

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Term Insurance Policy to Age 95 with Exchange Option  
Project Name/Number: /

## Filing at a Glance

Company: Pioneer Security Life Insurance Company

Product Name: Term Insurance Policy to Age 95 with Exchange Option SERFF Tr Num: AAMC-125784832 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40157

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Traci Duffey

Disposition Date: 09/12/2008

Date Submitted: 09/03/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed for approval in Texas, our State of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/12/2008

State Status Changed: 09/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See Cover Letter under Supporting Documentation.

## Company and Contact

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
 Company Tracking Number:  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Term Insurance Policy to Age 95 with Exchange Option  
 Project Name/Number: /

**Filing Contact Information**

Clara Keel, Product Filing Manager and ckeel@aatx.com  
 Assistant Secretary  
 425 Austin Avenue (254) 297-2794 [Phone]  
 Waco, TX 76701 (254) 297-2138[FAX]

**Filing Company Information**

Pioneer Security Life Insurance Company CoCode: 67946 State of Domicile: Texas  
 425 Group Code: 1327 Company Type: LAH  
 Waco, TX 76701 Group Name: State ID Number:  
 (254) 297-2777 ext. [Phone] FEIN Number: 75-1083342  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Security Life Insurance Company	\$100.00	09/03/2008	22267961

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Term Insurance Policy to Age 95 with Exchange Option  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/12/2008	09/12/2008

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Term Insurance Policy to Age 95 with Exchange Option  
Project Name/Number: /

## Disposition

Disposition Date: 09/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
 Company Tracking Number:  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Term Insurance Policy to Age 95 with Exchange Option  
 Project Name/Number: /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	cover letter		Yes
<b>Form</b>	Term Insurance policy to Age 95 with Exchange Option		Yes
<b>Form</b>	Return of Premium Rider		Yes
<b>Form</b>	Application for Life Insurance		Yes

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
 Company Tracking Number:  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Term Insurance Policy to Age 95 with Exchange Option  
 Project Name/Number: /

## Form Schedule

Lead Form Number: 08-9790

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PS08-9790	Policy/Cont ract/Fraternal Certificate	Term Insurance policy to Age 95 with Exchange Option	Initial		52	AR PS08-9790 Term Insurance Policy to Age 95 with Exchange Option.pdf
	PS9791-AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Return of Premium Rider	Initial		50	AR PS9791 Return of Premium Rider.pdf
	PS9797	Application/ Enrollment Form	Application for Life Insurance	Initial		46	STD PS9797 Application for Life Insurance.pdf

# Pioneer Security Life Insurance Company

P.O. Box 2550 / Waco, Texas 76702-2550 / (254) 297-2778

**WE AGREE TO PAY** the Death Benefit Proceeds to the beneficiary upon the death of the insured while this policy is in force.

**WE ALSO AGREE** to provide the other rights and benefits of the policy. These agreements are subject to the provisions of the policy.

## PLEASE READ YOUR POLICY CAREFULLY

**RIGHT TO EXAMINE PERIOD.** You have the right to examine and return this policy. You may return it by mail or other delivery to the agent who sold it to you or to the Company within 30 days after you receive it. It will then be void from the beginning. Upon return of the policy during the right to examine period, we will refund all premiums paid.

SIGNED FOR THE COMPANY BY:



Secretary



President

In this policy "you" and "your" refer to the owner of the policy. "We," "us," "our" and "the Company" refer to Pioneer Security Life Insurance Company.

## TERM INSURANCE POLICY TO AGE 95 WITH EXCHANGE OPTION

### POLICY SUMMARY

This is a non-participating Term Insurance Policy to Age 95 with an Exchange Option. The Face Amount remains unchanged as long as this Policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first, and remain level for the period chosen by you at the time of application. After the Level Premium Period, premiums will change each year to the amounts shown in the Schedule of Annual Premiums by Year.

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< SAMPLE >

POLICY DATA

ANNUAL PREMIUM

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BASIC POLICY- LEVEL TERM TO AGE 95 \$ 487.70 FOR 30 YEARS\*

TOTAL ANNUAL PREMIUM \$ 487.70

ISSUED METHOD OF PAYMENT – ANNUAL \$ 487.70

OTHER METHODS OF PAYMENT SEMI-ANNUAL \$ 249.71

QUARTERLY \$ 126.32

MONTHLY \$ 42.43

PREMIUM CLASS: NON-TOBACCO

LEVEL PREMIUM PERIOD: 30 YEARS

\* PREMIUMS ARE LEVEL FOR THE FIRST 30 POLICY YEARS. AFTER 30 POLICY YEARS, THE PREMIUM WILL CHANGE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 30 YEARS ARE SHOWN IN THE SCHEDULE OF ANNUAL PREMIUMS BY YEAR SHOWN ON PAGE 3A OF THIS POLICY.

MINIMUM REDUCED PAID-UP PREMIUM: \$1,000

INSURED: JOHN DOE

FACE AMOUNT: \$135,000

ISSUE AGE: 35

POLICY DATE: AUGUST 1, 2008

SEX: MALE

EXPIRY DATE: AUGUST 1, 2068

POLICY NUMBER: XXXXXXXXXXXX

SCHEDULE OF ANNUAL PREMIUMS BY YEAR

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
1 THRU 30	487.70	46	22,166.00
31	5,234.30	47	24,643.25
32	5,716.25	48	27,252.80
33	6,226.55	49	30,070.25
34	6,766.55	50	33,182.00
35	7,367.30	51	36,561.05
36	8,065.25	52	40,289.75
37	8,909.00	53	44,400.50
38	9,885.05	54	48,717.80
39	10,917.80	55	53,132.30
40	12,023.45	56	57,135.05
41	13,229.00	57	60,901.55
42	14,583.05	58	65,251.25
43	16,142.30	59	70,257.05
44	17,931.05	60	75,983.75
45	19,922.30		

INSURED: JOHN DOE

FACE AMOUNT: \$135,000

AGE: 35

POLICY DATE: AUGUST 1, 2008

SEX: MALE

EXPIRY DATE: AUGUST 1, 2068

POLICY NUMBER: XXXXXXXXXXXX

TABLE OF GUARANTEED VALUES

LEVEL TERM TO AGE 95

END OF POLICY YEAR	GUARANTEED CASH VALUE	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
1 THRU 60	.00	.00	.00	1 THRU 60

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE MORTALITY TABLE: 2001 CSO ALB MALE NONSMOKER

< SAMPLE >

POLICY DATA	ANNUAL PREMIUM
BASIC POLICY- LEVEL TERM TO AGE 95	\$ 2,932.55 FOR 30 YEARS*
TOTAL ANNUAL PREMIUM	\$ 2,932.55
ISSUED METHOD OF PAYMENT – ANNUAL	\$ 2,932.55
OTHER METHODS OF PAYMENT	
SEMI-ANNUAL	\$ 1,501.47
QUARTERLY	\$ 759.54
MONTHLY	\$ 255.14

PREMIUM CLASS: TOBACCO

LEVEL PREMIUM PERIOD: 30 YEARS

\* PREMIUMS ARE LEVEL FOR THE FIRST 30 POLICY YEARS. AFTER 30 POLICY YEARS, THE PREMIUM WILL CHANGE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 30 YEARS ARE SHOWN IN THE SCHEDULE OF ANNUAL PREMIUMS BY YEAR SHOWN ON PAGE 3A OF THIS POLICY.

