

SERFF Tracking Number: AULD-125790336 State: Arkansas  
Filing Company: American United Life Insurance Company State Tracking Number: 40060  
Company Tracking Number: FPVUL  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: FPVUL 2008  
Project Name/Number: FPVUL 2008/FPVUL(AR)

## Filing at a Glance

Company: American United Life Insurance Company

Product Name: FPVUL 2008 SERFF Tr Num: AULD-125790336 State: ArkansasLH  
TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 40060  
Sub-TOI: L06I.002 Single Life - Flexible Co Tr Num: FPVUL State Status: Approved-Closed  
Premium  
Filing Type: Form Co Status: Submitted to State Reviewer(s): Linda Bird  
Authors: Danita Ragland-Hatton, Disposition Date: 09/08/2008  
Ellen Fox  
Date Submitted: 08/25/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: FPVUL 2008 Status of Filing in Domicile: Authorized  
Project Number: FPVUL(AR) Date Approved in Domicile: 07/10/2008  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 09/08/2008 Deemer Date:  
State Status Changed: 09/08/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
August 25, 2008

RE: American United Life Insurance Company

NAIC No: 60895

FEIN No.: 35-0145825

SERFF Tracking Number: AULD-125790336 State: Arkansas  
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Policy Forms:

FPVUL(AR) Flexible Premium Adjustable Life Insurance Policy  
LR-201 Accounting Benefit Rider  
LR-202 Overloan Protection Rider  
LR-204 Change of Insured  
LR-205 Extended No-Lapse Guarantee Rider  
LR-206 Children's Term Insurance Rider  
LR-208 Waiver of Monthly Deductions Rider  
LR-209 Credit of Premium Disability Rider  
LR-210 Guaranteed Insurability Option Rider  
LR-211 Accelerated Death Benefit Rider  
LR-212 Other Insured Term Insurance Rider  
LR-213 Aviation Exclusion Rider  
LR-214 Premium Deposit Account

Application Forms:

I-20833 Application for Life Insurance

We are submitting for your review and approval a flexible premium adjustable variable life insurance policy, twelve riders, and the application. As noted below, our partner company, Pioneer Mutual Life Insurance Company, will also use the application. The application was approved in SERFF # AULD 125622422. Each of these forms is described below.

FPVUL(AR) is a flexible premium adjustable variable life insurance policy. This is a new policy and does not replace any policy currently in use by our company. The policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Tables. Our registered representatives will sell this product to individuals from ages 0 to 85. It will be sold with a prospectus. The minimum Base Face Amount of the policy is \$50,000 and offers a choice of three death benefit options. The policy owner may allocate premiums to any of several Investment Accounts under the Variable Account, or to the Fixed Account. The policy owner may transfer funds between the different

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Investment Accounts and the Fixed Account under the terms of the contract. Policy loans are available. The policy also provides for a No-Lapse provision during the No-Lapse Guarantee Period.

The following riders will be used with this policy:

LR-201 Accounting Benefit Rider This rider is to provide that the cash surrender value of the policy be enhanced during the surrender charge period. The enhancement is provided by reducing the surrender charge that would be applied upon either policy surrender or lapse of the policy. The benefits of this rider are only available upon full surrender of the policy. This rider is available only at issue.

LR-202 Overloan Protection Rider This rider provide the option to continue the policy at a reduced Total Face Amount with no further reductions. This rider will only be issued with the policy if the insured selected the Guideline Premium Life Insurance Qualification Test at the time of application. Exercising this rider is subject to additional conditions and there is no charge for this rider until it is exercised. At the time it is exercised there is a one-time charge.

LR-204 Change of Insured This rider allows that while the policy is in force the owner may change the life insured on this policy to a substitute insured. As this rider is only available to non-natural owners, it will only be issued with the policy when the owner is non-natural. In addition only one change of insured is permitted. There is no charge for this rider. This is available at issue and may also be added after issue.

LR-205 Extended No-Lapse Guarantee Rider This rider extends the No-Lapse Guarantee Period of the policy. The No-Lapse period is the lesser of the 20 years or to age 75 with a minimum of 10 years. If this rider is in effect after the end of the No-Lapse Guarantee Period of the policy and then during the Extended No-Lapse Guarantee Period provided by this rider, and if the cash surrender value falls to zero or below, the policy will remain in force and will not begin the grace period provided the policy satisfies the Extended No-Lapse Guarantee test. While the policy is being maintained under the Extended No-Lapse Guarantee any charges which are unable to be deducted will be waived. Issue age is 0-75. This rider is available only at issue.

