tax-deferred interest earning on the Accumulations Value, the compounding of interest is tax-deferred, and the Death Benefit is free from federal income taxes in most cases.

ACCESS TO FUNDS

After the first year, you may access the Policy's Accumulation Value through Policy Loans and Partial Withdrawals.

CREDITING STRATEGIES

DECLARED RATE STRATEGY [1] (Fixed Rate)

Declared Rate Strategy [1] offers a fixed interest rate declared by Sagicor Life that is guaranteed for one year. At each anniversary, Sagicor Life may change the rate for the following year, but the rate will never be less than the guaranteed annual interest rate of 2% per year. Transfers are permitted at the end of the one year Term Period.

INDEXED STRATEGY [1] (S&P 500[®])

This index strategy is linked to the S&P 500[®] Index. The Indexed Interest Rate is calculated by dividing the index value at the end Term Period by the index value at the beginning of the Term Period and subtracting 1. The Indexed Interest Rate is subject to the appropriate Participation Rate and Cap. The S&P 500[®] index linked strategy currently has a 100% Participation Rate and an Initial Cap of 10%. There is a Minimum Cap of 4% and the minimum credited rate is 0%. Transfers are permitted at the end of the one year Term Period.

INDEXED STRATEGY [2] (Global Look-Back Basket)

This indexed strategy is a "basket" of indices and utilizes a three (3) year "global look-back". Currently the Russell[®] 2000, Dow Jones STOXX 50[®] Index and the Hang Seng are used in the "basket". The Indexed Interest Rate is calculated using 60% of the return of the best performing index, plus 40% of the return of the second best performing index and is subject to the appropriate Participation Rate and Cap. The worst performing index over the Term Period is "thrown out" and is not used when determining the indexed interest rate. This strategy provides an opportunity to benefit from globally diversified indices that do not necessarily move in the same direction at the same time. The "Global Look-Back" strategy has an Initial Participation Rate of 60% which is guaranteed for the initial three year Term Period. The Minimum Participation Rate is 20% and the minimum credited rate is 0%. Transfers are permitted at the end of the three year Term Period.

HOW DOES IT WORK?

Your allocation strategy is determined by you at the time of application and can be made up of any of the three interest crediting strategies, in any proportion, as long as the Allocation Percentages total 100%. Your funds, less the premium load, are credited to the holding account where interest is added and charges are deducted. On the next allocation date, 100% of the holding account balance is allocated to the strategies of your choice.

LOANS AND WITHDRAWALS

After the first year, you may take a fixed rate loan from the Accumulation Value of the Policy. A loan will reduce the Policy's Death Benefit and Accumulation Value until it is paid back. Partial Withdrawals may also be taken after the first year. Only one Partial Withdrawal per year is permitted and there is a \$25 transaction fee that will be charged. A Partial Withdrawal will reduce the Accumulation Value and the Death Benefit payable.

ACCELERATED BENEFIT INSURANCE RIDER

This rider is attached to each Policy at no additional charge. The Accelerated Benefit Insurance Rider advances a portion of the Death Benefit prior to the Insured's death due to a terminal condition, or on certification by a licensed physician that the Insured has been diagnosed with a chronic illness. The Accelerated Benefit equals the lesser of the Death Benefit less \$25,000, or \$250,000.

OPTIONAL RIDERS *

Optional Riders provide the opportunity to customize your insurance Policy to suit your circumstances and objectives.

ACCIDENTAL DEATH BENEFIT

The Accidental Death Benefit Rider provides an additional Death Benefit if death is a result of a covered accident as defined in the rider. The additional Death Benefit may be an amount up to the Face Amount of the base Policy, not to exceed \$250,000. The minimum amount is \$25,000.

WAIVER OF MONTHLY DEDUCTIONS RIDER

The Waiver of Monthly Deduction Rider waives the Monthly Deductions for as long as the Insured meets the definition of totally disabled and Proof of Continuance of Disability is provided.

PRIMARY INSURED TERM RIDER

The Primary Insured Term Rider pays the Primary Insured Rider Benefit Amount to the Rider Beneficiary upon the death of the Insured while the Policy and this Rider are in force. The Primary Insured Rider Benefit Amount will be included in the Policy proceeds.

ADDITIONAL INSURED TERM RIDER

The Additional Insured Term Rider pays the Additional Insured Rider Benefit Amount shown on the Rider Charges Page, to the Rider Beneficiary upon death of the Additional Insured while the Policy and this Rider are in force.

CHILDREN'S TERM RIDER

The Children's Term Rider provides level term life insurance for all eligible children. At the end of the Term Period, the Rider benefit may be converted to a permanent policy up to five (5) times the original amount.

* Riders not available in all states. State variations may apply.

SERFF Tracking Number: AMFD-125698490 *State:* Arkansas
Filing Company: Sagicor Life Insurance Company *State Tracking Number:* 39490
Company Tracking Number: 1004
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.101 External Indexed - Single Life
Adjustable Life
Product Name: FIUL
Project Name/Number: FIUL/1004

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFD-125698490 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 39490
Company Tracking Number: 1004
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
Adjustable Life
Product Name: FIUL
Project Name/Number: FIUL/1004

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	06/17/2008
Comments:		
Attachment: READCERT (45 min).pdf		
Satisfied -Name: Hedging Policy	Review Status:	07/01/2008
Comments:		
Attachment: SLIC Index Hedging Policy.pdf		
Satisfied -Name: Statement of Variability	Review Status:	07/01/2008
Comments:		
Attachment: Statement of Variability.pdf		
Satisfied -Name: Certification of Compliance	Review Status:	07/11/2008
Comments:		
Attachment: ARcertcompliance includes external-indexed language.doc.pdf		

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Flesch Score
1004 5026	Fixed Indexed Universal Life Policy Application	45.0
5027	Disclosure Supplement to Application	41.5
6035	Accidental Death Benefit Rider	53.2
6036	Children's Term Rider	55.6
6037	Accelerated Benefit Insurance Rider	62.1
6038	Waiver of Monthly Deduction Rider	50.3
6039	Accelerated Benefit Insurance Disclosure Statement	59.2
6040	Primary Insured Term Rider	50.7
6041	Additional Insured Term Rider	48.7

Sagicor Life Insurance Company



Timothy D. Morris
Sr. Compliance Manager

June 12, 2008
Date

Sagicor Life Insurance Company Index Hedging Strategy

Customized Option Contracts

The Sagicor Life equity index hedging strategy is to purchase customized contracts from broker dealers rather than use exchange traded options or accept an un-hedged position. The option maturity dates, notional amounts, strike price and chosen equity indices are to materially match that of our policyholder liability. The intent is that in exchange for paying the option premium, Sagicor Life will not retain any meaningful tracking or basis risk. The entire equity liability will be transferred to the counterparty broker.

Minimizing Financial Risks

Utilizing customized contracts will mitigate many of our financial risks. The complexity of internal systems and controls to manage the equity asset-liability match will be reduced with the maturity dates, notional amounts and strike price matching the policyholder liability. The market risk of due to fluctuations in the value of the assets and liabilities is also minimized for these same factors.

A base level of policyholder surrender and mortality may be incorporated into the option notional amount. Any variance in actual policy lapse versus actuarial will result in the potential for rebalancing the option holdings. The decision to rebalance will be based upon the extent of the notional amount needed versus the liquidity cost in transacting in a smaller notional option contract. A recommendation will be made to either accept the liquidity costs to trade a smaller option notional amount or accept the modest asset-liability mismatch. A primary factor will be the most favorable economic outcome and stability of Capital and Surplus.

To minimize counterparty risk, customized equity index options purchases will be transacted with banks or brokers carrying an unsecured debt credit rating of A or higher by either Standard & Poor's or Moody's.

Responsibilities and Changes to Hedging Policy

Management of the hedging activity resides with the company Investment Officer. Financial reporting resides with our accounting department.

Our Investment Committee is comprised of our President, Chief Operating Officer, Chief Actuary and Investment Officer. Any changes to this policy must be approved by the Sagicor Life Investment Committee.

Sagicor Life Insurance Company Index Option Compliance

Compliance with General Account Limits

Sagicor Life does not presently own equity options as part of our general investment strategy. The contemplated contracts are to be purchased only to satisfy specific equity index policyholder obligations and not for any investment return or appreciation.

In the event Sagicor Life initiated option purchases for our general investment strategies, the equity index policyholder options would receive a distinct company code within our SunGard EPS investment accounting system. This would enable Sagicor Life to track the compliance and financial statement impact of the option contracts separately from the general account investments.

Statement of Variability

Policy Form 1004, etc.

The following is a list of the variable information, other than policyholder specific information (name, benefit amount, values based upon the benefit amount, etc) or options selected by the policyholder(indices, riders, etc.), that is contained in the listed forms.

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

POLICY FORM 1004 **Page 3 – Policy Data Page**

Scheduled Premium:	Unlimited
No Lapse Monthly Premium:	Unlimited
Maximum Premium Load:	0% - 7%
Maximum Policy Expense Charge Factor:	\$0 – \$100 <i>Will vary to reflect the company's actual expenses. A zero means there will be no expense charge.</i>
Maximum Policy Expense Charge Period:	1 – 20 Years
Minimum Face Amount:	\$50,000
Maximum Loan Interest Rate:	1% - 6% <i>May vary to reflect market conditions, competitive pressures, current interest rate environment, and state regulation.</i>
Definition of Life Insurance Test:	Cash Value Accumulation Test or Guideline Premium Test <i>Varies to reflect the policy owner's choice</i>

Page 4 - Surrender Charge Factor Table

Will vary to reflect actual surrender experience: \$0 - \$100

Schedule of Additional Benefits

<i>Varies to reflect the policy owner's choice</i>	\$25,000 - \$250,000
Accidental Death Benefit Rider Benefit Amount	\$25,000 - \$250,000
Children's Term Rider Benefit Amount	\$2,000 - \$20,000

Page 10 – Declared Rate Strategy 1

Initial Interest Rate: 2% - 25%
Varies to reflect changes in the interest rate environment.

Page 11 – Indexed Strategy 1

Term Period: 1 - 5 Years
Term Period may vary to reflect changes in the Index Strategy.

Minimum Participation Rate: 20% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Minimum Cap: 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Initial Participation Rate: 20% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Initial Cap: 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means there will be no initial cap.

Page 13 - Indexed Strategy 2

Term Period: 3 - 5 Years
Term Period may vary to reflect changes in the Index Strategy.

Index 1: Russell[®] 2000
May vary to reflect changes in the Index Strategy.

Index 2: Eurostoxx 50[®]
May vary to reflect changes in the Index Strategy.

Index 3: Hang Seng Index
May vary to reflect changes in the Index Strategy.

Minimum Participation Rate: 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Minimum Cap: 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that there will be no minimum cap.

Initial Participation Rate: 20% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Initial Cap: 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means there will be no initial cap.

Weighting A: 0% - 100%
Will vary to reflect changes in the performance of the index. A zero means that there will be no weight applied to this index.

Weighting B: 0% - 100%
Will vary to reflect changes in the performance of the index. A zero means that there will be no weight applied to this index.

Weighting C: 0% - 100%
Will vary to reflect changes in the performance of the index. A zero means that no weight will be applied to this index.

Page 22 - Partial Withdrawals

Service Fee: \$0.00 - \$25.00

FORM 5027 – Supplemental Disclosure to Application

Page 2

Application Form: 5026
Form number will reflect the application then being used.

Page 4

Guaranteed Fixed Rate: 2%

Indexed Rate Strategy 1 – Participation Rate: 1% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Indexed Rate Strategy 1 – Cap: 4% -100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Indexed Rate Strategy 1 – Minimum Participation Rate: 20% - 100%

Indexed Rate Strategy 1 – Minimum Cap: 4% -100%

Indexed Rate Strategy 2 – Initial Participation Rate 20% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Indexed Rate Strategy 2 – Minimum Participation Rate 20% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. .

POLICY FORM 6037 – ACCELERATED BENEFIT INSURANCE RIDER

Maximum Accelerated Benefit Amount \$25,000 - \$250,000
May vary to reflect market conditions and competitive pressures.

Administrative Fee: \$0 - \$250
May vary to reflect company's administrative expenses. A zero means that there will be no administrative fee.

Total Maximum Accelerated Benefit Amount: \$25,000 - \$250,000
May vary to reflect market conditions and competitive pressures.

Chronic Illness payout installments: 1 - 33
Policyholder's option.

POLICY FORM 6039 - ACCELERATED BENEFIT INSURANCE RIDER DISCLOSURE

Maximum Accelerated Benefit Amount: \$25,000 - \$250,000
Policyholder's option.