MINIMUM REDUCED PAID-UP PREMIUM: \$1,000

INSURED:	JOHN DOE	FACE AMOUNT:	\$135,000
ISSUE AGE:	50	POLICY DATE:	AUGUST 1, 2008
SEX:	MALE	EXPIRY DATE:	AUGUST 1, 2053
POLICY NUMBER: XXXXXXXXXXXX			

SCHEDULE OF ANNUAL PREMIUMS BY YEAR

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM
1 THRU 30	2,932.55
31	30,000.05
32	32,864.75
33	35,801.00
34	38,896.55
35	42,325.55
36	46,047.50
37	50,090.75
38	54,489.05
39	58,987.25
40	63,426.05
41	67,185.80
42	70,489.25
43	74,303.00
44	78,616.25
45	83,834.00

INSURED: JOHN DOE

FACE AMOUNT: \$135,000

AGE: 50

POLICY DATE: AUGUST 1, 2008

SEX: MALE

EXPIRY DATE: AUGUST 1, 2053

POLICY NUMBER: XXXXXXXXXXXX

TABLE OF GUARANTEED VALUES

LEVEL TERM TO AGE 95

END OF POLICY YEAR	GUARANTEED CASH VALUE	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
1 THRU 4	.00	.00	.00	1
5	1,024.65	2,639.25	.00	5
6	2,103.30	5,247.45	.00	6
7	3,091.50	7,474.95	.00	7
8	3,998.70	9,374.40	.00	8
9	4,830.30	10,979.55	.00	9
10	5,555.25	12,255.30	.00	10
11	6,134.40	13,139.55	.00	11
12	6,516.45	13,564.80	.00	12
13	6,650.10	13,467.60	.00	13
14	6,500.25	12,819.60	.00	14
15	6,042.60	11,616.75	.00	15
16	5,258.25	9,860.40	.00	16
17	4,125.60	7,551.90	.00	17
18	2,606.85	4,660.20	.00	18
19	657.45	1,147.50	.00	19
20 THRU 45	.00	.00	.00	20 THRU 45

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE MORTALITY TABLE: 2001 CSO ALB MALE NONSMOKER

POLICY DATA

ANNUAL PREMIUM

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BASIC POLICY- LEVEL TERM TO AGE 95 WITH  
RETURN OF PREMIUM RIDER \$ 1,295.00 FOR 15 YEARS\*

TOTAL ANNUAL PREMIUM \$ 1,295.00

ISSUED METHOD OF PAYMENT – ANNUAL \$ 1,295.00  
OTHER METHODS OF PAYMENT SEMI-ANNUAL \$ 663.04  
QUARTERLY \$ 335.41  
MONTHLY \$ 112.67

PREMIUM CLASS: NON-TOBACCO

LEVEL PREMIUM PERIOD: 15 YEARS

\* PREMIUMS ARE LEVEL FOR THE FIRST 15 POLICY YEARS. AFTER 15 POLICY YEARS, THE PREMIUM WILL CHANGE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 15 YEARS ARE SHOWN IN THE SCHEDULE OF ANNUAL PREMIUMS BY YEAR SHOWN ON PAGE 3A OF THIS POLICY.

MINIMUM REDUCED PAID-UP PREMIUM: \$1,000

INSURED: JOHN DOE

FACE AMOUNT: \$135,000

ISSUE AGE: 35

POLICY DATE: AUGUST 1, 2008

SEX: MALE

EXPIRY DATE: AUGUST 1, 2068

POLICY NUMBER: XXXXXXXXXXXX

SCHEDULE OF ANNUAL PREMIUMS BY YEAR

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
1 THRU 15	1,295.00	38	9,885.05
16	1,214.00	39	10,917.80
17	1,322.00	40	12,023.45
18	1,450.25	41	13,229.00
19	1,598.75	42	14,583.05
20	1,781.00	43	16,142.30
21	1,983.50	44	17,931.05
22	2,196.80	45	19,922.30
23	2,406.50	46	22,166.00
24	2,615.30	47	24,643.25
25	2,854.25	48	27,252.80
26	3,141.80	49	30,070.25
27	3,486.05	50	33,182.00
28	3,884.30	51	36,561.05
29	4,312.25	52	40,289.75
30	4,764.50	53	44,400.50
31	5,234.30	54	48,717.80
32	5,716.25	55	53,132.30
33	6,226.55	56	57,135.05
34	6,766.55	57	60,901.55
35	7,367.30	58	65,251.25
36	8,065.25	59	70,257.05
37	8,909.00	60	75,983.75

RIDER DATA AND SCHEDULES

RIDER DATA

BASE POLICY NUMBER: XXXXXXXXXXXX  
POLICY DATE: AUGUST 1, 2008  
ENDOWMENT DATE: AUGUST 1, 2038

RIDER SCHEDULE OF NONFORFEITURE VALUES

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE MORTALITY TABLE: 2001 CSO ALB MALE NONSMOKER

RIDER SCHEDULE OF GUARANTEED VALUES

END OF POLICY YEAR	PERCENTAGE OF CUMULATIVE NET PREMIUM	GUARANTEED CASH VALUE *	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
1 THRU 5	0.0%	.00	.00	.00	1
6	5.0%	388.50	2,058.93	.00	6
7	10.0%	906.50	4,607.37	.00	7
8	15.0%	1,554.00	7,576.79	.00	8
9	20.0%	2,331.00	10,905.77	.00	9
10	25.0%	3,237.50	14,541.41	.00	10
11	40.5%	5,769.23	24,884.53	.00	11
12	57.0%	8,857.80	36,701.06	.00	12
13	71.8%	12,087.53	48,121.06	.00	13
14	85.3%	15,464.89	59,148.21	.00	14
15	100.0%	19,425.00	71,386.57	.00	15
16 THRU 60	.0%	.00	.00	.00	16 THRU 60

THE VALUES SHOWN ABOVE ARE BASED UPON THE ASSUMPTION THERE WILL BE NO CHANGE IN THE ISSUED METHOD OF PAYMENT.

\* IF THE NET CASH VALUE IS LESS THAN THE MINIMUM REDUCED PAID-UP PREMIUM SHOWN ON THE POLICY DATA PAGE, THE COMPANY WILL PAY TO YOU THE NET CASH VALUE IN ONE LUMP SUM.

< SAMPLE >

POLICY DATA

ANNUAL PREMIUM

---

BASIC POLICY- LEVEL TERM TO AGE 95 WITH  
RETURN OF PREMIUM RIDER \$ 815.75 FOR 20 YEARS\*

TOTAL ANNUAL PREMIUM \$ 815.75

ISSUED METHOD OF PAYMENT – ANNUAL \$ 815.75  
OTHER METHODS OF PAYMENT SEMI-ANNUAL \$ 417.67  
QUARTERLY \$ 211.28  
MONTHLY \$ 70.98

PREMIUM CLASS: NON-TOBACCO

LEVEL PREMIUM PERIOD: 20 YEARS

\* PREMIUMS ARE LEVEL FOR THE FIRST 20 POLICY YEARS. AFTER 20 POLICY YEARS, THE PREMIUM WILL CHANGE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 20 YEARS ARE SHOWN IN THE SCHEDULE OF ANNUAL PREMIUMS BY YEAR SHOWN ON PAGE 3A OF THIS POLICY.