LR-206 Children's Term Insurance Rider This rider provides level term insurance on each child of the Insured. It will replace LR-109 Children's Benefit Rider. At issue, each child must be at least 14 days old and less than 18 years of age. Once this rider is in force, children born to the Insured are covered automatically after they are 14 days old and until the



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evidence of insurability. The issue ages for the other insured are 20 to 85. This rider may be added after issue.

**LR-213 Aviation Exclusion Rider** This rider will exclude from coverage certain aviation risks thereby allowing issue of the coverage. This rider is only issued on cases where the risk qualifies based on information provided by the applicant regarding their aviation activities. We intend to use this rider with other products.

**LR-214 Premium Deposit Account** This rider allows the owner to make payments to a Premium Deposit Account while the policy is in force. On each policy anniversary, we will credit the Premium Deposit Account with interest at such a rate as we may declare. There is no charge for this rider. It may be added after issue. This rider may be used with other products.

#### **I-20833 Application for Life Insurance**

This fully underwritten application will be used to determine an applicant's insurability for this flexible premium adjustable variable life insurance policy, and a term and a whole life product for American United Life Insurance Company (AUL). Pioneer Mutual Life Insurance Company (PML) will also use this application for a flexible premium adjustable life insurance policy. This application will replace 7-15092 which was approved for AUL by your state on November 29, 2003. The application will be used as a printed-paper form. The sections of the application that apply to PML and the product issued by PML have been bracketed. We have submitted a separate filing for approval of this application for Pioneer Mutual Life Insurance Company. We have also bracketed those sections that apply to either the AUL term or whole life insurance products.

#### **Readability**

The forms that will be used with only the variable product are subject to federal jurisdiction and accordingly the Flesch requirements do not apply. The forms that will be used with products other than the variable product (the application, LR-213 Aviation Exclusion Rider, LR-214 Premium Deposit Account and LR-206 Children's Term Insurance Rider) have been drafted to meet the readability standards. A Readability Certification for these forms is included in the Supporting Documentation section of this filing.

These forms do not contain any controversial or unusual items from normal company and industry standards. These forms have been submitted in final print, subject to typographical errors and any minor modifications in the paper stock, size, ink, border, company logo and adaptations due to computer production and printing.

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Product Name: FPVUL 2008  
Project Name/Number: FPVUL 2008/FPVUL(AR)

Thank you for your time and consideration in reviewing this submission. If you have any questions, please feel free to contact me.

Sincerely,

Ellen Fox  
Senior Contract Analyst  
Corporate Compliance and Market Conduct  
OneAmerica companies  
Phone: 1-877-285-7660 extension 7650  
Fax: 317-285-5510  
Email: ProductCompliance.CorporateCompliance@oneamerica.com

## Company and Contact

### Filing Contact Information

Ellen Fox, Senior Analyst Ellen.Fox@oneamerica.com  
One America (371) 285-7650 [Phone]  
Indianapolis, IN 46206

### Filing Company Information

American United Life Insurance Company CoCode: 60895 State of Domicile: Indiana  
One American Square Group Code: 619 Company Type:  
P.O. Box 7127  
Indianapolis, IN 46206 Group Name: State ID Number:  
(877) 285-7660 ext. [Phone] FEIN Number: 35-0145825  
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SERFF Tracking Number: AULD-125790336 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

| COMPANY                                | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|----------------------------------------|---------|----------------|---------------|
| American United Life Insurance Company | \$50.00 | 08/25/2008     | 22119206      |

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## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 09/08/2008 | 09/08/2008     |

### Objection Letters and Response Letters

| Objection Letters               |            |            |                | Response Letters          |            |                |
|---------------------------------|------------|------------|----------------|---------------------------|------------|----------------|
| Status                          | Created By | Created On | Date Submitted | Responded By              | Created On | Date Submitted |
| Pending<br>Industry<br>Response | Linda Bird | 09/02/2008 | 09/02/2008     | Danita Ragland-<br>Hatton | 09/03/2008 | 09/03/2008     |