Administrative Fee: \$0 - \$250
May vary to reflect company's administrative expenses. A zero means there will be no administrative fee.

Chronic Illness payout installments: 1 - 33
Policyholder's option

FORM 7042 - ANNUAL STATEMENT**Page 1**

Premium Loads and Policy Expense Charges: Actual Amounts
Will reflect actual expenses

Cost of Insurance Charges: Actual Amounts
Will reflect actual experience

Riders Charges: Actual Amounts
Will reflect actual rider charges

Declared Rate Strategy Interest Rate: 2% - Unlimited

Indexed Strategy 1 - Cap 4% - 100%

Indexed Strategy 2 – Participation Rate 20% - 100%

Page 4 – Allocation Detail for Period Beginning 07/01/2006 and Ending 06/30/2007

Declared Rate Strategy [1]

Current Allocation (%): Policyholder's Designation
 Beginning Account Value: Actual Value

Transfers In:

Allocated Transfers In Actual Amounts
 Reallocation from other Strategy Actual Amounts

Transfers Out:

Premium Loads and Policy Expense Charges Actual Amounts
 Cost of Insurance and Rider Charges Actual Amounts
 Loan Collateral Account Actual Amounts
 Gross Withdrawals Actual Amounts

Credited Interest Rate (%): 2% - Unlimited
 Interest Credited: Actual Amounts

Ending Account Value: Actual Value

Indexed Strategy [1]
 S&P 500[®] with Cap

Current Allocation (%): Policyholder's Designation
 Beginning Account Value: Actual Value

Transfers In:

Allocated Transfers In Actual Amounts
 Reallocation from other Strategy Actual Amounts

Transfers Out:

Premium Loads and Policy Expense Charges Actual Amounts
 Cost of Insurance and Rider Charges Actual Amounts
 Loan Collateral Account Actual Amounts
 Gross Withdrawals Actual Amounts

Beginning Index Value: Actual Value
 Ending Index Value: Actual Value
 Participation Rate: 20% - 100%
 Index Rate Cap: 4% - 100%
 Credited Interest Rate (%): Actual Amounts

Interest Credited:	Actual Amounts
Ending Account Value:	Actual Value

Page 5

Indexed Strategy [2]

Basket Strategy with Participation Rate

Current Allocation (%):	Policyholder's Designation
Beginning Account Value:	Actual Value

Transfers In:	
Allocated Transfers In	Actual Amounts
Reallocation from other Strategy	Actual Amounts
Participation Rate:	20% - 100%

Transfers Out:	
Premium Loads and Policy Expense Charges	Actual Amounts
Cost of Insurance and Rider Charges	Actual Amounts
Loan Collateral Account	Actual Amounts
Gross Withdrawals	Actual Amounts

Russell® 2000 Index

Beginning Index Value	Actual Value
Ending Index Value	Actual Value
Earned Interest Percentage	Actual Amount

Dow Jones EURO STOXX 50® Index

Beginning Index Value	Actual Value
Ending Index Value	Actual Value
Earned Interest Percentage	Actual Amount

Hang Seng Index

Beginning Index Value	Actual Value
Ending Index Value	Actual Value
Earned Interest Percentage	Actual Amount

Credited Interest Rate (%)	Actual Amount
Interest Credited	Actual Amount

Ending Account Value	Actual Value
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POLICY FORM 7044 - ILLUSTRATION

Assumed Interest Rate:	5 – 20 calendar years
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Indexed Strategy Rate [1] Participation Rate:	20% - 100%
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Indexed Strategy Rate [2] Cap:	4% - 100%
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Partial Withdrawals

Service Fee:	\$0 - \$250
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Surrender Charges

Surrender Charge Contract Years:	0 – 15 Years
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Surrender Charge Factors:

Policy Years 1 - 15
Surrender Charge Factors \$0 - \$100

May vary to reflect market conditions, competitive pressures, actual expenses, and actual surrender experience.

Allocation Percentage – Declared Rate Strategy 1 0% - 100%

Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Allocation Percentage – Indexed Strategy 1 0% - 100%

Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Allocation Percentage – Indexed Strategy 2 0% - 100%

Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Assumed Interest Rate – Declared Rate Strategy 1 2% - Unlimited

Varies to reflect changes in the interest rate environment and interest rates currently being credited on the strategy.

Assumed Interest Rate – Indexed Strategy 1 0% - Unlimited

Varies to reflect the performance of the index

Assumed Interest Rate – Indexed Strategy 2 0% - Unlimited

Varies to reflect the performance of the index

Initial Cap Rate – Declared Rate Strategy 1 4% - 100%

There will be no cap

Initial Cap Rate – Indexed Strategy 1 4% - 100%

Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that no interest will apply to this strategy.

Initial Cap Rate – Indexed Strategy 2 4% - 100%

Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that no interest will apply to this strategy.

Initial Participation Rate – Declared Rate Strategy 1 20% - 100%

Initial Participation Rate – Indexed Strategy 1 20% - 100%

Will vary to reflect changes in the index's performance and the current interest rate environment.

Initial Participation Rate – Indexed Strategy 2 20% - 100%

Will vary to reflect changes in the index's performance and the current interest rate environment.

FORM 7045 – SUPPLEMENTAL ILLUSTRATIONS – CHRONIC ILLNESS

Allocation Percentage – Declared Rate Strategy 1 0% - 100%

Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Allocation Percentage – Indexed Strategy 1 0% - 100%

Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Allocation Percentage – Indexed Strategy 2 0% - 100%
Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Assumed Interest Rate – Declared Rate Strategy 1 2% - Unlimited
Varies to reflect changes in the interest rate environment and interest rates currently being credited on the strategy.

Assumed Interest Rate – Indexed Strategy 1 0% - Unlimited
Varies to reflect the performance of the index

Assumed Interest Rate – Indexed Strategy 2 0% - Unlimited
Varies to reflect the performance of the index

Initial Cap Rate – Indexed Strategy 1 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that no interest will apply to this strategy.

Initial Cap Rate – Indexed Strategy 2 4% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that no interest will apply to this strategy.

Initial Participation Rate – Indexed Strategy 1 20% -100%
Will vary to reflect changes in the index's performance and the current interest rate environment.

Initial Cap Rate – Indexed Strategy 2 20% - 100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that no interest will apply to this strategy.

FORM 7046 – SUPPLEMENTAL ILLUSTRATIONS - LOANS

Allocation Percentage – Declared Rate Strategy 1 0% - 100%
Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Allocation Percentage – Indexed Strategy 1 0% - 100%
Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Allocation Percentage – Indexed Strategy 2 0% - 100%
Will vary to reflect the allocation percentage chosen by the policy owner. A zero means that this strategy was not selected by the policy owner.

Assumed Interest Rate – Declared Rate Strategy 1 2% - Unlimited
Varies to reflect changes in the interest rate environment and interest rates currently being credited on the strategy.

Assumed Interest Rate – Indexed Strategy 1 0% - Unlimited
Varies to reflect the performance of the index

Assumed Interest Rate – Indexed Strategy 2 0% - Unlimited
Varies to reflect the performance of the index

Initial Cap Rate – Indexed Strategy 1 4% -100%
Will vary to reflect changes in the index's performance and the current interest rate environment. A zero means that no interest would be applied to this strategy.

ARKANSAS DEPARTMENT OF INSURANCE

CERTIFICATION OF COMPLIANCE

The undersigned, possessing authority to act on behalf of the insurer named below, hereby swears and affirms that: on knowledge and belief, the insurance product filing with which this Certification of Compliance is filed is a complete filing as required by Arkansas law, and the said insurance product filing is in compliance with the External-Indexed Contract Guidelines as well as all applicable statutes, and rules and regulations promulgated by the Arkansas Department of Insurance, including, but not limited to, Ark. Code 23-79-138, Regulation 19 and Regulation 49.

By: Timothy D Morris
Timothy D. Morris, Sr. Compliance Manager
Sagicor Life Insurance Company

Date: 4/10/08

SERFF Tracking Number: AMFD-125698490 State: Arkansas
 Filing Company: Sagicor Life Insurance Company State Tracking Number: 39490
 Company Tracking Number: 1004
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
 Adjustable Life
 Product Name: FIUL
 Project Name/Number: FIUL/1004

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	Fixed Indexed Universal Life Policy	06/18/2008	1004 Indexed UL Policy.pdf
No original date	Form	Illustration to Maturity	06/18/2008	7044 UL III to Maturity.pdf



4343 N. Scottsdale Rd., Suite 300
Scottsdale, AZ 85251 / 800-531-5067
A Stock Insurance Company

FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY

In this Policy, "You" and "Your" refer to the current Owner of this Policy. "We", "Us", "Our" and "The Company" refer to Sagicor Life Insurance Company.

INSURING AGREEMENT

We will pay the Death Benefit Amount to the Beneficiary when the Home Office receives, In Writing, Due Proof that the death of the Insured occurred while this Policy was in force. The provisions of this page, the following pages and the Application are each a part of this Policy. This Policy is issued in return for the Application and payment of Your initial Premium.

RIGHT TO EXAMINE POLICY

IMPORTANT: YOU HAVE PURCHASED A LIFE INSURANCE POLICY. CAREFULLY REVIEW IT FOR LIMITATIONS. THIS POLICY MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND BY RETURNING IT TO THE INSURANCE COMPANY OR AGENT WHO SOLD YOU THIS POLICY. AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY, KNOWN AS A SURRENDER CHARGE. SEE THE POLICY DATA PAGE AND THE SURRENDER CHARGE PROVISION FOR SURRENDER CHARGE INFORMATION.

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Us.

Signed for Us at Our Home Office in Scottsdale, Arizona.

A handwritten signature in black ink that reads 'Catherine Hauck'.

Secretary

A handwritten signature in black ink that reads 'James Hall'.

President

IMPORTANT NOTICE

WHILE THE INTEREST CREDITING CALCULATION MAY RECOGNIZE BOTH INCREASES AND DECREASES IN AN INDEX, CREDITED INTEREST WILL NEVER BE LESS THAN ZERO. WHILE FUTURE VALUES FOR THIS POLICY ARE GUARANTEED TO BE LINKED TO A STOCK MARKET INDEX IF YOU SO CHOOSE, THIS POLICY DOES NOT DIRECTLY PARTICIPATE IN ANY STOCKS OR EQUITY INVESTMENTS. EACH INDEX USED DOES NOT REFLECT DIVIDENDS PAID ON THE STOCKS UNDERLYING THE INDEX.

FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY

Insurance Payable at Death
You May Pay Flexible Premiums for Life
Nonparticipating

GUIDE TO POLICY PROVISIONS

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POLICY DATA PAGE

POLICY INFORMATION

Insured:	[JOHN DOE]	Policy Number:	[TESTPOLICY4]
Age and Sex:	[35 MALE]	Premium Class:	[Non-tobacco]
Face Amount:	[\$100,000]	Death Benefit Option:	[A]
Initial Allocation Date:	[07/08/2007]	Policy Date:	[07/01/2007]
Scheduled Premium:			[\$2,400.00 Annually]
No Lapse Monthly Premium:			[\$115.83]
No Lapse Guarantee Expiration Date			[07/08/2012]
Maximum Premium Load:			[7.0%]
Maximum Policy Expense Charge Factor:			[\$0.29 per 1,000 of Face Amount]
Maximum Policy Expense Charge Period:			Years [1-20]
Minimum Face Amount:			[\$50,000]
Guaranteed Annual Interest Rates:			
Guaranteed Accumulation Value		2.00%	
Any Declared Rate Strategy		2.00%	
Any Indexed Strategy		0.00%	
Loan Collateral Account		2.00%	
Holding Account		2.00%	
Maximum Loan Interest Rate:			[6.00%] in arrears
Definition of Life Insurance Test:			[Cash Value Accumulation Test]
[Guideline Level Premium:			N/A
Guideline Single Premium:			N/A]

SURRENDER CHARGE FACTOR TABLE

Per 1,000 of Face Amount

Policy Year	Factor
[1	21.00
2	21.00
3	21.00
4	21.00
5	21.00
6	19.09
7	17.18
8	15.27
9	13.36
10	11.45
11	9.55
12	7.64
13	5.73
14	3.82
15	1.91
16+]	0.00