MINIMUM REDUCED PAID-UP PREMIUM: \$1,000

INSURED: JOHN DOE

FACE AMOUNT: \$135,000

ISSUE AGE: 35

POLICY DATE: AUGUST 1, 2008

SEX: MALE

EXPIRY DATE: AUGUST 1, 2068

POLICY NUMBER: XXXXXXXXXXXX

SCHEDULE OF ANNUAL PREMIUMS BY YEAR

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
1 THRU 20	815.75	41	13,229.00
21	1,983.50	42	14,583.05
22	2,196.80	43	16,142.30
23	2,406.50	44	17,931.05
24	2,615.30	45	19,922.30
25	2,854.25	46	22,166.00
26	3,141.80	47	24,643.25
27	3,486.05	48	27,252.80
28	3,884.30	49	30,070.25
29	4,312.25	50	33,182.00
30	4,764.50	51	36,561.05
31	5,234.30	52	40,289.75
32	5,716.25	53	44,400.50
33	6,226.55	54	48,717.80
34	6,766.55	55	53,132.30
35	7,367.30	56	57,135.05
36	8,065.25	57	60,901.55
37	8,909.00	58	65,251.25
38	9,885.05	59	70,257.05
39	10,917.80	60	75,983.75
40	12,023.45		

RIDER DATA AND SCHEDULES

RIDER DATA

BASE POLICY NUMBER: XXXXXXXXXXXX  
POLICY DATE: AUGUST 1, 2008  
ENDOWMENT DATE: AUGUST 1, 2038

RIDER SCHEDULE OF NONFORFEITURE VALUES

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE MORTALITY TABLE: 2001 CSO ALB MALE NONSMOKER

RIDER SCHEDULE OF GUARANTEED VALUES

END OF POLICY YEAR	PERCENTAGE OF CUMULATIVE NET PREMIUM	GUARANTEED CASH VALUE *	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
1 THRU 5	0.0%	.00	.00	.00	1
6	3.0%	146.84	778.21	.00	6
7	6.0%	342.62	1,741.40	.00	7
8	9.0%	587.34	2,863.68	.00	8
9	12.0%	881.01	4,121.88	.00	9
10	15.0%	1,223.63	5,496.00	.00	10
11	22.0%	1,974.12	8,515.01	.00	11
12	29.0%	2,838.81	11,762.21	.00	12
13	36.0%	3,817.71	15,198.50	.00	13
14	43.0%	4,910.82	18,782.30	.00	14
15	50.0%	6,118.13	22,484.03	.00	15
16	60.0%	7,831.20	27,656.45	.00	16
17	70.0%	9,707.43	32,953.46	.00	17
18	80.0%	11,746.80	38,349.38	.00	18
19	90.0%	13,949.33	43,817.59	.00	19
20	100.0%	16,315.00	49,337.73	.00	20
21 THRU 60	.0%	.00	.00	.00	21 THRU 60

THE VALUES SHOWN ABOVE ARE BASED UPON THE ASSUMPTION THERE WILL BE NO CHANGE IN THE ISSUED METHOD OF PAYMENT.

\* IF THE NET CASH VALUE IS LESS THAN THE MINIMUM REDUCED PAID-UP PREMIUM SHOWN ON THE POLICY DATA PAGE, THE COMPANY WILL PAY TO YOU THE NET CASH VALUE IN ONE LUMP SUM.

POLICY DATA

ANNUAL PREMIUM

---

BASIC POLICY- LEVEL TERM TO AGE 95 WITH  
RETURN OF PREMIUM RIDER \$ 647.00 FOR 25 YEARS\*

TOTAL ANNUAL PREMIUM \$ 647.00

ISSUED METHOD OF PAYMENT – ANNUAL \$ 647.00

OTHER METHODS OF PAYMENT SEMI-ANNUAL \$ 331.27

QUARTERLY \$ 167.58

MONTHLY \$ 56.29

PREMIUM CLASS: NON-TOBACCO

LEVEL PREMIUM PERIOD: 25 YEARS

\* PREMIUMS ARE LEVEL FOR THE FIRST 25 POLICY YEARS. AFTER 25 POLICY YEARS, THE PREMIUM WILL CHANGE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 25 YEARS ARE SHOWN IN THE SCHEDULE OF ANNUAL PREMIUMS BY YEAR SHOWN ON PAGE 3A OF THIS POLICY.

MINIMUM REDUCED PAID-UP PREMIUM: \$1,000

INSURED: JOHN DOE

FACE AMOUNT: \$135,000

ISSUE AGE: 35

POLICY DATE: AUGUST 1, 2008

SEX: MALE

EXPIRY DATE: AUGUST 1, 2068

POLICY NUMBER: XXXXXXXXXXXX

SCHEDULE OF ANNUAL PREMIUMS BY YEAR

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
1 THRU 25	647.00	43	16,142.30
26	3,141.80	44	17,931.05
27	3,486.05	45	19,922.30
28	3,884.30	46	22,166.00
29	4,312.25	47	24,643.25
30	4,764.50	48	27,252.80
31	5,234.30	49	30,070.25
32	5,716.25	50	33,182.00
33	6,226.55	51	36,561.05
34	6,766.55	52	40,289.75
35	7,367.30	53	44,400.50
36	8,065.25	54	48,717.80
37	8,909.00	55	53,132.30
38	9,885.05	56	57,135.05
39	10,917.80	57	60,901.55
40	12,023.45	58	65,251.25
41	13,229.00	59	70,257.05
42	14,583.05	60	75,983.75

RIDER DATA AND SCHEDULES

RIDER DATA

BASE POLICY NUMBER: XXXXXXXXXXXX  
POLICY DATE: AUGUST 1, 2008  
ENDOWMENT DATE: AUGUST 1, 2038

RIDER SCHEDULE OF NONFORFEITURE VALUES

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE MORTALITY TABLE: 2001 CSO ALB MALE NONSMOKER

RIDER SCHEDULE OF GUARANTEED VALUES

END OF POLICY YEAR	PERCENTAGE OF CUMULATIVE NET PREMIUM	GUARANTEED CASH VALUE *	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
1 THRU 5	0.0%	.00	.00	.00	1
6	2.0%	77.64	411.47	.00	6
7	4.0%	181.16	920.76	.00	7
8	6.0%	310.56	1,514.19	.00	8
9	8.0%	465.84	2,179.47	.00	9
10	10.0%	647.00	2,906.04	.00	10
11	14.0%	996.38	4,297.71	.00	11
12	18.0%	1,397.52	5,790.43	.00	12
13	22.0%	1,850.42	7,366.61	.00	13
14	26.0%	2,355.08	9,007.42	.00	14
15	30.0%	2,911.50	10,699.72	.00	15
16	34.0%	3,519.68	12,430.00	.00	16
17	38.0%	4,179.62	14,188.40	.00	17
18	42.0%	4,891.32	15,968.53	.00	18
19	46.0%	5,654.78	17,762.78	.00	19
20	50.0%	6,470.00	19,565.74	.00	20
21	60.0%	8,152.20	23,749.34	.00	21
22	70.0%	9,963.80	27,982.70	.00	22
23	80.0%	11,904.80	32,243.98	.00	23

BASE POLICY NUMBER: XXXXXXXXXXXX

POLICY DATE: AUGUST 1, 2008

ENDOWMENT DATE: AUGUST 1, 2038

RIDER SCHEDULE OF GUARANTEED VALUES

END OF POLICY YEAR	PERCENTAGE OF CUMULATIVE NET PREMIUM	GUARANTEED CASH VALUE *	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
24	90.0%	13,975.20	36,519.29	.00	24
25	100.0%	16,175.00	40,796.51	.00	25
26 THRU 60	.0%	.00	.00	.00	26 THRU 60

THE VALUES SHOWN ABOVE ARE BASED UPON THE ASSUMPTION THERE WILL BE NO CHANGE IN THE ISSUED METHOD OF PAYMENT.