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## **Disposition**

Disposition Date: 09/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Product Name: FPVUL 2008  
 Project Name/Number: FPVUL 2008/FPVUL(AR)

| Item Type                     | Item Name                                         | Item Status | Public Access |
|-------------------------------|---------------------------------------------------|-------------|---------------|
| Supporting Document (revised) | Certification/Notice                              |             | Yes           |
| Supporting Document           | Certification/Notice                              | Withdrawn   | Yes           |
| Supporting Document           | Application                                       |             | No            |
| Supporting Document           | Life & Annuity - Actuarial Memo                   |             | No            |
| Supporting Document           | Readability Certification                         |             | Yes           |
| Supporting Document           | Statement of Variability                          |             | Yes           |
| Supporting Document           | Accelerated Death Benefit Disclosure Statement    |             | Yes           |
| Supporting Document           | Consent for Rates                                 |             | Yes           |
| Form (revised)                | Flexible Premium Adjustable Life Insurance Policy |             | Yes           |
| Form                          | Flexible Premium Adjustable Life Insurance Policy | Withdrawn   | Yes           |
| Form                          | Accounting Benefit Rider                          |             | Yes           |
| Form                          | Overloan Protection Rider                         |             | Yes           |
| Form                          | Change of Insured                                 |             | Yes           |
| Form                          | Extended No-Lapse Guarantee Ride                  |             | Yes           |
| Form                          | Children's Term Insurance Rider                   |             | Yes           |
| Form                          | Waiver of Monthly Deductions Rider                |             | Yes           |
| Form                          | Credit of Premium Disability Rider                |             | Yes           |
| Form                          | Guaranteed Insurability Option Rider              |             | Yes           |
| Form                          | Accelerated Death Benefit Rider                   |             | Yes           |
| Form (revised)                | Other Insured Term Insurance Rider                |             | Yes           |
| Form                          | Other Insured Term Insurance Rider                | Withdrawn   | Yes           |
| Form                          | Aviation Exclusion Rider                          |             | Yes           |
| Form                          | Premium Deposit Account                           |             | Yes           |
| Form                          | Application for Life Insurance                    |             | Yes           |

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/02/2008

Submitted Date 09/02/2008

Respond By Date

Dear Ellen Fox,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)
- Flexible Premium Adjustable Life Insurance Policy (Form)
- Other Insured Term Insurance Rider (Form)

Comment: Please refer to policy General Provisions under the Suicide provision and Other Insured Term Insurance Rider. After the incontestable period expiration you may not restart upon reinstatement.

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/03/2008

Submitted Date 09/03/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: September 3, 2008

Ms. Linda Bird

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Product Name: FPVUL 2008  
Project Name/Number: FPVUL 2008/FPVUL(AR)  
Arkansas Department of Insurance

RE: American United Life Insurance Company

NAIC No: 60895

FEIN No.: 35-0145825

Policy Forms:

FPVUL(AR) Flexible Premium Adjustable Life Insurance Policy

LR-201 Accounting Benefit Rider

LR-202 Overloan Protection Rider

LR-204 Change of Insured

LR-205 Extended No-Lapse Guarantee Rider

LR-206 Children's Term Insurance Rider

LR-208 Waiver of Monthly Deductions Rider

LR-209 Credit of Premium Disability Rider

LR-210 Guaranteed Insurability Option Rider

LR-211 Accelerated Death Benefit Rider

LR-212(AR) Other Insured Term Insurance Rider

LR-213 Aviation Exclusion Rider

LR-214 Premium Deposit Account

Application Forms:

I-20833 Application for Life Insurance

This letter is in response to your objections dated September 2, 2008. Listed below are your comments and the corresponding response.

- Certification/Notice (Supporting Documentation)
- FPVUL(AR), Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Other Insured Term Insurance Rider (Form)

Comment: Please refer to policy General Provisions under the Suicide provision and Other Insured Term Insurance Rider. After the incontestable period expiration you may not restart upon reinstatement.

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX,

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and XI, has been reviewed and that the company is in compliance.

We have revised the suicide provision in the policy and rider as requested.

A revised certification of compliance is enclosed.

Thank you for your time and consideration in reviewing this submission. If you have any questions, please feel free to contact me.