SCHEDULE OF ADDITIONAL BENEFITS

Benefit Name	Benefit Amount	Effective Date	Guaranteed Monthly Rider Rates	Expiry Date
Accelerated Benefit Insurance Rider	\$[100,000]	[07/01/2007]	No Additional Charge	[07/12/2097]
Accidental Death Benefit Rider	\$[100,000]	[07/01/2007]	\$[0.12] Per 1,000	[07/01/2047]
Children's Term Rider	\$[10,000]	[07/01/2007]	\$[0.52] Per 1,000	[07/01/2026]
Additional Insured Term Rider	See Additional Insured Term Rider Charges Page			
Primary Insured Term Rider	See Primary Insured Term Rider Charges Page			
Waiver Of Monthly Deductions Rider	See Waiver of Monthly Deductions Rider Charges Page			

BASE POLICY COST OF INSURANCE CHARGES PAGE

GUARANTEED MONTHLY COST OF INSURANCE RATES Per \$1,000 Of Net Amount At Risk

Beginning of Policy Year	Age	Maximum Rate	Beginning of Policy Year	Age	Maximum Rate
[1	35	0.09	44	78	4.80
2	36	0.10	45	79	5.36
3	37	0.10	46	80	5.98
4	38	0.11	47	81	6.65
5	39	0.12	48	82	7.37
6	40	0.13	49	83	8.15
7	41	0.14	50	84	9.02
8	42	0.15	51	85	9.99
9	43	0.17	52	86	11.05
10	44	0.18	53	87	12.20
11	45	0.20	54	88	13.42
12	46	0.22	55	89	14.70
13	47	0.24	56	90	15.98
14	48	0.25	57	91	17.24
15	49	0.27	58	92	18.55
16	50	0.29	59	93	19.94
17	51	0.31	60	94	21.40
18	52	0.35	61	95	22.85
19	53	0.38	62	96	24.27
20	54	0.43	63	97	25.77
21	55	0.49	64	98	27.38
22	56	0.54	65	99	29.09
23	57	0.59	66	100	30.73
24	58	0.65	67	101	32.18
25	59	0.71	68	102	33.73
26	60	0.79	69	103	35.37
27	61	0.88	70	104	37.11
28	62	0.99	71	105	38.93
29	63	1.10	72	106	40.88
30	64	1.23	73	107	42.93
31	65	1.35	74	108	45.12
32	66	1.48	75	109	47.44
33	67	1.62	76	110	49.89
34	68	1.76	77	111	52.49
35	69	1.92	78	112	55.24
36	70	2.11	79	113	58.15
37	71	2.33	80	114	61.22
38	72	2.60	81	115	64.47
39	73	2.88	82	116	67.90
40	74	3.18	83	117	71.51
41	75	3.50	84	118	75.32
42	76	3.87	85	119	79.31
43	77	4.30	86	120	83.33]

MINIMUM DEATH BENEFIT FACTORS

Age	Non-Tobacco		Tobacco		Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female		Male	Female	Male	Female
[35	4.81	5.42	3.95	4.34	78	1.36	1.49	1.49	1.38
36	4.64	5.23	3.82	4.20	79	1.33	1.46	1.46	1.36
37	4.48	5.05	3.70	4.06	80	1.31	1.43	1.43	1.34
38	4.33	4.88	3.58	3.92	81	1.29	1.40	1.40	1.32
39	4.18	4.71	3.46	3.79	82	1.27	1.37	1.37	1.30
40	4.04	4.55	3.35	3.67	83	1.25	1.35	1.35	1.28
41	3.90	4.39	3.24	3.55	84	1.23	1.32	1.32	1.26
42	3.77	4.24	3.14	3.43	85	1.21	1.30	1.30	1.25
43	3.64	4.09	3.04	3.32	86	1.20	1.28	1.28	1.23
44	3.52	3.95	2.95	3.21	87	1.19	1.26	1.26	1.22
45	3.40	3.82	2.86	3.11	88	1.17	1.24	1.24	1.21
46	3.29	3.69	2.77	3.01	89	1.16	1.23	1.23	1.20
47	3.18	3.57	2.69	2.91	90	1.15	1.21	1.21	1.19
48	3.08	3.45	2.61	2.82	91	1.14	1.20	1.20	1.18
49	2.98	3.34	2.53	2.74	92	1.13	1.18	1.18	1.16
50	2.88	3.23	2.46	2.65	93	1.12	1.17	1.17	1.15
51	2.79	3.12	2.38	2.58	94	1.12	1.15	1.15	1.14
52	2.70	3.02	2.32	2.50	95	1.11	1.14	1.14	1.13
53	2.61	2.93	2.25	2.43	96	1.10	1.13	1.13	1.12
54	2.53	2.84	2.19	2.36	97	1.10	1.12	1.12	1.12
55	2.45	2.75	2.13	2.30	98	1.09	1.12	1.12	1.11
56	2.38	2.67	2.07	2.24	99	1.09	1.11	1.11	1.11
57	2.30	2.59	2.02	2.18	100	1.08	1.10	1.10	1.10
58	2.24	2.51	1.97	2.12	101	1.08	1.09	1.09	1.09
59	2.17	2.44	1.92	2.07	102	1.07	1.09	1.09	1.08
60	2.11	2.37	1.87	2.02	103	1.07	1.08	1.08	1.08
61	2.05	2.30	1.82	1.97	104	1.06	1.07	1.07	1.07
62	1.99	2.24	1.78	1.92	105	1.06	1.07	1.07	1.07
63	1.94	2.17	1.74	1.88	106	1.06	1.06	1.06	1.06
64	1.88	2.11	1.70	1.83	107	1.05	1.06	1.06	1.06
65	1.83	2.06	1.67	1.79	108	1.05	1.05	1.05	1.05
66	1.79	2.00	1.63	1.75	109	1.05	1.05	1.05	1.05
67	1.74	1.95	1.60	1.71	110	1.04	1.04	1.04	1.04
68	1.70	1.90	1.56	1.67	111	1.04	1.04	1.04	1.04
69	1.66	1.85	1.53	1.64	112	1.04	1.04	1.04	1.04
70	1.62	1.80	1.50	1.60	113	1.04	1.04	1.04	1.04
71	1.58	1.75	1.47	1.57	114	1.03	1.03	1.03	1.03
72	1.54	1.71	1.45	1.54	115	1.03	1.03	1.03	1.03
73	1.51	1.67	1.42	1.51	116	1.03	1.03	1.03	1.03
74	1.48	1.63	1.39	1.48	117	1.03	1.03	1.03	1.03
75	1.44	1.59	1.37	1.45	118	1.02	1.02	1.02	1.02
76	1.41	1.56	1.35	1.43	119	1.02	1.02	1.02	1.02
77	1.39	1.52	1.32	1.40	120	1.02	1.02	1.02	1.02]

ADDITIONAL INSURED TERM RIDER CHARGES PAGE

Rider Name: **Additional Insured Term Rider**

Additional Insured: [JANE DOE] Benefit Amount: [\$100,000]

Premium Class: [Non-Tobacco] Age and Sex: [35 FEMALE]

Rider Effective Date: [07/01/2007] Rider Expiry Date: [07/01/2057]

MONTHLY GUARANTEED RIDER RATES Per \$1,000 Of Rider Benefit

Beginning of Policy			Beginning of Policy			Beginning of Policy		
Year	Age	Maximum Rate	Year	Age	Maximum Rate	Year	Age	Maximum Rate
[1	35	0.08	30	64	0.89	59	93	13.29
2	36	0.08	31	65	0.96	60	94	15.02
3	37	0.09	32	66	1.04	61	95	16.90
4	38	0.09	33	67	1.13	62	96	18.75
5	39	0.10	34	68	1.23	63	97	19.96
6	40	0.10	35	69	1.34	64	98	20.61
7	41	0.11	36	70	1.47	65	99	21.97
8	42	0.12	37	71	1.61	66	100	23.73
9	43	0.13	38	72	1.76	67	101	25.64
10	44	0.14	39	73	1.93	68	102	27.75
11	45	0.15	40	74	2.12	69	103	30.06
12	46	0.16	41	75	2.33	70	104	32.57
13	47	0.18	42	76	2.55	71	105	35.23
14	48	0.20	43	77	2.80	72	106	37.94
15	49	0.22	44	78	3.08	73	107	40.71
16	50	0.25	45	79	3.37	74	108	43.52
17	51	0.27	46	80	3.75	75	109	46.42
18	52	0.31	47	81	4.20	76	110	49.33
19	53	0.34	48	82	4.69	77	111	52.13
20	54	0.37	49	83	5.19	78	112	54.81
21	55	0.41	50	84	5.76	79	113	57.57
22	56	0.45	51	85	6.33	80	114	61.00
23	57	0.50	52	86	7.01	81	115	64.28
24	58	0.55	53	87	7.85	82	116	67.70
25	59	0.59	54	88	8.73	83	117	71.33
26	60	0.64	55	89	9.61	84	118	74.72
27	61	0.70	56	90	10.25	85	119	78.26
28	62	0.76	57	91	10.87	86	120	83.33]
29	63	0.82	58	92	11.90			

PRIMARY INSURED TERM RIDER CHARGES PAGE

Rider Name: **Primary Insured Term Rider**

Primary Insured: [JOHN DOE] Benefit Amount: [\$100,000]

Premium Class: [Non-Tobacco] Age and Sex: [35 MALE]

Rider Effective Date: [07/01/2007] Rider Expiry Date: [07/01/2057]

MONTHLY GUARANTEED RIDER RATES Per \$1,000 Of Rider Benefit

Beginning of Policy			Beginning of Policy			Beginning of Policy		
Year	Age	Maximum Rate	Year	Age	Maximum Rate	Year	Age	Maximum Rate
1	35	0.09	30	64	1.23	59	93	19.94
2	36	0.10	31	65	1.35	60	94	21.40
3	37	0.10	32	66	1.48	61	95	22.85
4	38	0.11	33	67	1.62	62	96	24.27
5	39	0.12	34	68	1.76	63	97	25.77
6	40	0.13	35	69	1.92	64	98	27.38
7	41	0.14	36	70	2.11	65	99	29.09
8	42	0.15	37	71	2.33	66	100	30.73
9	43	0.17	38	72	2.60	67	101	32.18
10	44	0.18	39	73	2.88	68	102	33.73
11	45	0.20	40	74	3.18	69	103	35.37
12	46	0.22	41	75	3.50	70	104	37.11
13	47	0.24	42	76	3.87	71	105	38.93
14	48	0.25	43	77	4.30	72	106	40.88
15	49	0.27	44	78	4.80	73	107	42.93
16	50	0.29	45	79	5.36	74	108	45.12
17	51	0.31	46	80	5.98	75	109	47.44
18	52	0.35	47	81	6.65	76	110	49.89
19	53	0.38	48	82	7.37	77	111	52.49
20	54	0.43	49	83	8.15	78	112	55.24
21	55	0.49	50	84	9.02	79	113	58.15
22	56	0.54	51	85	9.99	80	114	61.22
23	57	0.59	52	86	11.05	81	115	64.47
24	58	0.65	53	87	12.20	82	116	67.90
25	59	0.71	54	88	13.42	83	117	71.51
26	60	0.79	55	89	14.70	84	118	75.32
27	61	0.88	56	90	15.98	85	119	79.31
28	62	0.99	57	91	17.24	86	120	83.33
29	63	1.10	58	92	18.55			

WAIVER OF MONTHLY DEDUCTIONS RIDER CHARGES PAGE

Rider Name: **Waiver Of Monthly Deductions Rider**

Insured: [JOHN DOE]

Rider Effective Date: [07/01/2007]

Rider Expiry Date: [07/01/2042]

Beginning of Policy			Beginning of Policy		
Year	Age	Maximum Percentage Rate	Year	Age	Maximum Percentage Rate
[1	35	9.13%	14	48	12.97%
2	36	9.41%	15	49	13.33%
3	37	9.68%	16	50	13.70%
4	38	9.96%	17	51	14.61%
5	39	10.23%	18	52	15.99%
6	40	10.51%	19	53	17.35%
7	41	10.78%	20	54	18.72%
8	42	11.06%	21	55	20.09%
9	43	11.33%	22	56	18.72%
10	44	11.60%	23	57	23.74%
11	45	11.87%	24	58	25.57%
12	46	12.24%	25	59	27.39%
13	47	12.60%			

DECLARED RATE STRATEGY [1]

TERM PERIOD:	1 YEAR
INITIAL ALLOCATION DATE:	[JANUARY 1, 2006]
INITIAL INTEREST RATE:	[4.75%]

We will establish a Declared Rate Account for an allocation to Declared Rate Strategy [1]. A Declared Rate Account will have its own Term Period and interest rate.

The Initial Interest Rate will not change for the Term Period shown. We may declare a different interest rate for subsequent Term Periods, and such rate will never be less than the Guaranteed Annual Interest Rate shown on the Policy Data Page.