\* IF THE NET CASH VALUE IS LESS THAN THE MINIMUM REDUCED PAID-UP PREMIUM SHOWN ON THE POLICY DATA PAGE, THE COMPANY WILL PAY TO YOU THE NET CASH VALUE IN ONE LUMP SUM.

< SAMPLE >

POLICY DATA	ANNUAL PREMIUM
BASIC POLICY- LEVEL TERM TO AGE 95 WITH RETURN OF PREMIUM RIDER	\$ 579.50 FOR 30 YEARS*
TOTAL ANNUAL PREMIUM	\$ 579.50
ISSUED METHOD OF PAYMENT – ANNUAL	\$ 579.50
OTHER METHODS OF PAYMENT	
SEMI-ANNUAL	\$ 296.71
QUARTERLY	\$ 150.09
MONTHLY	\$ 50.42

PREMIUM CLASS: NON-TOBACCO

LEVEL PREMIUM PERIOD: 30 YEARS

\* PREMIUMS ARE LEVEL FOR THE FIRST 30 POLICY YEARS. AFTER 30 POLICY YEARS, THE PREMIUM WILL CHANGE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 30 YEARS ARE SHOWN IN THE SCHEDULE OF ANNUAL PREMIUMS BY YEAR SHOWN ON PAGE 3A OF THIS POLICY.

MINIMUM REDUCED PAID-UP PREMIUM: \$1,000

INSURED:	JOHN DOE	FACE AMOUNT:	\$135,000
ISSUE AGE:	35	POLICY DATE:	AUGUST 1, 2008
SEX:	MALE	EXPIRY DATE:	AUGUST 1, 2068
POLICY NUMBER:	XXXXXXXXXX		

SCHEDULE OF ANNUAL PREMIUMS BY YEAR

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
1 THRU 30	579.50	46	22,166.00
31	5,234.30	47	24,643.25
32	5,716.25	48	27,252.80
33	6,226.55	49	30,070.25
34	6,766.55	50	33,182.00
35	7,367.30	51	36,561.05
36	8,065.25	52	40,289.75
37	8,909.00	53	44,400.50
38	9,885.05	54	48,717.80
39	10,917.80	55	53,132.30
40	12,023.45	56	57,135.05
41	13,229.00	57	60,901.55
42	14,583.05	58	65,251.25
43	16,142.30	59	70,257.05
44	17,931.05	60	75,983.75
45	19,922.30		

RIDER DATA AND SCHEDULES

RIDER DATA

BASE POLICY NUMBER: XXXXXXXXXXXX

POLICY DATE: AUGUST 1, 2008

ENDOWMENT DATE: AUGUST 1, 2038

RIDER SCHEDULE OF NONFORFEITURE VALUES

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE MORTALITY TABLE: 2001 CSO ALB MALE NONSMOKER

RIDER SCHEDULE OF GUARANTEED VALUES

END OF POLICY YEAR	PERCENTAGE OF CUMULATIVE NET PREMIUM	GUARANTEED CASH VALUE *	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
1 THRU 5	0.0%	.00	.00	.00	1
6	1.0%	34.77	184.27	.00	6
7	2.0%	81.13	412.35	.00	7
8	3.0%	139.08	678.11	.00	8
9	4.0%	208.62	976.05	.00	9
10	5.0%	289.75	1,301.43	.00	10
11	7.0%	446.22	1,924.69	.00	11
12	9.0%	625.86	2,593.16	.00	12
13	11.0%	828.69	3,299.06	.00	13
14	13.0%	1,054.69	4,033.85	.00	14
15	15.0%	1,303.88	4,791.74	.00	15
16	17.0%	1,576.24	5,566.61	.00	16
17	19.0%	1,871.79	6,354.10	.00	17
18	21.0%	2,190.51	7,151.28	.00	18
19	23.0%	2,532.42	7,954.83	.00	19
20	25.0%	2,897.50	8,762.25	.00	20
21	30.0%	3,650.85	10,635.82	.00	21
22	35.0%	4,462.15	12,531.67	.00	22
23	40.0%	5,331.40	14,440.02	.00	23
24	45.0%	6,258.60	16,354.66	.00	24
25	50.0%	7,243.75	18,270.15	.00	25

BASE POLICY NUMBER: XXXXXXXXXXXX

POLICY DATE: AUGUST 1, 2008

ENDOWMENT DATE: AUGUST 1, 2038

RIDER SCHEDULE OF GUARANTEED VALUES

END OF POLICY YEAR	PERCENTAGE OF CUMULATIVE NET PREMIUM	GUARANTEED CASH VALUE *	REDUCED PAID-UP	REDUCED PAID-UP ENDOWMENT	END OF POLICY YEAR
26	60.0%	9,040.20	22,021.88	.00	26
27	70.0%	10,952.55	25,786.48	.00	27
28	80.0%	12,980.80	29,566.33	.00	28
29	90.0%	15,124.95	33,355.28	.00	29
30	100.0%	17,385.00	37,154.58	.00	30
31 THRU 60	.0%	.00	.00	.00	31 THRU 60

THE VALUES SHOWN ABOVE ARE BASED UPON THE ASSUMPTION THERE WILL BE NO CHANGE IN THE ISSUED METHOD OF PAYMENT.

\* IF THE NET CASH VALUE IS LESS THAN THE MINIMUM REDUCED PAID-UP PREMIUM SHOWN ON THE POLICY DATA PAGE, THE COMPANY WILL PAY TO YOU THE NET CASH VALUE IN ONE LUMP SUM.

## DEFINITIONS

### AGE

Age at any time is the Issue Age shown on the Policy Data page increased by the number of Policy Years completed. By Age we mean age last birthday as of the Policy Date.

### DEATH BENEFIT

The Death Benefit under this Policy equals the Face Amount in force on the date of the Insured's death.

### EXPIRY DATE

The Expiry Date is the date when the Insured's Age turns 95 as shown on the Policy Data page. It is the date on which all coverage under this Policy expires.

### FACE AMOUNT

The amount of insurance coverage under this Policy as shown on the Policy Data page.

### LEVEL PREMIUM PERIOD

The period, as elected by you and shown on the Policy Data page, during which premiums will remain level. The Level Premium Period begins on the Policy Date.

### INSURED

The person upon whose life this Policy is issued and whose name is shown as the Insured on the Policy Data page. He or she need not be the Owner.

### OWNER

The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

### POLICY DATE, POLICY ANNIVERSARY, POLICY MONTHS AND POLICY YEAR

The Policy Date is shown on the Policy Data page. It is used to calculate the Policy Anniversaries, Policy Months, Policy Years and Premium Due Dates. A Policy Anniversary is the same date each year as the Policy Date. The period between the Policy Date and the same day of the next calendar month, or from the same day of a successive calendar month to the next, is called a Policy Month. The period between the Policy Date and the first Policy Anniversary, or from one Policy Anniversary to the next, is called a Policy Year.

### DUE PROOF OF DEATH

Those documents and written instruments required by the Company to verify the death of the Insured, as well as the documents and written instruments necessary to establish the right of the person or persons claiming the benefits to receive those benefits claimed.

### NET CASH VALUE

The Net Cash Value is the Cash Value minus any outstanding loan and accrued loan interest.

## POLICY PROVISIONS

**EFFECTIVE DATE OF COVERAGE.** The effective date of coverage is the earliest date on or after the Policy Date upon which all of the following conditions have been met:

- a. The Policy has been delivered;
- b. The initial premium has been received by us while the Insured is alive; and
- c. There has been no change in the health of the Insured as shown in the application so as to increase the premium class before such delivery and payment is complete.