Sincerely,

Ellen Fox  
Senior Contract Analyst  
Corporate Compliance and Market Conduct  
OneAmerica companies  
Phone: 1-877-285-7660 extension 7650  
Fax: 317-285-5510  
Email: ProductCompliance.CorporateCompliance@oneamerica.com

#### **Related Objection 1**

Applies To:

- Certification/Notice (Supporting Document)
- Flexible Premium Adjustable Life Insurance Policy (Form)
- Other Insured Term Insurance Rider (Form)

Comment:

Please refer to policy General Provisions under the Suicide provision and Other Insured Term Insurance Rider. After the incontestable period expiration you may not restart upon reinstatement.

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

#### **Changed Items:**

SERFF Tracking Number: AULD-125790336 State: Arkansas  
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**Supporting Document Schedule Item Changes**

Satisfied -Name: Certification/Notice

Comment:

**Form Schedule Item Changes**

| Form Name                                         | Form Number | Edition Date | Form Type                                                                           | Action  | Action Specific Data | Readability Score | Attach Document                         |
|---------------------------------------------------|-------------|--------------|-------------------------------------------------------------------------------------|---------|----------------------|-------------------|-----------------------------------------|
| Flexible Premium Adjustable Life Insurance Policy | FPVUL(A R)  |              | Policy/Contract/Fraternal Certificate                                               | Revised | Same                 | 0                 | FPVUL(A R) .pdf                         |
| <b>Previous Version</b>                           |             |              |                                                                                     |         |                      |                   |                                         |
| Flexible Premium Adjustable Life Insurance Policy | FPVUL(A R)  |              | Policy/Contract/Fraternal Certificate                                               | Initial |                      | 0                 | FPVUL(A R) .pdf                         |
| Other Insured Term Insurance Rider                | LR-212(AR)  |              | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Revised | LR-212               | 0                 | LR-212(AR) Other Insured Term rider.pdf |
| <b>Previous Version</b>                           |             |              |                                                                                     |         |                      |                   |                                         |
| Other Insured Term Insurance Rider                | LR-212      |              | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial |                      | 0                 | LR-212 Other Insured Term rider.pdf     |

No Rate/Rule Schedule items changed.

Sincerely,  
 Danita Ragland-Hatton, Ellen Fox

SERFF Tracking Number: AULD-125790336 State: Arkansas  
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## Form Schedule

Lead Form Number: FPVUL

| Review Status | Form Number | Form Type   | Form Name                                                                                                                        | Action  | Action Specific Data                                   | Readability | Attachment                                     |
|---------------|-------------|-------------|----------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|-------------|------------------------------------------------|
|               | FPVUL(AR)   | Policy/Cont | Flexible Premium<br>ract/Fratern<br>Adjustable Life<br>al Insurance Policy<br>Certificate                                        | Revised | Replaced Form #:<br>Same<br>Previous Filing #:<br>Same | 0           | FPVUL(AR)<br>.pdf                              |
|               | LR-201      | Policy/Cont | Accounting Benefit<br>ract/Fratern<br>Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider  | Initial |                                                        | 0           | LR-201<br>Accounting<br>Benefit<br>Rider.pdf   |
|               | LR-202      | Policy/Cont | Overloan Protection<br>ract/Fratern<br>Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial |                                                        | 0           | LR-202<br>Overloan<br>Protection<br>Rider3.pdf |
|               | LR-204      | Policy/Cont | Change of Insured<br>ract/Fratern<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider            | Initial |                                                        | 0           | LR-204<br>Change of<br>Insured<br>Rider2 .pdf  |
|               | LR-205      | Policy/Cont | Extended No-Lapse                                                                                                                | Initial |                                                        | 0           | LR-205                                         |