Interest will be credited daily to the Declared Rate Account after Activity, if any, has been deducted for that day. Only upon reaching the end of the Term Period may the Declared Rate Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, the Declared Rate Account Value will remain in this same Declared Rate Strategy. If this strategy is no longer available, We will transfer to another Declared Rate Strategy as offered by Us.

INDEXED STRATEGY [1]

TERM PERIOD:	[1 YEAR]
INDEX:	[S&P 500®]
MINIMUM PARTICIPATION RATE:	[100%]
MINIMUM CAP:	[4.0%]
INITIAL ALLOCATION DATE:	[JANUARY 1, 2006]
INITIAL PARTICIPATION RATE:	[100%]
INITIAL CAP:	[10.00%]

We will establish an Indexed Strategy Account for an allocation to the Indexed Strategy [1]. An Indexed Strategy Account will have its own Term Period, Participation Rate, and Cap. The Initial Allocation Date may be up to one month following the receipt of the initial Premium. Future Allocation Dates may be up to one year following the receipt of a Premium.

The Initial Participation Rate and Initial Cap will not change for the Term Period shown. We may declare a different Participation Rate or a different Cap for subsequent Term Periods, and such rate will never be less than the Minimum Participation Rate and Minimum Cap, respectively.

Interest will be credited only at the end of the Term Period to the Indexed Strategy Account. The interest credited at the end of the Term Period equals $(A - B) \times \max\{\text{Guaranteed Annual Interest Rate for any Indexed Strategy as shown on the Policy Data Page, min}[\text{Cap, Participation Rate} \times \text{Indexed Interest Rate}]\}$ where:

A equals the Indexed Strategy Account Value at the beginning of the Term Period,
B equals any Activity from the Strategy during the Term Period,
 $\max\{.....\}$ is the greater of the two values contained within the parenthesis above, and
 $\min\{.....\}$ is the lesser of the two values contained within the parenthesis above.

Only upon reaching the end of the Term Period may the Indexed Strategy Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, the Indexed Strategy Account Value will remain in this same Indexed Strategy. If this strategy is no longer available, We will transfer to another Declared Rate Strategy as offered by Us.

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INDEXED STRATEGY [2]

TERM PERIOD:	[3 YEARS]
INDEX [1]:	[Russell [®] 2000]
INDEX [2]:	[Dow Jones EURO STOXX 50 [®] Index]
INDEX [3]:	[Hang Seng Index]
MINIMUM PARTICIPATION RATE:	[20%]
MINIMUM CAP:	[Not Applicable]
INITIAL ALLOCATION DATE:	[JANUARY 1, 2006]
INITIAL PARTICIPATION RATE:	[60%]
INITIAL CAP:	[Not Applicable]
WEIGHTING [A]:	[60%]
WEIGHTING [B]:	[40%]
WEIGHTING [C]:	[0%]

We will establish an Indexed Strategy Account for an allocation to the Indexed Strategy [2]. An Indexed Strategy Account will have its own Term Period, Participation Rate, and Cap. The Initial Allocation Date may be up to one month following the receipt of the initial Premium. Future Allocation Dates may be up to one year following receipt of a Premium.

The Initial Participation Rate and Initial Cap will not change for the Term Period shown. We may declare a different Participation Rate or a different Cap for subsequent Term Periods, and such rate will never be less than the Minimum Participation Rate and Minimum Cap, respectively.

If this Policy terminates due to the death of the Owner, then the Term Period will end on the date of death of the Owner.

Interest will be credited only at the end of the Term Period to the Indexed Strategy Account. The interest credited at the end of the Term Period equals $(A - B) \times \max\{\text{Guaranteed Annual Interest Rate for any Indexed Strategy as shown on the Policy Data Page, } \min\{\text{Cap, Participation Rate} \times ([L] + [M] + [N])\}\}$ where:

A equals the Indexed Strategy Account Value at the beginning of the Term Period,
B equals any Activity from the Strategy during the Term Period,
 $\max\{ \dots, \dots \}$ is the greater of the two values contained within the parenthesis above,
 $\min\{ \dots, \dots, \dots \}$ is the smallest of the three values contained within the parenthesis above,
L = Weighting [A] x the largest Indexed Interest Rate for Index [1], Index [2], and Index [3], and
M = Weighting [B] x the second largest Indexed Interest Rate for Index [1], Index [2], and Index [3].
N = Weighting [C] x the third largest Indexed Interest Rate for Index [1], Index [2], and Index [3].

Only upon reaching the end of the Term Period may the Indexed Strategy Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, the Indexed Strategy Account Value will remain in this same Indexed Strategy. If this strategy is no longer available, We will transfer to another Declared Rate Strategy as offered by Us.

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DEFINITIONS

Some of the terms used in this Policy are defined here. Others are defined throughout this Policy.

ACTIVITY

Activity is any Cost Of Insurance Charge, Rider Charges, Policy Expense Charge, transfers to the Loan Collateral Account, Partial Withdrawal Amounts and service fees.

ALLOCATION DATE

Allocation Date is a date when We allocate amounts to the strategies. The Initial Allocation Date is shown on the Policy Data Page. It is the date from which Policy Years, Policy Anniversaries, and Monthly Processing Dates will be determined. Future Allocation Dates will be on Policy Anniversaries.

ALLOCATION PERCENTAGE

Allocation Percentage for each strategy is the percent of the Holding Account balance that You designate to be credited to a strategy.

APPLICATION

Application is the form You filled out to apply for this Policy.

ATTAINED AGE

Attained Age is the age of the Insured on the last Policy Anniversary.

BENEFICIARY

Beneficiary is named in the Application, unless later changed, and refers to the person or persons entitled to receive the Death Benefit Amount.

CONTINGENT BENEFICIARY

Contingent Beneficiary is named in the Application and will receive the Death Benefit Amount if the Beneficiary is not living at the time of the Insured's death.

DEATH BENEFIT AMOUNT

Death Benefit Amount is the benefit amount We are obliged to pay under the terms of this Policy if the Insured dies while this Policy is in force.

DUE PROOF

Due Proof is evidence of death, including but not limited to a certified death certificate issued by the governmental authority where the death occurred, or other evidence satisfactory to Us.

EVIDENCE OF INSURABILITY

Evidence Of Insurability is information about a person which We may require to approve, change or Reinstate a Policy or Rider(s).

GUARANTEED ACTIVITY

Guaranteed Activity is any Guaranteed Monthly Cost Of Insurance Charge, Guaranteed Rider Charges, Maximum Policy Expense Charge, Partial Withdrawal Amounts and service fees.

HOLDING ACCOUNT

Holding Account is the account in which Premiums less Premium Loads will be deposited when they are received by Us.

INDEXED INTEREST RATE

Indexed Interest Rate is the closing index value for a particular index at the end of the Term Period divided by the closing index value for that same particular index at the beginning of the Term Period, minus 1. When there is a date for which a value for a particular index is not available, then the value of that particular index will equal the closing value of the particular index on the most recent date, prior to this date that the index was available.

INDEBTEDNESS

Indebtedness is the amount of any outstanding Policy Loans against this Policy plus any accrued and unpaid interest.

IN WRITING

In Writing means in a written form satisfactory to Us and received at our Home Office.

LAPSE or LAPSED

Lapse or Lapsed means that the insurance coverage under this Policy has terminated and is no longer in force.

MONTHLY PROCESSING DATE

Monthly Processing Date is the date each month on which the Cost Of Insurance Charge, Rider Charges and Policy Expense Charge are deducted from the Accumulation Value. The first Monthly Processing Date is the Allocation Date. Subsequent Monthly Processing Dates are the same day of each calendar month as the Allocation Date.

ORDER OF ACTIVITY

Order Of Activity will first be deducted from the Holding Account. If the Activity exceeds the Account Value in the Holding Account, then the remaining Activity will be deducted from the Account Value of Declared Rate Strategy [1]. If the Activity exceeds the Account Value in Declared Rate Strategy [1], then the remaining Activity will be deducted from any other non-indexed strategies, as chosen and offered by The Company. If there still remains Activity to be deducted, then it will next be deducted from the Account Value of Indexed Strategy [1]. If there still remains Activity to be deducted, then it will next be deducted from the Account Value of Indexed Strategy [2]. Finally, any other indexed strategies, as decided by Us, will have any remaining Activity deducted from its Account Value.

POLICY ANNIVERSARY

Policy Anniversary occurs once each year on the same month and day as the Initial Allocation Date.

POLICY DATE

Policy Date is the date the initial Premium is received and Your insurance coverage becomes effective.

PREMIUM CLASS

Premium Class is the mortality classification assigned to the Insured under this Policy. The Premium Class is shown on the Policy Data Page.

REINSTATE or REINSTATEMENT

Reinstate or Reinstatement means to restore coverage after this Policy has Lapsed.

WE, US, OUR or THE COMPANY

We, Us Our or The Company refers to Sagicor Life Insurance Company.

YOU, YOUR or YOURS

You, Your or Yours refers to the current Owner of this Policy.

THE POLICY

We have issued this Policy in consideration for Your Application and the payment of the initial Premium.

ENTIRE POLICY

The entire Policy consists of:

1. This Policy;
2. The Application attached to this Policy on the Policy Date or delivery date;
3. Any attached amendments and supplements to the Application;
4. Any attached Riders and endorsements; and
5. Any attached Application for Reinstatement.

In the absence of fraud (not in NC), We will consider all statements made by or for the Insured to be representations and not warranties. We can use no such statements to void this Policy, and cannot use them to defend against a claim unless, that statement is in the attached Application, the Application for Reinstatement, in an amendment, or supplement to the Application when issued or delivered.

CHANGE OF POLICY TERMS

No agent or person other than The Company President or Secretary has the authority to change or modify this Policy or waive any of its provisions. We may not modify this Policy without Your consent, except to make it comply with any changes in the Internal Revenue Code or as required by any other applicable law. Any changes, modifications or waivers must be In Writing.

SUBMISSION OF POLICY

We may ask You to send Us this Policy for Surrender or to note a Policy Loan on it. Our failure to have You send it to Us for such purposes does not indicate that the payment or loan has not been made.

STATEMENTS IN APPLICATION

All statements made in the Application and in any supplementary Application are representations and not warranties. We can contest the validity of this Policy if there is a material misstatement in the Application. We can contest the validity of a Reinstatement if there is a material misrepresentation in the Application for Reinstatement. No statement will be used in defense of a claim unless it is in an Application.

PROOF OF FACTS

We have the right to ask for proof that is satisfactory to Us from anyone who is claiming ownership, beneficiary status, right to payment or any other rights associated with this Policy. We may ask for proof of that person's age, sex or identity. Any payment We make relying on this proof discharges Us of any obligation to make the same payment to another person.

CREDITOR CLAIMS

All payments under this Policy are exempt from legal process and the claims of creditors to the extent permitted by law. No payment will be transferred, assigned or withdrawn before it becomes payable unless We agree.

BASIS OF VALUES

The Cash Surrender Value is not less than the minimum required as of the Policy Date by the state in which this Policy was delivered. We have filed a detailed statement of the method We use to determine values with the state where this Policy was delivered. All values are equal to or more than those required by the laws of that state.

Maximum Monthly Cost Of Insurance Rates vary by sex, Attained Age and Premium Class and are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Age Last Birthday, sex and tobacco/non-tobacco distinct. We may charge rates less than the maximums shown.

GENERAL POLICY PROVISIONS

ANNUAL STATEMENT

At least once a year, We will send You a report which shows the Death Benefit Amount, the Accumulation Value, Cash Surrender Value and any other information required by the state in which this Policy was issued.

NON-PARTICIPATING

This Policy is non-participating and does not share in the profits or surplus of The Company.

MISSTATEMENT OF AGE OR SEX

The age of the Insured is the age on his or her last birthday on the Allocation Date of this Policy. It is determined by the date of birth written in the Application. The Attained Age of the Insured is his or her age on the last birthday prior to the Policy Anniversary.

If a misstatement of age or sex of the Insured is discovered on or after the Insured's death, then the Death Benefit Amount will be adjusted. The Death Benefit Amount will be that which would be purchased by the most recent Cost Of Insurance Charge based on the correct age and sex.

If a misstatement of age or sex of the Insured is discovered prior to the Insured's death, then Policy Values will be recalculated from the Policy Date using Cost Of Insurance Charges, Rider Charges and Policy Expense Charges for the correct age and sex. All future Cost Of Insurance Charges, Rider Charges and Policy

Expense Charges will be based on the correct age and sex. If the recalculated Accumulation Value is less than zero, then the Death Benefit Amount will be adjusted such that the Accumulation Value will be zero on the date the recalculation is made.