## POLICY PROVISIONS (Continued)

**PREMIUMS.** During the Level Premium Period, premiums for this Policy are level and are based on the plan elected by you at the time of application. Premiums for riders, if any, may not be level during the Level Premium Period.

After the Level Premium Period, premiums will change each year to the amounts shown in the Schedule of Annual Premiums by Year. Before each Policy Year begins, written notice of the premiums for that year will be sent to the Owner.

Your initial premium must be paid when your Policy is delivered. All premiums after the initial premium are due and payable on or before the date they are due and must be mailed to us at the Company or paid to an authorized Agent. In order for a premium to be effective it must be received by us. A premium receipt signed by an officer of the Company will be furnished upon request.

You may pay your premiums once, twice, four or twelve times a year. These premiums are shown in your Policy Data page as the annual, semi-annual, quarterly or monthly premiums.

If you decide to pay premiums once a year, your annual premium will be due on your Policy Anniversary. Should you decide to pay premiums more than once a year, your semi-annual premiums will be due every six months, your quarterly premiums will be due every three months and your monthly premiums will be due every month. In each year, one of the premium due dates must fall on your Policy Anniversary.

**GRACE PERIOD.** After the initial premium, premiums must be paid by the 31<sup>st</sup> day after the due date or this Policy will terminate, as of the date of default, except as provided in the Guaranteed Values provisions. The Policy will be in force during this 31 day grace period and if the Insured dies during the grace period, we will deduct from the Death Benefit Proceeds any due and unpaid premium.

**TERMINATION.** This Policy will terminate if:

- a. The Owner requests that this Policy be terminated; or
- b. The Insured dies; or
- c. The Policy expires; or
- d. A policy loan exceeds the Cash Value; or
- e. The premium is in default at the end of the grace period, except as otherwise provided in the Guaranteed Values provisions. The date of default will be the due date of the premium in default.

**REINSTATEMENT.** If this Policy terminates, you may reinstate it within five years of the due date of the unpaid premium if you provide us with:

- a. A written application for reinstatement on a form acceptable to us;
- b. Evidence of insurability satisfactory to us;
- c. Payment of all overdue premiums from the beginning of the grace period to the date of reinstatement with 6% interest compounded annually up to the date of reinstatement; and
- d. Payment of any loan outstanding on the date of termination with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement.

**DEATH BENEFIT PROCEEDS.** We pay the Death Benefit Proceeds under this Policy when the Insured dies. The Death Benefit Proceeds equal:

- a. The Death Benefit; plus
- b. Any added death benefit provided by a rider; plus
- c. Any paid and unearned premium; minus
- d. Any unpaid premium then due; minus
- e. Any outstanding loan and accrued loan interest.

## POLICY PROVISIONS (Continued)

Unless an optional method of payment has been elected, the Death Benefit Proceeds will be paid in a single sum. Any request for payment and Due Proof of Death under this Policy must be sent to the Company. When we pay the Death Benefit Proceeds, we may require the return of this Policy.

If Death Benefit Proceeds under this Policy, including the refund of any unearned premiums, are not paid within 30 days after Due Proof of Death of the Insured has been furnished to the Company, we will pay interest on the Death Benefit Proceeds at the rate of 8% per year from the date Due Proof of Death is furnished to the date the Death Benefit Proceeds are paid.

**EXCHANGE OPTION.** Subject to the conditions described below, this Policy may be exchanged for a new permanent policy which is acceptable to us at the time of the exchange. Any riders attached to this Policy at time of exchange may be included in the new policy subject to our approval. Your written request for exchange must be made in advance. No premium payment may be due.

Evidence of insurability is not required to exercise this exchange option. The conditions on which you may exercise this option are:

- a. This Policy may be exchanged on or before the earlier of the Policy Anniversary on which the Level Premium Period ends or the Policy Anniversary coinciding with the Insured's Age 75;
- b. The face amount of the new policy may not exceed the Face Amount of this Policy on the effective date of the exchange. The effective date of the exchange is the date we receive your application accompanied by the initial premium for the new policy;
- c. The face amount of the new policy may not be less than the minimum required for the policy selected. At least one policy will always be available in an amount to which this Policy may be exchanged;
- d. The new policy will be in the same premium class as this Policy if available at the time of the exchange, otherwise, in the most comparable class available at the time. The premium will be based on rates in effect for the age, sex and premium class of the Insured at the time of the exchange; and
- e. The new policy will have a policy date and issue age corresponding to the effective date of the exchange. The date of the exchange is the date we receive your application accompanied by the initial premium for the new policy.

After this Policy has been in force for two years, the suicide and contestability periods will not start anew in any new policy which is issued pursuant to the exercise of this exchange option, except for either or both of the following conditions:

- a. The new policy contains new benefits not contained in this Policy; or
- b. There is an increase in the death benefit under the new policy.

In such case the suicide and contestability provisions of the new policy will be applicable to the new benefits and/or increase in death benefit as of the issue date of the new policy.

**POLICY.** This Policy is a legal contract. This Policy, the attached application, and any attached riders, endorsements or amendments make up the whole contract. We issue this Policy in return for the written application and the payment of the initial premium. Unless there is fraud, the statements made by you or by the Insured are representations and not warranties. No such statements made shall be used in defense of a claim under the Policy unless it is contained in the written application and a copy of the application is attached to the Policy when issued or delivered.

Any change or waiver of the provisions of this Policy must be in writing and signed by the President, a Vice President, or the Secretary of the Company.

**BENEFICIARY.** The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. There may be different classes of Beneficiaries, such as primary and contingent. These classes set the order of payment. There may be more than one Beneficiary in a class.

## POLICY PROVISIONS (Continued)

Unless otherwise instructed by the Owner, if there is more than one Beneficiary, any proceeds payable will be distributed equally among the Beneficiaries of the class receiving the proceeds. Unless the Owner has stated otherwise, in writing, to the Company:

- a. If any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
- b. If no Beneficiary survives the Insured, proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

**CHANGE OF OWNERSHIP OR BENEFICIARY.** The Owner, or someone authorized to act for the Owner by valid court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to the Company in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

**CONTESTABILITY.** For two years from the Policy Date while the Insured is alive we have a right to contest the validity of this Policy based on material misrepresentations made in the initial application. Thereafter, we may contest this Policy only if premiums due are not paid by the end of the grace period.

Any reinstatement will not be contestable after such reinstatement has been in force for 2 years from its effective date during which time the Insured was alive. The basis for any contest after reinstatement will be limited to material misrepresentations on the application for reinstatement.

**SUICIDE.** If the Insured commits suicide within two years of the Policy Date, we will pay only the amount of premiums paid to us.

**MISSTATEMENT OF AGE OR SEX.** If the Insured's Age or sex has been misstated in the application, any amount that we will pay at any time will be the amount that the premium would have purchased at the correct Age and sex.

**RIGHT TO ASSIGN.** While the Insured is alive you may assign your rights under this Policy unless you have previously stated otherwise in writing. We must receive written notice of any such assignment at the Company before any such action is binding on us. An assignment does not change the Owner, however, once it is recorded with us the rights of the Owner and any Beneficiary are subject to the assignment. We are not responsible for the validity of any assignment, action or payment concerning it.

**NON-PARTICIPATING.** This Policy is not entitled to share in surplus earnings. No dividends will be paid.

### GUARANTEED VALUES PROVISIONS

**CASH VALUE.** The Owner may surrender this Policy for its Net Cash Value. If all premiums have been paid, the guaranteed cash value is as shown on the Policy Table of Guaranteed Values. The Table shows values at the end of the Policy Years. The Cash Value is:

- a. The Guaranteed Cash Value; plus
- b. Any part of a premium paid for coverage beyond the Policy Month in which the Owner surrenders this Policy.