|                                 |                                               |                               |                                                |               |
|---------------------------------|-----------------------------------------------|-------------------------------|------------------------------------------------|---------------|
| <i>SERFF Tracking Number:</i>   | <i>AULD-125790336</i>                         | <i>State:</i>                 | <i>Arkansas</i>                                |               |
| <i>Filing Company:</i>          | <i>American United Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40060</i>                                   |               |
| <i>Company Tracking Number:</i> | <i>FPVUL</i>                                  |                               |                                                |               |
| <i>TOI:</i>                     | <i>L061 Individual Life - Variable</i>        | <i>Sub-TOI:</i>               | <i>L061.002 Single Life - Flexible Premium</i> |               |
| <i>Product Name:</i>            | <i>FPVUL 2008</i>                             |                               |                                                |               |
| <i>Project Name/Number:</i>     | <i>FPVUL 2008/FPVUL(AR)</i>                   |                               |                                                |               |
|                                 | ract/Fratern Guarantee Ride                   |                               |                                                | Extended No-  |
|                                 | al                                            |                               |                                                | Lapse         |
|                                 | Certificate:                                  |                               |                                                | Guarantee     |
|                                 | Amendmen                                      |                               |                                                | Rider2.pdf    |
|                                 | t, Insert                                     |                               |                                                |               |
|                                 | Page,                                         |                               |                                                |               |
|                                 | Endorseme                                     |                               |                                                |               |
|                                 | nt or Rider                                   |                               |                                                |               |
| LR-206                          | Policy/Cont Children's Term                   | Initial                       | 0                                              | LR-206        |
|                                 | ract/Fratern Insurance Rider                  |                               |                                                | Children's    |
|                                 | al                                            |                               |                                                | Insurance     |
|                                 | Certificate:                                  |                               |                                                | Benefit Rider |
|                                 | Amendmen                                      |                               |                                                | 2.pdf         |
|                                 | t, Insert                                     |                               |                                                |               |
|                                 | Page,                                         |                               |                                                |               |
|                                 | Endorseme                                     |                               |                                                |               |
|                                 | nt or Rider                                   |                               |                                                |               |
| LR-208                          | Policy/Cont Waiver of Monthly                 | Initial                       | 0                                              | LR-208        |
|                                 | ract/Fratern Deductions Rider                 |                               |                                                | Waiver of     |
|                                 | al                                            |                               |                                                | Monthly       |
|                                 | Certificate:                                  |                               |                                                | Deduction     |
|                                 | Amendmen                                      |                               |                                                | 2.pdf         |
|                                 | t, Insert                                     |                               |                                                |               |
|                                 | Page,                                         |                               |                                                |               |
|                                 | Endorseme                                     |                               |                                                |               |
|                                 | nt or Rider                                   |                               |                                                |               |
| LR-209                          | Policy/Cont Credit of Premium                 | Initial                       | 0                                              | LR-209 Credit |
|                                 | ract/Fratern Disability Rider                 |                               |                                                | of            |
|                                 | al                                            |                               |                                                | Premium.pdf   |
|                                 | Certificate:                                  |                               |                                                |               |
|                                 | Amendmen                                      |                               |                                                |               |
|                                 | t, Insert                                     |                               |                                                |               |
|                                 | Page,                                         |                               |                                                |               |
|                                 | Endorseme                                     |                               |                                                |               |
|                                 | nt or Rider                                   |                               |                                                |               |
| LR-210                          | Policy/Cont Guaranteed                        | Initial                       | 0                                              | LR-210        |
|                                 | ract/Fratern Insurability Option              |                               |                                                | Guaranteed    |
|                                 | al Rider                                      |                               |                                                | Insurability  |