SUICIDE EXCLUSION

If the Insured, sane or insane, dies by suicide, while this Policy is in force and within two years (one year in CO, MO and ND) from the Policy Date, the Death Benefit Amount will be limited to the sum of Premiums paid less any Indebtedness less any withdrawals and less any Accelerated Benefit payments paid out.

If the Insured, sane or insane, dies by suicide, while this Policy is in force and within two years (one year in CO, MO and ND) from the effective date of an increase in Face Amount, then the Death Benefit Amount due to that increase will be limited to the Cost Of Insurance Charges, Rider Charges and Policy Expense Charges deducted for such increase.

If the Insured, sane or insane, dies by suicide, while this Policy is in force and within two years (one year in CO, and ND) after the date a Reinstatement becomes effective, the Death Benefit Amount payable will be limited to the sum of Premiums paid after the date of Reinstatement less any indebtedness, less any Accelerated Benefit payments paid out, less any withdrawals taken since Reinstatement. (Not in AL, GA, LA, MD, MO, NE, TN, and VA.)

INCONTESTABILITY

We will not contest the validity of this Policy, except for nonpayment of Premiums, after it has been in force during the lifetime of the Insured for two years from the Policy Date. If this Policy is Reinstated, the Incontestability period will be based on the effective date of the Reinstatement.

We will not contest the validity of any Face Amount increase on this Policy, except for nonpayment of Premiums, after it has been in force during the lifetime of the Insured for two years from the effective date of an increase in Face Amount.

CONFORMITY WITH STATE STATUTES

The provisions of this Policy conform to the minimum requirements of the laws of the state in which the Policy is issued and controls over any conflicting statutes of any state in which the Insured resided on or after the Policy Date.

TERMINATION

This Policy will terminate on the earliest of the following dates:

1. The date the Insured dies; or
2. The date You cash Surrender this Policy; or
3. The date this Policy Lapses as described in the Premium section of this Policy.

CONTROL OF THE POLICY

OWNER

The Insured is the Owner of this Policy unless a different Owner is named in the Application; or a new Owner is later named, subject to the terms of the Change of Ownership provision.

RIGHTS OF OWNERSHIP

While the Insured is living, You, as the Owner, may exercise any rights provided to You by this Policy. If this Policy is assigned; Your rights are subject to the rights of an assignee.

If You die before the Insured, all ownership rights then belong to the contingent Owner. If there is no contingent Owner, ownership rights then belong to Your estate.

CHANGE OF OWNERSHIP

While the Insured is living and this Policy is in force, You may name a new Owner by providing Us with a notice of the change In Writing. You and any irrevocable Beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us in Our Home Office.

ASSIGNMENT

This Policy may be assigned. No assignment will be recognized by Us unless a copy is received and recorded by Us in Our Home Office. We will not be responsible for the validity of any assignment. The claim of any assignee is subordinate to Ours, including any Indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. Rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

GENERAL

The Beneficiary receives the Death Benefit Amount of this Policy upon the death of the Insured. If the Beneficiary dies prior to the Insured, then the Death Benefit Amount will be paid to the Contingent Beneficiary upon the death of the Insured. The Beneficiary and Contingent Beneficiary of this Policy are named in the Application, unless new Beneficiaries are named later. The Beneficiary and Contingent Beneficiary are subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You or in the event of Your death, Your estate, will be named as the Beneficiary.

CHANGE OF BENEFICIARY

At any time, while the Insured is living and the Policy is in force, You may request a change In Writing of the Beneficiary and/or Contingent Beneficiary. You and any Irrevocable Beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us in Our Home Office.

PREMIUMS

SCHEDULED PREMIUMS

The Scheduled Premium shown on the Policy Data Page may be paid while the Policy is in force. You may increase or decrease the amount of the Scheduled Premium, subject to limits that We may set and as described in the Premium Limitations provision. Scheduled Premiums may be paid annually, or at such other intervals as We permit.

UNSCHEDULED PREMIUMS

You may make Unscheduled Premiums at any time the Policy is in force, subject to limits that We may set and as described in the Premium Limitations provision.

NO LAPSE MONTHLY PREMIUM

For any period prior to the No Lapse Guarantee Expiration Date, this Policy is guaranteed to remain in force if the sum of all Premiums paid less Partial Withdrawals and Indebtedness, is greater than or equal to the cumulative No Lapse Monthly Premium for that period.

If You request an increase in the Face Amount or if any Riders are added prior to the No Lapse Guarantee Expiration Date, then the No Lapse Monthly Premium will be recalculated to reflect the increase. Decreases in Face Amount and/or cancelling Riders will have no impact on the No Lapse Monthly Premium.

PREMIUM LIMITATIONS

We will return any Premium or any portion of the Accumulation Value which causes the Policy to not qualify as life insurance under the Internal Revenue Code of 1986, as amended, and its rules and regulations. If a Premium payment would result in an increase in the Death Benefit Amount, then We may limit the amount of Premium paid or We may require Evidence Of Insurability. The minimum Premium payment We will accept is \$25.00.

HOLDING ACCOUNT ALLOCATION

Premiums received by Us prior to the next Allocation Date, less Premium Loads, will be deposited in the Holding Account. Interest will be credited to the Holding Account, less any Activity for that account, on a daily basis at an interest rate not less than the Guaranteed Annual Interest Rate shown on the Policy Data Page.

Your instructions will allow the Holding Account balance to be transferred to one or more Declared Rate Strategies and/or to one or more Indexed Strategies in accordance with options offered by Us. Allocations to the strategies from the Holding Account will occur on the next Policy Anniversary.

PREMIUM LOAD

Premium Load is a percentage of the Premium. The Maximum Premium Load percentage is stated on the Policy Data Page. The Company may choose to charge less than the Maximum Premium Load percentage.

GRACE PERIOD

Prior to the No Lapse Guarantee Expiration Date this Policy will remain in force as long as at least one of the following is true:

1. The Cash Surrender Value is large enough to cover the Cost Of Insurance Charges, Rider Charges and Policy Expense Charges on the next Monthly Processing Date;
2. The No Lapse Monthly Premium has been paid as described in the No Lapse Monthly Premium provision.

After the No Lapse Guarantee Expiration Date this Policy will remain in force as long as the Cash Surrender Value is large enough to cover the Cost Of Insurance Charges, Rider Charges and Policy Expense Charges on the next Monthly Processing Date.

If none of these conditions are true then the Policy will enter a 61 day Grace Period. During the Grace Period, You must make the required Premium payment to keep the Policy in force. If the entire required Premium is not received in full by the end of the Grace Period, then the Policy will terminate with no value. The required Premium payment will be equal to past due charges plus an amount We expect will be sufficient to keep the Policy in force for 2 months following receipt of the required Premium payment. If we receive at least the required Premium amount during the Grace Period, then We will apply the Premium to the Policy and deduct past due charges. If the death of the Insured occurs during the Grace Period, then We will deduct any unpaid Cost Of Insurance Charges, Rider Charges and Policy Expense Charges from the Death Benefit Amount.

POLICY LAPSE AND NOTICE

At least thirty-one (31) days before the end of the Grace Period a notice stating the required Premium due will be mailed to Your last known address and that of any assignee of record.

POLICY VALUES

ACCUMULATION VALUE

The Accumulation Value is the sum of all Declared Rate Account Values, all Indexed Strategy Account Values, the Loan Collateral Account, and the Holding Account.

GUARANTEED ACCUMULATION VALUE

The Guaranteed Accumulation Value is equal to the Premiums paid less Premium Loads, accumulated at the Guaranteed Annual Interest Rate for the Guaranteed Accumulation Value, as shown on the Policy Data Page, adjusted by any Guaranteed Activity.

COST OF INSURANCE

We will deduct the Cost Of Insurance Charge from the Accumulation Value on the Initial Allocation Date and on each Monthly Processing Date thereafter. The maximum Monthly Cost Of Insurance Charge is the Net Amount At Risk divided by 1,000 then multiplied by the applicable maximum Guaranteed Monthly Cost Of Insurance Rate.

The Cost Of Insurance Charge will be deducted from the Account Values as designated by the Order of Activity.

Guaranteed Monthly Cost Of Insurance Rates vary by sex, Attained Age and Premium Class. The Guaranteed Monthly Cost Of Insurance Rates for each Policy Year of Your Policy are shown in the Guaranteed Monthly Cost Of Insurance Rates Table on the Base Policy Cost Of Insurance Charges Page and are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Age Last Birthday, sex and tobacco/non-tobacco distinct. We may charge rates less than the Guaranteed Monthly Cost Of Insurance Rates shown.

NET AMOUNT AT RISK

The Net Amount At Risk on any Monthly Processing Date is equal to the Death Benefit Amount plus any Indebtedness minus the Accumulation Value. For purposes of this calculation the Accumulation Value will be equal to the greater of the Accumulation Value and the Guaranteed Accumulation Value minus the Policy Expense Charge minus any Rider Charges. The Death Benefit Amount used in the calculation of the Net Amount At Risk will utilize this Accumulation Value.

POLICY EXPENSE CHARGE

We will deduct the Policy Expense Charge from the Accumulation Value on the Initial Allocation Date and on each Monthly Processing Date thereafter until the end of the Maximum Policy Expense Charge Period. The Policy Expense Charge equals the Face Amount divided by 1,000 then multiplied by the Maximum Policy Expense Charge Factor. The Maximum Policy Expense Charge Factor and Maximum Policy Expense Charge Period are shown on the Policy Data Page. We may use a factor less than the Maximum Policy Expense Charge Factor. We may deduct a Policy Expense Charge for a shorter period than the Maximum Policy Expense Charge Period.

The Policy Expense Charge will be deducted from the Account Values as designated by the Order Of Activity.

If the Face Amount is increased, then there will be a new Policy Expense Charge and Maximum Policy Expense Charge Period associated with that increase.

CASH SURRENDER VALUE

The Cash Surrender Value is equal to the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Surrender Charge and less any Indebtedness.

SURRENDER

You may Surrender this Policy to Us at any time while it is in force. If You do, We will pay the Cash Surrender Value. This Policy will terminate without notice if You Surrender it. It may not be Reinstated.

SURRENDER CHARGE

A Surrender Charge will apply if You Surrender this Policy. The Surrender Charge is equal to the factor shown in the Surrender Charge Factor Table on the Policy Data Page multiplied by the Face Amount per 1,000. If the Face Amount is increased, then there will be a new Surrender Charge Factor Table associated with that increase.

PARTIAL WITHDRAWALS

You may request a Partial Withdrawal from the Accumulation Value any time after the first Policy Anniversary. One Partial Withdrawal is permitted each Policy Year. A Partial Withdrawal will reduce the Accumulation Value by the amount of the Partial Withdrawal, based on the Order of Activity as designated on the Definitions Page. If Death Benefit Option A is selected, then a Partial Withdrawal will reduce the Face Amount by the amount of the Partial Withdrawal. There is a [\$25] service fee applied to each Partial Withdrawal. The Partial Withdrawal plus the service fee must be at least \$500. A Partial Withdrawal may not reduce the Cash Surrender Value below \$500 or reduce the Face Amount below the Minimum Face Amount shown on the Policy Data Page.

POLICY LOANS

RIGHT TO BORROW AND LOAN VALUE

Loans are available anytime after the first Policy Anniversary. The Maximum Loan Amount equals the Cash Surrender Value minus the anticipated Cost Of Insurance Charges, Rider Charges, Policy Expense Charges and loan interest on the Indebtedness from the date of the loan to the next Policy Anniversary.

The Policy is the sole security for the Indebtedness. Any Indebtedness at time of termination will reduce the Policy Proceeds.

LOAN COLLATERAL ACCOUNT

When a loan is requested, an amount equal to the amount of the loan will be transferred from the Strategy Accounts, as designated by the Order Of Activity on the Definitions Page, to the Loan Collateral Account.

The annual effective interest rate applicable to the Loan Collateral Account will never be less than the Guaranteed Annual Interest Rate for the Loan Collateral Account, as shown on the Policy Data Page. Interest is credited daily to the Loan Collateral Account.

LOAN INTEREST CHARGED

The annual interest rate charged on loans will not exceed the Maximum Loan Interest Rate, as shown on the Policy Data Page. We may charge less than the Maximum Loan Interest Rate. Any outstanding Policy Loans against this Policy plus any accrued and unpaid interest is known as the Indebtedness.