**OPTIONS UPON DEFAULT OF PAYMENT OF PREMIUM.** The Owner may elect one of the following options, effective on the default in the payment of premium. Election must be made by written request to the Company no later than 60 days after the unpaid premium was due. If an election is not made, Option 2 of this section will be effective.

**Option 1 – Surrender this Policy for the Net Cash Value.** The Net Cash Value within 60 days of default is the Net Cash Value on that date. The Company may defer payment of the Net Cash Value for a period of up to 6 months from the date of request.

## GUARANTEED VALUES PROVISIONS (Continued)

**Option 2** – Continue this Policy as Reduced Paid-Up Insurance. The amount of insurance will be for the amount that the Net Cash Value will purchase at the net single premium rates.

If the Net Cash Value exceeds the amount required to purchase the maximum amount of Reduced Paid-Up Insurance, which equals the Death Benefit Proceeds, any excess will be used to purchase a pure endowment payable on the date the Policy becomes Reduced Paid-Up Insurance.

The minimum Reduced Paid-Up Premium is shown on the Policy Data Page. If the Net Cash Value is less than the Minimum Reduced Paid-Up Premium, we will pay to you the Net Cash Value in one lump sum.

The Reduced Paid-Up Insurance will be payable at the same time and under the same conditions as this Policy. Benefits provided by any riders will end.

Reduced Paid-Up Insurance may be surrendered for its Net Cash Value as of the date of surrender. Reduced Paid-Up Insurance will have a loan value.

**BASIS OF VALUES.** Guaranteed Values and net single premiums are based on the mortality tables and interest rate shown on the Policy Table of Guaranteed Values. Net single premiums are at the then attained age of the Insured. The Cash Values are calculated by the Standard Nonforfeiture Value Method using the mortality table and interest rate shown on the Policy Table of Guaranteed Values. Computations assume that premiums are paid annually and the deaths occur at the end of a Policy Year.

The Cash Value within a Policy Year is adjusted for lapse of time and premiums paid for any portion of the Policy Year. Within 31 days after any Policy Anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of the Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of any state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

## POLICY LOAN PROVISIONS

You may take a policy loan at any time while this Policy is in force. You may borrow an amount which is equal to or less than the Policy Loan Value. The Loan Value will be the Cash Value less:

- a. Any prior outstanding loan, plus interest accrued; and
- b. Interest to the next Policy Anniversary on the amount to be borrowed.

**LOAN INTEREST.** The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each Policy Anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

**HOW YOU MAY REPAY YOUR LOAN.** You may repay all or part of a policy loan at any time, except that:

- a. Repayment may be made only while this Policy is in force and prior to the death of the Insured; and
- b. A partial repayment must be at least \$10.00.

Any outstanding policy loan together with due and accrued policy loan interest will be deducted from any settlement of this Policy.

At any time your policy loan exceeds the Cash Value, this Policy will terminate. However, at least 31 days prior notice must be mailed by us to your last known address and to any assignee of record, if any.

## POLICY LOAN PROVISIONS (Continued)

**WE CAN DELAY PAYMENT.** We can delay loaning you money for up to 6 months, or the period allowed by law, whichever is less. However, we cannot delay loaning you money if the amount is to be used to pay a premium to us.

**OBTAINING A LOAN.** You may obtain a policy loan by written request and assignment of the Policy as sole security for the loan.

## SETTLEMENT OPTIONS

**ELECTION OF A SETTLEMENT OPTION.** The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Death Benefit Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

**PAYEE.** The Payee is the person or persons entitled to receive payments under a Settlement Option.

**AVAILABILITY OF OPTIONS.** The Company may pay the then balance of the Death Benefit Proceeds in one sum if:

- a. The Death Benefit Proceeds are less than \$5,000; or
- b. The amount on deposit under Option 1 or 2 below becomes less than \$2,000; or
- c. Periodic payments are, or become, less than \$100; or
- d. The Payee is not the person first entitled to payment; or
- e. The Payee is an assignee, estate, trustee, partnership, corporation or association.

**EFFECTIVE DATE OF SETTLEMENT OPTION.** If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Death Benefit Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of Due Proof of the Death of the Insured.

**BASIS OF PAYMENT OPTIONS.** The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

**LIFE INCOME AND AGE.** When Death Benefit Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

**OPTION 1 -- DEPOSIT --** Left on deposit with interest to accumulate. Interest is compounded annually. Death Benefit Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

**OPTION 2 -- INTEREST INCOME --** Left on deposit, with interest payable periodically. Death Benefit Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

**OPTION 3 -- INSTALLMENTS OF SPECIFIED AMOUNT --** Paid as an income of a specified amount mutually agreed upon, until the Death Benefit Proceeds and interest are exhausted.

**OPTION 4 -- INSTALLMENTS FOR SPECIFIED PERIOD --** Paid as an income for a specified period mutually agreed upon.

**SETTLEMENT OPTIONS (Continued)**

**OPTION 5 -- LIFE INCOME WITH GUARANTEED PERIOD --** Paid as an income for life. Payments are guaranteed for 120 months.

**OPTION 6 -- LIFE INCOME WITHOUT GUARANTEED PERIOD --** Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

**DEATH OF PAYEE.** After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

**PROTECTION AGAINST CREDITOR.** To the extent permitted by law, Death Benefit Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

**OPTION 2  
INTEREST INCOME**

<b>Payable</b>	<b>Interest Payable</b>
Monthly	\$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

**OPTION 4  
INSTALLMENTS**

<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

**OPTIONS 5 AND 6**  
**MONTHLY LIFE INCOMES**

Age	Option 5 120 Installments Guaranteed		Option 6 Life Only		Age	Option 5 120 Installments Guaranteed		Option 6 Life Only	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

**Pioneer Security Life Insurance Company**  
P.O. Box 2550 / Waco, Texas 76702-2550 / (254) 297-2778

**TERM INSURANCE POLICY TO AGE 95 WITH EXCHANGE OPTION**

**PLEASE READ YOUR POLICY CAREFULLY**

**This is a non-participating Term Insurance Policy to Age 95 with an Exchange Option. The Face Amount remains unchanged as long as this Policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first, and remain level for the period chosen by you at the time of application. After the Level Premium Period, premiums will change each year to the amounts shown in the Schedule of Annual Premiums by Year.**

PIONEER SECURITY LIFE INSURANCE COMPANY  
WACO, TEXAS

**RETURN OF PREMIUM RIDER**

This Rider is part of the base policy (the "Policy") whose number is shown on the Rider Data page. The provisions of the Policy apply to this Rider except that the provisions of this Rider modify and supersede the same provisions of the Policy. This Rider is issued in consideration of the application and the payment of premiums for the Policy and this Rider.

**RIDER BENEFIT**

The Rider Benefit is equal to the Net Cash Value as defined below.

On the Endowment Date we will pay to you the Net Cash Value provided that on that date the Insured is alive and the Policy and this Rider are in force (and not as Reduced Paid-Up Insurance). Subject to the terms of this Rider and provided the Insured is alive, at any time before the Endowment Date you may surrender the Policy and this Rider for the Net Cash Value or use the Policy and this Rider as collateral to take a loan from us. The Policy and this Rider cannot be surrendered separately and if the Policy and this Rider are surrendered, the Policy and all riders terminate and cannot be reinstated.

The Net Cash Value is not payable upon the Insured's death or if the Policy and this Rider are continued as Reduced Paid-Up Insurance.