|                                 |                                               |                               |                                                |   |               |
|---------------------------------|-----------------------------------------------|-------------------------------|------------------------------------------------|---|---------------|
| <i>SERFF Tracking Number:</i>   | <i>AULD-125790336</i>                         | <i>State:</i>                 | <i>Arkansas</i>                                |   |               |
| <i>Filing Company:</i>          | <i>American United Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40060</i>                                   |   |               |
| <i>Company Tracking Number:</i> | <i>FPVUL</i>                                  |                               |                                                |   |               |
| <i>TOI:</i>                     | <i>L061 Individual Life - Variable</i>        | <i>Sub-TOI:</i>               | <i>L061.002 Single Life - Flexible Premium</i> |   |               |
| <i>Product Name:</i>            | <i>FPVUL 2008</i>                             |                               |                                                |   |               |
| <i>Project Name/Number:</i>     | <i>FPVUL 2008/FPVUL(AR)</i>                   |                               |                                                |   |               |
|                                 | Certificate:                                  |                               |                                                |   | Rider 2.pdf   |
|                                 | Amendmen                                      |                               |                                                |   |               |
|                                 | t, Insert                                     |                               |                                                |   |               |
|                                 | Page,                                         |                               |                                                |   |               |
|                                 | Endorseme                                     |                               |                                                |   |               |
|                                 | nt or Rider                                   |                               |                                                |   |               |
| LR-211                          | Policy/Cont Accelerated Death                 | Initial                       |                                                | 0 | LR-211        |
|                                 | ract/Fratern Benefit Rider                    |                               |                                                |   | Accelerated   |
|                                 | al                                            |                               |                                                |   | Death Benefit |
|                                 | Certificate:                                  |                               |                                                |   | Rider 2.pdf   |
|                                 | Amendmen                                      |                               |                                                |   |               |
|                                 | t, Insert                                     |                               |                                                |   |               |
|                                 | Page,                                         |                               |                                                |   |               |
|                                 | Endorseme                                     |                               |                                                |   |               |
|                                 | nt or Rider                                   |                               |                                                |   |               |
| LR-212(AR)                      | Policy/Cont Other Insured Term                | Revised                       | Replaced Form #:                               | 0 | LR-212(AR)    |
|                                 | ract/Fratern Insurance Rider                  |                               | LR-212                                         |   | Other Insured |
|                                 | al                                            |                               | Previous Filing #:                             |   | Term          |
|                                 | Certificate:                                  |                               | Same                                           |   | rider.pdf     |
|                                 | Amendmen                                      |                               |                                                |   |               |
|                                 | t, Insert                                     |                               |                                                |   |               |
|                                 | Page,                                         |                               |                                                |   |               |
|                                 | Endorseme                                     |                               |                                                |   |               |
|                                 | nt or Rider                                   |                               |                                                |   |               |
| LR-213                          | Policy/Cont Aviation Exclusion                | Initial                       |                                                | 0 | LR-213        |
|                                 | ract/Fratern Rider                            |                               |                                                |   | Aviation      |
|                                 | al                                            |                               |                                                |   | Exclusion.pdf |
|                                 | Certificate:                                  |                               |                                                |   |               |
|                                 | Amendmen                                      |                               |                                                |   |               |
|                                 | t, Insert                                     |                               |                                                |   |               |
|                                 | Page,                                         |                               |                                                |   |               |
|                                 | Endorseme                                     |                               |                                                |   |               |
|                                 | nt or Rider                                   |                               |                                                |   |               |
| LR-214                          | Policy/Cont Premium Deposit                   | Initial                       |                                                | 0 | LR-214        |
|                                 | ract/Fratern Account                          |                               |                                                |   | Premium       |
|                                 | al                                            |                               |                                                |   | Deposit       |
|                                 | Certificate:                                  |                               |                                                |   | Account.pdf   |
|                                 | Amendmen                                      |                               |                                                |   |               |

SERFF Tracking Number: AULD-125790336 State: Arkansas  
Filing Company: American United Life Insurance Company State Tracking Number: 40060  
Company Tracking Number: FPVUL  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: FPVUL 2008  
Project Name/Number: FPVUL 2008/FPVUL(AR)

t, Insert  
Page,  
Endorseme  
nt or Rider

|         |                                                             |         |   |                         |
|---------|-------------------------------------------------------------|---------|---|-------------------------|
| I-20833 | Application/ Application for Life Enrollment Insurance Form | Initial | 0 | I-20833-application.pdf |
|---------|-------------------------------------------------------------|---------|---|-------------------------|



# ***American United Life Insurance Company®***

[One American Square, P.O. Box 368, Indianapolis, Indiana 46206-0368]

[800-537-6442 www.oneamerica.com]

American United Life Insurance Company® (AUL) will pay the Death Benefit Proceeds to the beneficiary upon receipt of due proof that the Insured's death occurred while this policy was in force, subject to the terms of this policy.

## **RIGHT TO EXAMINE THE POLICY**

**THIS POLICY MAY BE SENT BACK TO AUL OR ITS REPRESENTATIVE WITHIN 10 DAYS AFTER IT IS RECEIVED. IN SUCH CASE, THIS POLICY WILL BE VOID FROM THE BEGINNING. WE WILL REFUND THE PREMIUMS PAID.**

**THE DURATION OR AMOUNT OF THE DEATH BENEFIT MAY BE FIXED OR MAY VARY DEPENDING ON THE INVESTMENT EXPERIENCE AND THE DEATH BENEFIT OPTION SELECTED. THE DEATH BENEFIT IS DESCRIBED IN THE DEATH BENEFIT SECTION.**