After the Policy has been in force for ten years, the amount of any Indebtedness up to the amount of interest earned in the Policy will be charged interest at a rate that will be equal to the interest rate that is being credited to the Loan Collateral Account. Any remaining Indebtedness in excess of the interest earned in the Policy may be charged interest at a different rate, but not to exceed the Maximum Loan Interest Rate.

AUTOMATIC TRANSFERS

While Indebtedness exists, a transfer to the Loan Collateral Account will occur on the Policy Anniversary. The amount of this transfer is the difference between the Indebtedness and the Loan Collateral Account on that day. It will be transferred from the Strategy Accounts, as designated by the Order Of Activity on the Definitions Page, to the Loan Collateral Account.

REPAYMENT

Loan repayments up to and including the Indebtedness may be made by You at anytime prior to the termination of the Policy. A transfer from the Loan Collateral Account to the Holding Account for the same amount will simultaneously occur. If the loan repayment exceeds the Loan Collateral Account, only the amount in the Loan Collateral Account will be transferred to a Holding Account.

REINSTATEMENT

After this Policy has Lapsed, You may Reinstate it within five (5) years after the date of Lapse. You cannot Reinstate this Policy if it has been surrendered. To Reinstate this Policy You must:

1. Furnish Evidence Of Insurability satisfactory to Us; and
2. Pay Premiums sufficient to keep the Policy in force from the beginning of the Grace Period to the end of the Grace Period and for two months after the date of Reinstatement; and
3. Repay or Reinstate the Policy Loan; and
4. Pay interest on numbers 2 and 3 at an annual rate not to exceed the Maximum Loan Interest Rate, as shown on the Policy Data Page, compounded annually. Interest at this rate will be due from the date of Lapse to the date of Reinstatement of the Policy.

BENEFITS

FACE AMOUNT

The Face Amount is shown on the Policy Data Page.

DEATH BENEFIT OPTION

The Death Benefit Option is shown on the Policy Data Page. The Death Benefit Option determines the method by which the Death Benefit Amount is calculated.

DEATH BENEFIT AMOUNT

While the Policy is in force there are two Death Benefit Options available.

Death Benefit Option A, the Death Benefit Amount will be the greater of the following two amounts, as of the date of death of the Insured:

1. The Face Amount less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value, times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

Death Benefit Option B, the Death Benefit Amount will be the greater of the following two amounts as of the date of death of the Insured:

1. The Face Amount plus the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

DEFINITION OF LIFE INSURANCE

This Policy is designed to qualify as a life insurance policy under the Internal Revenue Code of 1986, as amended, and its rules and regulations. All terms and provisions of the Policy will be construed in a manner consistent with that design. We reserve the right to amend the Policy, adjust the amount of coverage, or reject any change request when required to maintain this qualification.

The Definition of Life Insurance Test is the specific method by which the Policy qualifies as a life insurance policy. There are two methods: the Guideline Premium Test (GPT) and the Cash Value Accumulation Test. The test applicable to Your Policy is shown on the Policy Data Page. If no test is elected on the Application, then the Guideline Premium Test will apply to Your Policy. The test is not subject to change unless required by a change in the applicable Internal Revenue Code or by any other applicable legal authority.

DECREASES IN FACE AMOUNT

You may request a decrease in Face Amount after the first Policy Year or after one year following the effective date of a previous increase or decrease in Face Amount or Death Benefit Option change by sending Us a request In Writing. A decrease in Face Amount will be effective on the Monthly Processing Date immediately following the date Your request is approved by Us. During the first five years following the Policy Date or following the effective date of a Face Amount increase We can limit the amount of any decrease. At any time, We can limit the amount of a Face Amount decrease subject to the GPT as referenced in the Definition of Life Insurance section. Also, the Face Amount after the decrease can never be less than the Minimum Face Amount shown on the Policy Data Page. The decrease will be applied first to the Face Amount provided by increases, if any, starting with the most recent, and then lastly to the initial Face Amount. Surrender Charges, Policy Expense Charges and the No Lapse Monthly Premium will not change due to a Face Amount decrease. We will amend the Policy when the decrease in Face Amount becomes effective.

INCREASES IN FACE AMOUNT

You may apply for an increase in the Face Amount after the first Policy Year or after one year following the effective date of a previous increase or decrease in Face Amount or Death Benefit Option change. You must provide Evidence Of Insurability satisfactory to Us, and pay the No Lapse Monthly Premium if the increase occurs prior to the No Lapse Expiration Date. An increase in Face Amount will be effective on the Monthly Processing Date immediately following the date Your Application is approved by Us. An increase in Face Amount will have new Surrender Charges and Policy Expense Charges associated with it, based on the Attained Age, sex, and amount of the increase. We will amend the Policy when the increase in Face Amount becomes effective.

DEATH BENEFIT OPTION CHANGES

You may request a change in the Death Benefit Option after the first Policy Year or after one year following the effective date of a previous increase or decrease in Face Amount or Death Benefit Option change by sending Us a request In Writing. We reserve the right to require Evidence Of Insurability satisfactory to Us if the change in Death Benefit Option will increase the Net Amount At Risk.

If Death Benefit Option A is in effect, and a request to change to Death Benefit Option B is approved by Us, then the Face Amount will be decreased by the amount of the Accumulation Value. The decrease in Face Amount will be applied as described in the Decreases in Face Amount provision. Death Benefit Option B will become effective on the Monthly Processing Date immediately following the date We approve the change.

If Death Benefit Option B is in effect, and a request to change to Death Benefit Option A is approved by Us, then the Face Amount will be increased by the amount of the Accumulation Value. Death Benefit Option A will become effective on the Monthly Processing Date immediately following the date We approve the change. An increase in Face Amount due to a Death Benefit Option change will be applied as described in the Increases in Face Amount section.

POLICY PROCEEDS

The proceeds of this Policy may either be the Death Benefit Amount that is payable to the Beneficiary upon the death of the Insured, or the Cash Surrender Value payable to You if You Surrender this Policy during the lifetime of the Insured. Proceeds may be paid in a lump sum or under one or more Income Options. See the Income Options Section of this Policy.

Death Benefit Amount will be calculated based on the date of the Insured's death. We will make payment within 30 days (within two (2) months in Indiana and Illinois) of receipt of Due Proof of the death of the Insured. If settlement is made after the first thirty (30) days, We will pay interest as required by law.

Cash Surrender Value will be calculated based on the date We receive Your request, In Writing, to Surrender this Policy.

We will pay interest from the date proceeds are calculated to the date of payment. The rate of interest will not be less than that required by law.

LOAN OR SURRENDER DEFERMENT

We may defer the payment of any Partial Withdrawal, Surrender or Policy Loan for not more than six (6) months after We receive Your request In Writing.

PROTECTION AGAINST CREDITORS

As permitted by law, funds held and Income Option payments shall not be subject to levy, attachment or other judicial process.

INCOME OPTIONS

GENERAL

All or part of the Policy Proceeds may be applied to an Income Option. In addition to the options described below, other options may be available upon request. When an Income Option is elected, this Policy terminates and a supplementary Policy is issued, with a Policy Date equal to the first payment date. You will name at least one Annuitant and a Payee. The Annuitant and the Payee can be the same person. The payments made under a supplementary Policy are called Annuity Payments.

ANNUITY PAYMENTS

The Company will make Annuity Payments to the Payee according to the Income Option elected by the Owner. If the Owner does not name a Payee, the Annuitant will become the Payee. If an Income Option is based on the Annuitant's life, Due Proof the Annuitant is alive and Due Proof of the Annuitant's age and sex may be required before Annuity Payments begin. The Annuity Payments will be based on proceeds equal to:

1. The Policy Proceeds value before Annuity Payments begin, less
2. Any Taxes payable by Us and not previously deducted.

The minimum amount that may be applied to an Income Option is \$2,500. Each Annuity Payment must be at least \$100.00. Income Options of Life will be based on the Annuity 2000 Mortality Table.

ANNUITY PAYMENTS BEGIN

Payments begin one month following the date Policy Proceeds are applied to an Income Option.

GUARANTEED AND EXCESS INTEREST

Annuity Payments under all Settlement options are calculated at an annualized interest rate of no less than 1.00%.

PAYEE

The person named to receive the Annuity Payments under an Income Option is called a Payee. An association, corporation, partnership or fiduciary may not be a Payee without Our approval.

DEATH OF PAYEE

When the Payee dies, the value of any remaining Annuity Payments will be paid in a lump sum to the Payee's estate. This value equals the discounted value of any unpaid payments still due. This value will be based on the interest rate that was used to determine the payments.

ELECTION OF INCOME OPTIONS

All Policy Proceeds are payable in one lump sum or under any of the Income Options described below.

The Owner may elect or change, In Writing, an Income Option while the Insured is living and prior to the Expiry Date of this Policy. An Income Option selected for a particular Beneficiary will end if You change that Beneficiary. After the Insured dies, anyone who will receive the Policy Proceeds in one sum may choose an Income Option. We must receive the request, In Writing, within 60 days.

If a Beneficiary chooses an Income Option, the rights of all other Beneficiaries end. Any amount remaining unpaid when that Beneficiary dies will be paid to his or her estate unless another Beneficiary has been named to receive payment. The Beneficiary may make such a selection.

If no Income Option is elected, the default Income Option is Option 2, Table 2; Life Income with a guaranteed period of monthly payments for ten (10) years.

Equivalent payments for monthly, quarterly, semi-annual or annual intervals may be chosen. The Income Options are described in terms of monthly payments. We will quote the amount of the other payments upon request. For life contingent options, there is no value that may be commuted, withdrawn or transferred to another option after the date of the first payment.

INCOME OPTIONS

1. Income for Fixed Period
We will make guaranteed equal payments at regular intervals from five (5) to twenty (20) years.
2. Life Income
We will make equal payments at one (1) month intervals during the lifetime of the Annuitant named in the supplementary Policy.
 - a. Guaranteed Period
We can guarantee that payments will be made for a certain number of years, even if the Annuitant named in the supplementary Policy dies before all the guaranteed payments are made. If the Annuitant named in the supplementary Policy dies before the certain number of years has passed, payments will continue to the Beneficiary named in the supplementary Policy. (Option 2, Table 2)
 - b. Life Only
The Annuity Payments are paid as long as the Annuitant lives. (Option 2, Table 3)
3. Interest
For an agreed period of at least five (5) years, Policy Proceeds will be held by Us and will earn interest at a rate We declare annually. During the period:
 - a. Interest is paid periodically to the Payee; or
 - b. Interest accumulates.Any time during the period, Policy Proceeds plus any accumulated interest may be applied under another Income Option. At the end of the period, Policy Proceeds plus any accumulated interest may be taken in a lump sum payment or applied under another payment option.
4. Joint and Survivor Life Annuity
We can guarantee that equal payments will be made jointly to two annuitants as long as they both live. When one of the annuitants dies, payments will continue to the survivor under one of the following choices:
 - a. Equal monthly payments of the original amount. (Joint and 100% survivor)
 - b. Equal monthly payments of 2/3 of the original amount. (Joint and 2/3 survivor)
 - c. Equal monthly payments of 1/2 of the original amount. (Joint and 1/2 survivor)

5. Income of Fixed Amount

We can guarantee that a certain amount will be paid at fixed intervals until the proceeds and interest earned by the unpaid proceeds have been paid. The payments of a fixed amount must extend over a period of at least five (5) years. Our last payment will be the balance of the proceeds and interest. You determine the amount of each payment, which may be made at twelve (12), six (6), three (3) or one (1) month intervals.

6. We reserve the right to offer additional Income Options.

The Income Option tables show monthly Annuity Payments based on \$1,000.00 of annuity proceeds. Upon request, the Annuity Payments under any Income Option can be paid quarterly, semi-annually or annually. The Annuity Payments for any age, sex or payment frequency not shown are furnished upon request.

INCOME OPTION TABLES

Monthly Income per \$1,000 of Policy Proceeds
Guaranteed Basis of Calculation for Income Options

The basis is the Annuity 2000 Mortality Table (sex distinct) @ 1.0%.