**DEFINITIONS**

The terms not defined herein shall have the same meaning as in the Policy.

**CASH VALUE**

The Cash Value equals the percentage of Cumulative Net Premiums paid as shown on the Rider Schedule of Guaranteed Values. The Cash Value within 30 days after any Policy Anniversary will not be less than the Cash Value on that anniversary.

**NET CASH VALUE**

The Net Cash Value is the Cash Value minus any outstanding loan and accrued loan interest.

**ENDOWMENT DATE**

The Endowment Date is shown on the Rider Data and Schedules page. It is the date on which the Level Premium Period ends and, if the Insured is alive and the Policy and this Rider are in force on that date (and not as Reduced Paid-Up Insurance), we pay to you the Net Cash Value.

**CUMULATIVE NET PREMIUMS**

The Cumulative Net Premiums equal the premiums paid for the Policy, plus the premiums paid for this Rider, minus the premiums paid which are not yet due and payable.

**RIDER PROVISIONS**

**DEATH BENEFIT PROCEEDS.** We pay the Death Benefit Proceeds under the Policy and this Rider when the Insured dies. The Death Benefit Proceeds equal:

- a. The Death Benefit; plus
- b. Any added death benefit provided by a rider; plus
- c. Any paid and unearned premium; minus
- d. Any unpaid premium then due; minus
- e. Any outstanding loan and accrued loan interest.

## RIDER PROVISIONS (Continued)

Unless an optional method of payment has been elected, the Death Benefit Proceeds will be paid in a single sum. Any request for payment and Due Proof of Death under the Policy and this Rider must be sent to the Company. When we pay the Death Benefit Proceeds, we may require the return of the Policy and this Rider.

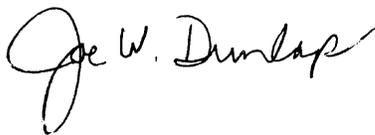
If Death Benefit Proceeds under the Policy, including the refund of any unearned premiums, are not paid within 30 days after Due Proof of Death of the Insured has been furnished to the Company, we will pay interest on the Death Benefit Proceeds at the rate of 8% per year from the date Due Proof of Death is furnished to the date the Death Benefit Proceeds are paid.

The Death Benefit in force at any time will not be less than the amount necessary to achieve qualification as life insurance under the applicable provisions and regulations of the Internal Revenue Code in effect at the time your Policy is issued. We reserve the right to amend your Policy and any attached riders, adjust the amount of coverage, or reject any change request when required to maintain this tax qualification.

**BASIS OF VALUES.** Guaranteed Values and net single premiums are based on the mortality tables and interest rate shown on the Rider Schedule of Nonforfeiture Values. Net single premiums are at the then attained age of the Insured. The Cash Values are calculated by the Standard Nonforfeiture Value Method using the mortality table and interest rate shown on the Rider Schedule of Nonforfeiture Values. Computations assume that premiums are paid annually and the deaths occur at the end of a Policy Year.

The Cash Value within a Policy Year is adjusted for lapse of time and premiums paid for any portion of the Policy Year. Within 31 days after any Policy Anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of the Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of any state in which the Policy and this Rider are delivered. The detailed method of calculation of values is on file at the insurance department in the state in which the Policy and this Rider are delivered.

Signed for the Company by:



Secretary



President

**PIONEER SECURITY LIFE INSURANCE COMPANY**  
P.O. BOX 2550, WACO, TX 76702-2550 • (254) 297-2778

**LIFE INSURANCE APPLICATION** (Please print in black ink)

Telephone Case No: \_\_\_\_\_

Proposed Insured: JOHN DOE (Last)  
Address: (No. & Street) 300 ELM ST

Telephone interview done (if applicable)  Yes  No  
Phone \_\_\_\_\_ Best time to call \_\_\_\_\_  
 am  pm

City: WACO State: TEXAS Zip Code: 73456

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr <u>3 16 73</u>	Age <u>35</u>	State of Birth <u>TEXAS</u>	SS# <u>123 - 45 - 6789</u>	Weight <u>180</u> lbs	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married
DL# <u>09876543</u>			Height <u>6</u> ft <u>1</u> in			

Owner: Name \_\_\_\_\_ SS# \_\_\_\_\_ Address: \_\_\_\_\_  
Payor: Name \_\_\_\_\_ SS# \_\_\_\_\_ Address: \_\_\_\_\_

Primary Beneficiary JANE E. DOE SS# 987-65-4321 Relationship WIFE  
Contingent Beneficiary \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Plan: LEVEL TERM TO AGE 95 During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)?  Yes  No

Riders:  Waiver of Premium\*  Other Insured Rider \$ \_\_\_\_\_ CIA \_\_\_\_\_ Units  ADB \$ \_\_\_\_\_  
 Unemployment Waiver  Disability Income \$ \_\_\_\_\_ Critical Illness\* \_\_\_\_\_ %  Other \_\_\_\_\_  
\*Waiver of Premium Rider and Critical Illness Accelerated Benefit Rider cannot be issued on the same policy.

Mode:  Bank Draft  Draft 1st Prem on Req. Date  E-Check Immediate 1st Prem  Agent  Insured  Owner  
 Other Modal Prem \$ 487.70 Collected \$ \_\_\_\_\_ Requested Policy Date: 8/1/08

Other Proposed Insureds: Name	Rider	Amt.	Sex	Birthdate	St. of Birth	Height	Weight	Relationship

**SECTION A: Answer Questions 1 through 5 for all Proposed Insureds.**

- Has any Proposed Insured been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? .....  Yes  No
- Within the past 7 years, has any Proposed Insured been diagnosed with, treated for, or taken medication for: (circle condition that applies)
  - high blood pressure, heart attack, angina, arrhythmia, stroke, aneurysm, or any heart or circulatory disease or disorder? .....  Yes  No
  - diabetes, cirrhosis, hepatitis, pancreatitis, Crohn's disease, ulcerative colitis, or any digestive or liver disease or disorder? .....  Yes  No
  - asthma, emphysema, chronic obstructive pulmonary disease (COPD), sleep apnea or any respiratory disease or disorder? .....  Yes  No
  - cancer in any form, anemia, seizure, bi-polar disorder, schizophrenia, Alzheimer's, dementia, or mental or nervous disorder? .....  Yes  No
  - any disease or disorder of the kidneys, urinary bladder, prostate, reproductive organs, or sexually transmitted disease? .....  Yes  No
  - connective tissue disease, systemic lupus (SLE), arthritis, or any disorder of the back, joints, muscles, or nervous system? .....  Yes  No
  - any other disease or disorder, injury, surgery, birth defect, or deformity? .....  Yes  No
- Within the past 5 years has any Proposed Insured:
  - been convicted of any misdemeanor or felony charge (including DUI or DWI), had a driver's license suspended or revoked, or is currently on probation or parole, or driver's license is currently suspended or revoked? .....  Yes  No
  - used illegal drugs or abused alcohol or drugs, or had or been recommended by a medical professional to have treatment or counseling for alcohol or drug use? .....  Yes  No
- Within the past 2 years has any Proposed Insured:
  - participated in, or intend to participate in parachuting, hang gliding, rock or mountain climbing, rodeo events, sky diving, scuba diving, any professional sport, organized racing of any kind, or any other hazardous sport/activity? .....  Yes  No
  - made or contemplated making any flights as a pilot, student pilot, or crew member of any aircraft? .....  Yes  No
- Within the past 12 months has any Proposed Insured:
  - consulted a medical professional, had surgery, been hospitalized, or had diagnostic tests such as EKG, Xray, MRI, CAT scan? .....  Yes  No
  - had any diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? .....  Yes  No
  - been declined, postponed, rated, or modified for life or medical insurance? .....  Yes  No