**THE CASH VALUE, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, IS VARIABLE AND MAY INCREASE OR DECREASE. NO MINIMUM CASH VALUE IS GUARANTEED.**

---

## **READ YOUR POLICY CAREFULLY FLEXIBLE PREMIUM VARIABLE ADJUSTABLE UNIVERSAL LIFE INSURANCE PARTICIPATING-DIVIDENDS NOT GUARANTEED**

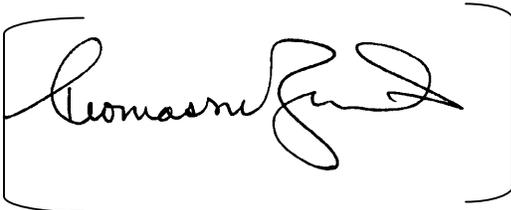
**It is anticipated that no dividends will be declared.**

**PERIOD OF COVERAGE NOT GUARANTEED**

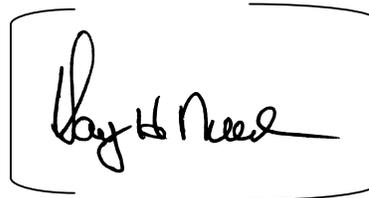
**This policy is a legal contract between the owner and AUL.**

---

Signed for American United Life Insurance Company® by



[ Secretary]



[Chairman of the Board, President,  
and Chief Executive Officer]

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## *Section 1. Policy Data Page*

---

|                                         |                      |                     |                                                 |
|-----------------------------------------|----------------------|---------------------|-------------------------------------------------|
| <b>Name of Insured(s)</b><br>[John Doe] | <b>Sex</b><br>[Male] | <b>Age</b><br>[ 35] | <b>Premium Class</b><br>[Standard, Non-Tobacco] |
|-----------------------------------------|----------------------|---------------------|-------------------------------------------------|

**Policy Owner(s)**  
[John Doe]

|                                   |                                    |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|
| <b>Issue Date</b><br>[01/01/2008] | <b>Policy Date</b><br>[01/01/2009] | <b>Policy Number</b><br>[123456789] |
|-----------------------------------|------------------------------------|-------------------------------------|

---

### **Policy Specifications**

**Plan:** Flexible Premium Variable Adjustable Universal Life

|                                        |                    |
|----------------------------------------|--------------------|
| <b>Initial Premium:</b>                | [\$1,000.00]       |
| <b>Premium Mode:</b>                   | [Annual]           |
| <b>Planned Premium:</b>                | [\$1,000.00]       |
| <b>Initial Net Premium Allocation:</b> | [xyz Money Market] |

|                                  |             |
|----------------------------------|-------------|
| <b>Initial Base Face Amount:</b> | [\$100,000] |
|----------------------------------|-------------|

Base Face Amount Coverage expires according to Section 10 of the policy.

|                                          |             |
|------------------------------------------|-------------|
| <b>Initial Supplemental Face Amount:</b> | [\$100,000] |
|------------------------------------------|-------------|

Supplemental Face Amount Coverage expires according to Section 9 of the policy.

|                                   |             |
|-----------------------------------|-------------|
| <b>Initial Total Face Amount:</b> | [\$200,000] |
|-----------------------------------|-------------|

The percentage of the Base Face Amount as compared to the Total Face Amount shall never be less than [5%].

|                                                         |          |
|---------------------------------------------------------|----------|
| <b>No-Lapse Guarantee Period:</b>                       | [4years] |
| <b>Monthly Required Premium for No-Lapse Guarantee:</b> | [116.54] |

|                              |                                                                                                              |
|------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Death Benefit Option:</b> | [Option 1] Refer to the Death Benefit section of your policy for an explanation of the Death Benefit Option. |
|------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                |      |
|--------------------------------|------|
| <b>Death Benefit Discount:</b> | [3%] |
|--------------------------------|------|

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <b>Life Insurance Qualification Test Elected:</b> | [Cash Value Accumulation Test] |
|---------------------------------------------------|--------------------------------|

*This is a participating policy. Dividends are not guaranteed. It is anticipated that no dividends will be declared.*

---

## Policy Charge Specifications

### Premium Expense Charge

Policy Years [1-20] [6.0%] of all premiums received in the Policy Year

Policy Years [21+] [6.0%] of all premiums received in the Policy Year

### Monthly Administrative Charge

**Guaranteed Maximum:** [\$ 25.00] per month during the first Policy Year  
[\$ 10.00] per month after the first Policy Year