Income Option 1
Income for Fixed Period

Table 1	
# of Years Payable	Monthly Income
5	\$17.09
6	\$14.31
7	\$12.33
8	\$10.84
9	\$9.68
10	\$8.76
11	\$8.00
12	\$7.37
13	\$6.84
14	\$6.38
15	\$5.98
16	\$5.64
17	\$5.33
18	\$5.06
19	\$4.82
20	\$4.60

Income Option 2
Income for Life

Age	Table 2 Life w/10 Year Certain		Table 3 Life Only	
	Male	Female	Male	Female
50	\$2.98	\$2.75	\$2.99	\$2.75
51	\$3.04	\$2.81	\$3.07	\$2.82
52	\$3.11	\$2.87	\$3.14	\$2.88
53	\$3.19	\$2.93	\$3.22	\$2.95
54	\$3.27	\$3.00	\$3.30	\$3.02
55	\$3.35	\$3.07	\$3.39	\$3.09
56	\$3.44	\$3.15	\$3.48	\$3.17
57	\$3.53	\$3.23	\$3.57	\$3.25
58	\$3.63	\$3.32	\$3.68	\$3.34
59	\$3.73	\$3.40	\$3.79	\$3.43
60	\$3.83	\$3.50	\$3.90	\$3.53
61	\$3.94	\$3.60	\$4.03	\$3.64
62	\$4.06	\$3.70	\$4.16	\$3.75
63	\$4.19	\$3.81	\$4.30	\$3.87
64	\$4.32	\$3.93	\$4.45	\$3.99
65	\$4.45	\$4.05	\$4.61	\$4.13
66	\$4.59	\$4.18	\$4.78	\$4.27
67	\$4.74	\$4.32	\$4.96	\$4.42
68	\$4.90	\$4.46	\$5.15	\$4.59
69	\$5.05	\$4.61	\$5.36	\$4.77
70	\$5.22	\$4.77	\$5.58	\$4.96

Income Option 4
Joint & Survivor Life Income

Table 4				
Male Age	Female Age	Joint & 100% Survivor	Joint & 2/3 Survivor	Joint & 1/2 Survivor
50	45	\$2.33	\$2.58	\$2.72
50	50	\$2.47	\$2.72	\$2.87
55	55	\$2.74	\$3.05	\$3.23
60	55	\$2.85	\$3.23	\$3.45
65	60	\$3.23	\$3.71	\$4.00
65	65	\$3.54	\$4.05	\$4.35
70	65	\$3.74	\$4.35	\$4.74
70	70	\$4.17	\$4.83	\$5.25
75	70	\$4.44	\$5.25	\$5.78
75	75	\$5.03	\$5.94	\$6.52

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FIXED INDEXED UNIVERSAL LIFE INSURANCE POLICY
Insurance Payable at Death
You May Pay Flexible Premiums for Life
Nonparticipating



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Platinum Series Fixed Indexed Universal Life Insurance

*Designed
for:*

**[John Doe]
[7604 N.W. 30th St.]
[Oklahoma City, OK 73008]**

Presented by:

**[Michael L. Kerr]
[1008 N.W. Grand Blvd.]
[Suite B]
[Oklahoma City, OK 73118]
[(800) 406-9900]**

**EACH INDEX USED DOES NOT REFLECT DIVIDENDS
PAID ON THE STOCKS UNDERLYING THE INDEX.**



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Explanation of Terms and Benefits

Life Insurance

The Platinum Series Fixed Indexed Universal Life is an individual Life Insurance Policy. This illustration shows Policy values and benefits based upon assumptions specified herein, and reflects both non-guaranteed and guaranteed values. This illustration is only a summary; please refer to the Policy for full details. In the event of conflict, Policy language will control.

The illustrated values are based upon a number of factors, including premium payments, monthly charges, surrender charges, partial withdrawals, loans, and interest credited to the Policy. Interest rates and monthly charges are subject to change. The interest rate credited for each Strategy is guaranteed not to be less than the Guaranteed Annual Interest Rate shown in the Policy for that Strategy. The charges are guaranteed not to exceed the maximums listed in the Policy. See the Policy for more information.

Underwriting Class

The premium options and monthly charges calculated for this illustration assume a Policy is issued with the underwriting class as shown in this illustration. The actual underwriting class will depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your insurance Policy.

Premium

This is the amount of Premium you plan to pay for this Policy. This illustration assumes the Premiums are paid as shown. Monthly charges will be applied against the Policy in all years prior to age 120. Unless otherwise stated, all values shown are determined as of the end of the Policy year. The non-guaranteed benefits and values are based on assumptions that are subject to change by the Company.

Allocation Percentage

The Allocation Percentage for each Strategy is the percentage of the Holding Account balance that You designate to be credited to a Strategy.

Assumed Interest Rate

The Assumed Interest Rate for the Declared Rate Strategy is the initial Declared Rate Strategy interest rate. The Assumed Interest Rate for the Index Strategy [1] is the effective annualized credited interest rate over the most recent [twenty calendar years], assuming that the [10%] Cap and [100%] Participation Rate had been in effect during that entire time period. The Assumed Interest Rate for the Index Strategy [2] is the effective three year credited interest rate over the most recent [twenty calendar years], assuming that the [60%] Participation Rate and [no] Cap had been in effect during that entire time period.

Partial Withdrawals

Partial Withdrawals are permitted after the beginning of the second Policy Year. Partial Withdrawals will reduce Accumulation Values based on the Order of Activity as defined in the Policy. There is a [\$25] service fee applied to each Partial Withdrawal. If Death Benefit Option A is selected, then a Partial Withdrawal will reduce the Face Amount by the amount of the Partial Withdrawal. The Partial Withdrawal plus the service fee must be at least \$500. A Partial Withdrawal may not reduce the Cash Surrender Value below \$500 or reduce the Face Amount below the Minimum Face Amount shown on the Policy Data Page.



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Guaranteed Accumulation Value

The Guaranteed Accumulation Value is equal to the Premiums paid less Premium Loads accumulated at the Guaranteed Annual Interest Rate adjusted by any Guaranteed Activity.

Guaranteed Cash Surrender Value

The Guaranteed Cash Surrender Value equals the Guaranteed Accumulation Value less the Surrender Charge, less any Indebtedness. The Guaranteed Cash Surrender Value assumes that the Premiums have been paid as shown. The Guaranteed Cash Surrender Value will never be less than the minimum cash value required by the laws of the state in which the Policy is issued.

Guaranteed Death Benefit Amount

While the Policy is in force there are two Death Benefit Options available:

Death Benefit Option A, the Guaranteed Death Benefit Amount will be the greater of the following two amounts, as of the date of death of the Insured:

1. The Face Amount less any Indebtedness; and
2. The Guaranteed Accumulation Value, times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

Death Benefit Option B, the Guaranteed Death Benefit Amount will be the greater of the following two amounts as of the date of death of the Insured:

1. The Face Amount plus the Guaranteed Accumulation Value, less any Indebtedness; and
2. The Guaranteed Accumulation Value times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

If the Insured dies between Policy Anniversaries, the factor on the preceding Policy Anniversary is increased proportionately to account for the period from the preceding Policy Anniversary to the end of the month in which the Insured dies.

Guaranteed Activity

Guaranteed Activity is any Guaranteed Monthly Cost of Insurance Charge, Guaranteed Rider Charges, Maximum Policy Expense Charge, Partial Withdrawal Amounts and service fees.

Declared Rate Strategy [1] Account Value

The Declared Rate Strategy [1] Account Value is the amount allocated to this Strategy increased by any interest credited at the assumed Declared Rate Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [1] Account Value

The Index Strategy [1] Account Value is the amount allocated to this Strategy increased by any interest credited at the assumed Index Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [2] Account Value

The Index Strategy [2] Account Value is the amount allocated to this Strategy increased by any interest credited at the assumed Index Strategy [2] interest rate, less any Activity related to this account.

Loan Collateral Account



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When a loan is requested, an amount equal to the amount of the loan will be transferred from the Strategy Accounts, as designated by the Order Of Activity on the Definitions Page, to the Loan Collateral Account.

The annual effective interest rate applicable to the Loan Collateral Account will never be less than the Guaranteed Annual Interest Rate for the Loan Collateral Account, as shown on the Policy Data Page. Interest is credited daily to the Loan Collateral Account.

Accumulation Value

The Accumulation Value is the sum of all Declared Rate Account values, all Indexed Strategy Account values and the Loan Collateral Account.

Cash Surrender Value

The Cash Surrender Value is the greater of the (a) Accumulation Value less the Surrender Charge and less any Indebtedness, and (b) the Guaranteed Cash Surrender Value.

Death Benefit Amount

While the Policy is in force there are two Death Benefit Options available.

Death Benefit Option A, the Death Benefit Amount will be the greater of the following two amounts, as of the date of death of the Insured:

1. The Face Amount less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value, times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

Death Benefit Option B, the Death Benefit Amount will be the greater of the following two amounts as of the date of death of the Insured:

1. The Face Amount plus the greater of the Accumulation Value and the Guaranteed Accumulation Value, less any Indebtedness; and
2. The greater of the Accumulation Value and the Guaranteed Accumulation Value times the applicable factor shown on the Minimum Death Benefit Factors Page, less any Indebtedness.

If the Insured dies between Policy Anniversaries, the factor on the preceding Policy Anniversary is increased proportionately to account for the period from the preceding Policy Anniversary to the end of the month in which the Insured dies.

Activity

Activity is any Cost of Insurance Charge, Rider Charges, Policy Expense Charge, transfers to the Loan Collateral Account, and Partial Withdrawal Amounts and service fees.



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Surrender Charges

A Surrender Charge will be deducted on Surrenders in the first [fifteen years] after the Policy is issued. The Surrender Charge is equal to the factor in the Surrender Charge Factor Table below, multiplied by the Face Amount divided by \$1,000. The Surrender Charge Factors will vary by issue age, sex and underwriting class.

Per \$1,000 of Face Amount

Contract Year	[1	2	3	4	5	6	7	8]
Surrender Charge Factor	[21.00	21.00	21.00	21.00	21.00	19.09	17.18	15.27]

Contract Year	[9	10	11	12	13	14	15	16]
Surrender Charge Factor	[13.36	11.45	9.55	7.64	5.73	3.82	1.91	0.00]

Face Amount increases after issue will be subject to Surrender Charges for the first [fifteen years] after the increase and will be based on the amount of the increase and the age at the time of the increase.

Definition of Life Insurance

This Policy is designed to qualify as a Life Insurance Policy under the Internal Revenue Code of 1986, as amended, and its rules and regulations. All terms and provisions of the Policy will be construed in a manner consistent with that design. We reserve the right to amend the Policy, adjust the amount of coverage, or reject any change request when required to maintain this qualification.

The Definition of Life Insurance Test is the specific method by which the Policy qualifies as a Life Insurance Policy. There are two methods: the Guideline Premium Test (GPT) and the Cash Value Accumulation Test. The test applicable to Your Policy is shown on the Policy Data Page. If no test is elected on the Application, then the Guideline Premium Test will apply to Your Policy. The test is not subject to change unless required by a change in the applicable Internal Revenue Code or by any other applicable legal authority.

Cash Value Accumulation Test

The Cash Value Accumulation Test (CVAT) allows more Premiums to be paid into a Policy with a level death benefit than the GPT. This reduces the cost of insurance charges paid. However, when the Policy cash value pushes the death benefit into the corridor, the difference between the cash value and the death benefit is larger than it is for the GPT and thus results in higher cost of insurance charges. The CVAT is advantageous for cases that are being funded at the 7 Pay limit for a limited number of years and when the future death benefit in the Policy will be reduced by partial withdrawals, loans or face decreases. In addition, it usually results in higher later year death benefits.

Guideline Premium Test

The Guideline Premium/Cash Value Corridor Test (GPT) is used for a Policy that is being funded over a long period at less than the 7-Pay limit. The cost of insurance charges deducted from a Policy using this test normally is less than a Policy using the CVAT. The increases in death benefit due to the corridor would be smaller and later than with the CVAT. Using the variable death benefit during the Premium payment period within the GPT and then switching to the level option is also a popular way of maximizing the cash values in the later Policy years.



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7 Pay Premiums (MEC Calculations)

In order to receive favorable tax treatment of distributions (including Loans and Partial Withdrawals) under the Internal Revenue Code, a Life Insurance Policy must satisfy a 7 Pay Premium limitation during the first 7 years and during 7 years after certain Policy changes. Failure to satisfy this limitation makes the Policy a Modified Endowment Contract (MEC) and causes distributions to be taxable to the extent that there is a gain in the Policy. In addition, there is a penalty of 10% of taxable income for distributions from such policies before age 59½ with certain exceptions.

Modified Endowment Contract

As illustrated, your Policy conforms to the 7 Pay Premium (MEC Calculations). Changes from those illustrated may result in classification as a MEC. Sagicor Life Insurance Company does not give tax or legal advice. Please consult your tax advisor for more information.

Initial Premium Limits Summary

[The Cash Value Accumulation Test] is used in this illustration.

[Guideline Level Premium:	N/A*
Guideline Single Premium:	N/A*]
7 Pay Premium:	\$13,954.00
Target Premium:	\$1,390.00
No Lapse Monthly Premium:	\$115.83

[*If the Death Benefit Option changes or there are changes in the Face Amount, Guideline Premiums may change.]