**SECTION B:** Give details to all "Yes" answers in Section A and list current medications (use COMMENTS section on back for additional space).  
Illness, Injury, Disease, or Symptoms \_\_\_\_\_ Dates \_\_\_\_\_ Treatment \_\_\_\_\_  
Name and Address of Physician and/or Hospital \_\_\_\_\_

Form No. PS9797

**NOTICE**  
Printed in compliance with Public Law 91-508

Thank you for considering Pioneer Security Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

**MIB PRE-NOTICE**

Information regarding your insurability will be treated as confidential. Pioneer Security Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, 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 benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Pioneer Security Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

**SECTION C: Answer Questions 1 through 3.**

1. Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Company
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy #
Coverage Amount \$	

2. Has Primary Proposed Insured had a natural parent or sibling suffer from diabetes, kidney disease, require a major organ transplant, or been diagnosed with heart disease, cerebrovascular disease, internal cancer prior to age 60? (If yes, list in COMMENTS section: name, relationship, age at onset, medical condition, age if living or age at death.)  Yes  No
3. Within the next 24 months, does any Proposed Insured intend to work, travel, or reside outside of the U.S. for more than 30 days?.....  Yes  No  
If yes, where? \_\_\_\_\_

**SECTION D: Complete Mortgage and Employment Information**

Mortgage Company: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Borrower(s) Name(s): \_\_\_\_\_

Mortgage Loan Amount: \$ \_\_\_\_\_ Origination Date (MM/YY): \_\_\_\_\_ Length of Loan: \_\_\_\_\_ Years

Occupation/Duties: \_\_\_\_\_ Hire Date (MM/YY): \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

**COMMENTS:**

**AGREEMENT**—I agree with Pioneer Security Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

**AUTHORIZATION**—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) Pioneer Security Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Pioneer Security Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

**CERTIFICATION**—I hereby certify, under penalties of perjury, that (1) the social security number indicated above is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406 (a) (1) (c) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB Pre-Notice. I acknowledge receiving the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Signed at WACO CITY TEXAS STATE Date of Application JULY MONTH 28 DAY 2008 YEAR

*John Doe*

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF SPOUSE (IF APPLYING FOR COVERAGE)

**AGENT'S REPORT**

I certify that I have personally asked each question on this application on the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable.

Does the proposed insured have any existing life or disability insurance or annuity contract? .....  Yes  No  
Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? .....  Yes  No

Agent Signature Sam Jones Agent Printed Name SAM JONES No: 50 % 100  
Agent Signature \_\_\_\_\_ Agent Printed Name \_\_\_\_\_ No: \_\_\_\_\_ %

Form No. PS9797

PIONEER SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 2550, WACO, TX 76702-2550

**CONDITIONAL RECEIPT**

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT. THIS RECEIPT SHALL BE INVALID AND MAY NOT BE ISSUED WITH RESPECT TO PROPOSED PAYMENT OF THE INITIAL PREMIUM TENDERED BY MEANS OF A POST-DATED CHECK.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Received from John Doe the sum of \$ 487.70 as first payment on this application for Proposed Insured John Doe Date 7-28-08 Agent Sam Jones

If (1) an amount equal to the first full premium is submitted or a payroll deduction authorization, a government allotment authorization, or a bank draft authorization has been fully implemented in an amount sufficient to pay the first full monthly premium, (2) any check or bank draft authorization given in payment of the initial premium is honored when first presented, (3) all underwriting requirements, including any medical examinations required by the Company's rules, are completed, and (4) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date the payroll deduction authorization or government allotment authorization is submitted for processing, or (c) the requested draft date specified in the bank draft authorization, or (d) the date of the latest medical exam required by the Company. THE TOTAL AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$150,000.00. (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met exactly, the liability of the Company shall be limited to the return of any amount paid.

*SERFF Tracking Number:*      *AAMC-125784832*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pioneer Security Life Insurance Company*      *State Tracking Number:*      *40157*  
*Company Tracking Number:*  
*TOI:*                      *L04I Individual Life - Term*                      *Sub-TOI:*                      *L04I.213 Specified Age or Duration -*  
*Fixed/Indeterminate Premium - Single Life*  
  
*Product Name:*              *Term Insurance Policy to Age 95 with Exchange Option*  
*Project Name/Number:*      /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AAMC-125784832 State: Arkansas  
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 40157  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Term Insurance Policy to Age 95 with Exchange Option  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 08/20/2008  
**Comments:**  
**Attachment:**  
AR PS08-9790 Readability Certification.pdf

**Review Status:**  
**Satisfied -Name:** cover letter 09/02/2008  
**Comments:**  
**Attachment:**  
AR PS08-9790 Letter.pdf

ARKANSAS

PIONEER SECURITY LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Term Insurance Policy to Age 95 with Exchange Option, Form Number PS08-9790 has achieved a Flesch Reading Ease Score of 52.4, the Return of Premium Rider, Form Number PS9791-AR has achieved a Flesch Reading Ease Score of 50.2 and the Application, Form Number PS9797 has achieved a Flesch Reading Ease Score of 48.5 and they comply with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



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Signature

Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

September 3, 2008

# Pioneer Security Life Insurance Company

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778

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September 3, 2008

NAIC No. 67946

Mr. Joe Musgrove  
Policy and Other Form Filings  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Attention: Compliance - Life and Health

Re: Form No. PS08-9790 – Term Insurance Policy to Age 95 with Exchange Option  
Form No. PS9791-AR – Return of Premium Rider  
Form No. PS9797 – Application for Life Insurance

Dear Mr. Musgrove:

The above referenced forms are being submitted for your consideration and approval. These forms are new and will not replace any forms previously approved by your department.

Form No. PS08-9790 is an individual non-participating level term insurance policy to age 95 with an exchange option. This is a simplified underwritten product (with Table 6 accepted as standard). Premiums are payable to age 95. There are four premium options available:

- 1) Premiums are level for 15 years and increase annually thereafter. Issue ages 20-65.
- 2) Premiums are level for 20 years and increase annually thereafter. Issue ages 20-60.
- 3) Premiums are level for 25 years and increase annually thereafter. Issue ages 20-55.
- 4) Premiums are level for 30 years and increase annually thereafter. Issue ages 20-50.

The flesch readability score is 52.4. A copy of the Actuarial Memorandum is enclosed.

Form No. PS9791-AR is a Return of Premium Rider. This rider may not be added after issue of the base policy and may not be terminated separately from the base. This rider provides a cash value that is payable at the end of the level premium period. The amount of the cash value is equal to the total of policy premiums that have been paid for the policy, excluding any attached riders other than the Return of Premium Rider. The cash values grade to the return of premium benefit at the end of the level premium period. The flesch readability score is 50.2. A copy of the Actuarial Memorandum is enclosed.

Form No. PS9797 is the application that will be used when applying for this product. The flesch readability score is 45.8.

This product will be marketed through agents in the mortgage market.



Pioneer Security Life Insurance Company

Page 2

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

The Company is providing, at time of delivery of the policy, the Arkansas Life and Disability Insurance Guaranty Association disclaimer document as provided in Rule and Regulation 49 (Appendix A).

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or [ckeel@aatx.com](mailto:ckeel@aatx.com).

Sincerely,

A handwritten signature in black ink that reads "Clara Keel". The signature is written in a cursive, flowing style.

Clara Keel, FLMI

Product Filing Manager & Assistant Secretary

CJK:tad

Enc.