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[Declared Rate Strategy [1]]

The Interest credited is declared by Sagicor Life Insurance Company and is guaranteed for the first year. Interest under Declared Rate Strategy [1] will be credited daily from the time an allocation is made to this Strategy. The interest rate declared will not change prior to 1 year following the date when the allocation is made. On the anniversary date of the allocation, the interest rate then declared will once again not change for at least another year.

Indexed Strategy [1] - S&P 500® with a Cap

This is a 1-year point-to-point strategy based on an annual reset index strategy of the S&P 500® Index. Interest is credited at the end of the year, and is based solely upon any positive change in the index value which is subject to a floor of 0% and a maximum equal to the Cap. The cap is declared in advance, is guaranteed for 1 year and may change annually.

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Indexed Strategy [2] – Basket Index with a Participation Rate

This is a 3-year point-to-point strategy based on three indexes in this basket: the Russell® 2000, the Dow Jones EURO STOXX 50® Index, and the Hang Seng Index. Interest is credited at the end of the Term Period, which is defined as the earlier of date of death of the Insured or 3-years. Interest is based solely upon the ending index value and starting index value for each of these three indices. Interest is calculated using 60% of the best performing index and 40% of the second-best performing index which are added together, and then multiplied by a Participation Rate which is declared at Policy issue for the initial Term Period. The Participation Rate may change for subsequent Term Periods.



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STOXX and Dow Jones have no relationship to Sagicor Life Insurance Company, other than the licensing of the Dow Jones EURO STOXX 50® Index and the related trademarks for use in connection with the Life Insurance Policy.

STOXX and Dow Jones do not:

- Sponsor, endorse, sell or promote the Life Insurance Policy.
- Recommend that any person invest in the Life Insurance Policy or any other securities.
- Have any responsibility or liability for or make any decisions about the timing, amount or pricing of the Life Insurance Policy.
- Have any responsibility or liability for the administration, management or marketing of the Life Insurance Policy.
- Consider the needs of the Life Insurance Policy or the owners of the Life Insurance Policy in determining, composing or calculating the Dow Jones EURO STOXX 50® Index or have any obligation to do so.

STOXX and Dow Jones will not have any liability in connection with the Life Insurance Policy. Specifically,

- **STOXX and Dow Jones do not make any warranty, express or implied and disclaim any and all warranty about:**



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- The results to be obtained by the Life Insurance Policy, the owner of the Life Insurance Policy or any other person in connection with the use of the Dow Jones EURO STOXX 50® Index and the data included in the Dow Jones EURO STOXX 50® Index;
- The accuracy or completeness of the Dow Jones EURO STOXX 50® Index and its data;
- The merchantability and the fitness for a particular purpose or use of the Dow Jones EURO STOXX 50® Index and its data;
- STOXX and Dow Jones will have no liability for any errors, omissions or interruptions in the Dow Jones EURO STOXX 50® Index or its data;
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LIFE INSURANCE COMPANY

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Platinum Series Fixed Indexed Universal Life Insurance

Prepared for:

[John Doe]
 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
 Planned [Monthly] Premium [\$200.00]
 Death Benefit Option [A]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[4.75% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[6.27% annual return]	[10%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[36.10% three year return]	[N/A]	[60%]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
[1]	36	2400	0	1299	0	100000	2273	0	0	0	1588	0	100000
2	37	2400	0	2604	504	100000	2273	0	0	0	3232	1132	100000
3	38	2400	0	3912	1812	100000	2273	0	0	0	4933	2833	100000
4	39	2400	0	5221	3121	100000	2273	0	0	0	6691	4591	100000
5	40	2400	0	6532	4432	100000	2273	0	0	0	8509	6409	100000
6	41	2400	0	7836	5927	100000	2273	0	0	0	10391	8482	100000
7	42	2400	0	9130	7412	100000	2273	0	0	0	12337	10619	100000
8	43	2400	0	10404	8877	100000	2273	0	0	0	14347	12820	100000
9	44	2400	0	11651	10315	100000	2273	0	0	0	16423	15087	100000
10	45	2400	0	12864	11719	100000	2273	0	0	0	18563	17418	100000
11	46	2400	0	14035	13080	100000	2273	0	0	0	21161	20206	100000
12	47	2400	0	15160	14396	100000	2273	0	0	0	23837	23073	100000
13	48	2400	0	16242	15669	100000	2273	0	0	0	26590	26017	100000
14	49	2400	0	17287	16905	100000	2273	0	0	0	29423	29041	100000
15	50	2400	0	18282	18091	100000	2273	0	0	0	32341	32150	100000

[L = Loans] [PW = Partial Withdrawal] [1 = Face Amount Increase] [2 = Face Amount Decrease] [3 = Death Benefit Option Change from A to B] [4 = Death Benefit Option Change from B to A]



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 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
36	71	2400	0	2098	2098	100000	2273	0	0	0	103798	103798	167888
37	72	2400	0	0	0	0	2273	0	0	0	106917	106917	168849
38	73	2400	0	0	0	0	2273	0	0	0	109772	109772	169365
39	74	2400	0	0	0	0	2273	0	0	0	112334	112334	169449
40	75	2400	0	0	0	0	2273	0	0	0	114566	114566	169066
41	76	2400	0	0	0	0	2273	0	0	0	116418	116418	168171
42	77	2400	0	0	0	0	2273	0	0	0	117826	117826	166708
43	78	2400	0	0	0	0	2273	0	0	0	118700	118700	164592
44	79	2400	0	0	0	0	2273	0	0	0	118941	118941	161748
45	80	2400	0	0	0	0	2273	0	0	0	118456	118456	158116
46	81	2400	0	0	0	0	2273	0	0	0	117109	117109	153563
47	82	2400	0	0	0	0	2273	0	0	0	114760	114760	147964
48	83	2400	0	0	0	0	2273	0	0	0	111339	111339	141271
49	84	2400	0	0	0	0	2273	0	0	0	106746	106746	133395
50	85	2400	0	0	0	0	2273	0	0	0	100834	100834	124196
51	86	2400	0	0	0	0	2273	0	0	0	106222	106222	129056
52	87	2400	0	0	0	0	2273	0	0	0	111731	111731	134021
53	88	2400	0	0	0	0	2273	0	0	0	117362	117362	139110
54	89	2400	0	0	0	0	2273	0	0	0	123116	123116	144336
55	90	2400	0	0	0	0	2273	0	0	0	128998	128998	149716



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 [Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
56	91	2400	0	0	0	0	2273	0	0	0	135020	135020	155273
57	92	2400	0	0	0	0	2273	0	0	0	141198	141198	161012
58	93	2400	0	0	0	0	2273	0	0	0	147540	147540	166919
59	94	2400	0	0	0	0	2273	0	0	0	154051	154051	173005
60	95	2400	0	0	0	0	2273	0	0	0	160735	160735	179282
						0							
61	96	2400	0	0	0	0	2273	0	0	0	167609	167609	185781
62	97	2400	0	0	0	0	2273	0	0	0	174693	174693	192510
63	98	2400	0	0	0	0	2273	0	0	0	181994	181994	199451
64	99	2400	0	0	0	0	2273	0	0	0	189520	189520	206621
65	100	2400	0	0	0	0	2273	0	0	0	197274	197274	214042
						0							
66	101	2400	0	0	0	0	2273	0	0	0	208906	208906	225691
67	102	2400	0	0	0	0	2273	0	0	0	221094	221094	237935
68	103	2400	0	0	0	0	2273	0	0	0	233861	233861	250725
69	104	2400	0	0	0	0	2273	0	0	0	247235	247235	264091
70	105	2400	0	0	0	0	2273	0	0	0	261243	261243	278062
						0							
71	106	2400	0	0	0	0	2273	0	0	0	275918	275918	292668
72	107	2400	0	0	0	0	2273	0	0	0	291289	291289	307942
73	108	2400	0	0	0	0	2273	0	0	0	307390	307390	323909
74	109	2400	0	0	0	0	2273	0	0	0	324256	324256	340608
75	110	2400	0	0	0	0	2273	0	0	0	341924	341924	358076



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 [Male, 35, Non-Tobacco]

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Planned [Monthly] Premium [\$200.00]
Death Benefit Option [A]

Policy Year	End of Year Age	Annual Premium	Withdrawal & Loan Amount	<u>Guaranteed Values</u>			<u>Non-Guaranteed Values</u>							
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit	
76	111	2400	0	0	0	0	2273	0	0	0	0	360430	360430	376350
77	112	2400	0	0	0	0	2273	0	0	0	0	379816	379816	395472
78	113	2400	0	0	0	0	2273	0	0	0	0	400122	400122	415479
79	114	2400	0	0	0	0	2273	0	0	0	0	421393	421393	436420
80	115	2400	0	0	0	0	2273	0	0	0	0	443674	443674	458338
						0								
81	116	2400	0	0	0	0	2273	0	0	0	0	467014	467014	481281
82	117	2400	0	0	0	0	2273	0	0	0	0	491462	491462	505302
83	118	2400	0	0	0	0	2273	0	0	0	0	517072	517072	530453
84	119	2400	0	0	0	0	2273	0	0	0	0	543898	543898	556788
85	120	2400	0	0	0	0	2273	0	0	0	0	571998	571998	584376]



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Benefits Included in Proposal:

Accelerated Benefit Insurance Rider	An Accelerated Benefit is an advance of a portion of the Death Benefit prior to the Insured's death due to a Terminal Condition or certification by a Licensed Physician that the Insured is diagnosed with a Chronic Illness. <u>This rider is included automatically at no charge.</u>
Accidental Death Benefit Rider: \$100,000	We will pay to the Beneficiary the Accidental Death Benefit Amount when We receive proof, In Writing that the death of the Insured resulted from a Covered Accident while this Rider was in force.
Additional Insured Term Rider: \$100,000	We will pay to the Rider Beneficiary the Additional Insured Rider Benefit Amount when We receive proof, In Writing that the death of the Additional Insured occurred while this Rider was in force.
Children's Term Rider: \$10,000	We will pay to the Rider Beneficiary the Children's Term Rider Benefit Amount when We receive proof, In Writing that the death of the Insured Child occurred while this Rider was in force on that Insured Child.
Primary Insured Term Rider: \$100,000	We will pay to the Rider Beneficiary the Primary Insured Rider Benefit Amount when We receive proof, In Writing that the death of the Insured occurred while this Rider was in force.
Waiver of Monthly Deductions Rider	We will waive all Monthly Deductions for each Monthly Processing Date for as long as the Insured meets the definition of Totally Disabled or has been certified by a Licensed Physician as being unable to perform at least two Activities of Daily Living due to a loss of functional capacity, when We receive, In Writing proof of Your claim.



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Summary

	Guaranteed	Midpoint	Non-Guaranteed
Year 5, Age 40			
Accumulation Value	[6,532	7,521	8,509
Cash Surrender Value	4,432	5,421	6,409
Death Benefit	100,000	100,000	100,000
Year 10, Age 45			
Accumulation Value	12,864	15,714	18,563
Cash Surrender Value	11,719	14,569	17,418
Death Benefit	100,000	100,000	100,000
Year 20, Age 55			
Accumulation Value	21,676	34,849	48,022
Cash Surrender Value	21,676	34,849	48,022
Death Benefit	100,000	110,726	121,452
Year 35, Age 70			
Accumulation Value	6,490	5,3481	100,472
Cash Surrender Value	6,490	5,3481	100,472
Death Benefit	100,000	133,259	166,518]

I have received a copy of this illustration and understand that any Non-Guaranteed values illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

 Signature of Applicant (Policy Owner)

 Date

I certify that this illustration has been presented to the applicant and that I have explained that any Non-Guaranteed values illustrated are subject to change. I have made no statements that are inconsistent with the illustration. I have not made statements which differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any Non-Guaranteed values.

 Signature of Agent

 Date

 Print Name of Agent

 Agent License Number



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Underwriting Requirements

- [Full Underwriting with substandard rating available. Maximum rating is Table 16. Flat extra rating.
- Medical Information Bureau and Pharmaceutical Database.
- Paramed, Home Office Specimen, Attending Physician's Statement, Blood Chemistry Profile, Electrocardiogram, Financial Questionnaire, Investigative Consumer Report and Motor Vehicle Report.
- Additional requirements and studies may be requested at the discretion of the underwriter at any age and any amount.
- Sagicor Life Insurance Company will be responsible for ordering all medical requirements and will process the order within 48 hours of receiving the application.]