### Face Amount Charge

**Guaranteed Maximum:**

Initial Face Amount Charge: [\$14.00] per month for [10] years from the Policy Date based on Initial Base Face Amount

**Mortality and Expense Risk Charge** -1/12 of the following percentages of the Variable Account Value is deducted each month

**Guaranteed Maximum:**

Policy Years [1-10] [0.75%] Variable Account Value up to [\$1,000,000]  
[0.75%] Variable Account Value in excess of [1,000,000]

Policy Years [11-20] [0.25%] Variable Account Value up to [1,000,000]  
[0.25%] Variable Account Value in excess of [1,000,000]

Policy Years [21+] [0.25%] Variable Account Value up to [1,000,000]  
[0.25%] Variable Account Value in excess of [1,000,000]

---

**Policy Charge Specifications continued**

**TABLE OF SURRENDER CHARGES\*:**  
Based on Initial Base Face Amount as of Policy Date.

| <b>Policy Year</b> | <b>Surrender Charge</b> | <b>Policy Year</b> | <b>Surrender Charge</b> |
|--------------------|-------------------------|--------------------|-------------------------|
| 1                  | [\$879.30               | 7                  | \$439.65                |
| 2                  | \$879.30                | 8                  | \$293.10                |
| 3                  | \$879.30                | 9                  | \$146.55                |
| 4                  | \$879.30                | 10 and             | \$0.00]                 |
| 5                  | \$732.75                | thereafter         |                         |
| 6                  | \$586.20                |                    |                         |

\* May increase with subsequent Face Amount Increases.

---

**Loan Specifications**

**Minimum Loan Amount:** [\$ 500]

**Interest Rate Charged on Loans:** [5%]

**Interest Rate Credited on the Loan Account: Guaranteed Rate:** [3%]

---

**Fixed Account Specifications**

**Guaranteed Interest Rate on Fixed Account:** 3%

**Maximum Transfer Amount from the Fixed Account per Policy Year:**

Greater of:

1. [20%] of the amount in the Fixed Account at the beginning of the Policy Year; or
2. [\$5,000], less any partial cash surrenders made from the Fixed Account since the beginning of the Policy Year.

---

**Separate Account Specifications**

**Separate Account:** AUL American Individual Variable Life Unit Trust

**Minimum Transfer Amount:** [Currently no minimum. AUL may set a minimum]

**Maximum Number of Transfers:** [12] in any Policy Year

**Transfer Charge**

Guaranteed: [\$0] for the first [12] transfers in any Policy Year  
[\$25] for each subsequent transfer in any Policy Year

---

## Policy Minimum Specifications

**Minimum Premium Payment Subsequent to Initial Premium:** [\$25]

**Minimum Base Face Amount:** [\$50,000]

**Minimum Additional Supplemental Face Amount:** [\$10,000]

**Minimum Premium Allocation to Any Investment Account or the Fixed Account:** [1% of the premium payment] (All allocations must be in whole percentages.)

---

## Policy Change Specifications

**First date a change in the Death Benefit Option may be requested:** [One Year After Policy Date]

**First date a Partial Surrender may be requested:** [One Year After Policy Date]

**Minimum Partial Surrender Amount:** [\$ 500]

**First date an increase in Face Amount may be requested:** [One Year After Policy Date]

**Minimum increase in Face Amount:** [\$25,000], or if less, the amount determined under any rider provision]

**First date a decrease in Face Amount may be requested:** [One Year After Policy Date]

**Minimum decrease in Face Amount:** [\$25,000]

**Date subsequent increases, decreases and option changes may be requested:** [One year following the effective date of a previous change]

**Maximum Attained Age for Total Face Amount increase:** [85]

**Maximum Attained Age for Death Benefit Option Change:** [85]

---

**Assumed date of the delivery of this policy for determining the end of the Right to Examine period solely for the purpose of transferring the Net Premiums into the Fixed or Variable Accounts:** [5] days after the Issue Date

**Home Office:** Our Home Office is a location designated by the Board of Directors. It is located at [One American Square, P.O. Box 368, Indianapolis, Indiana 46206-0368]

---

## Rider Specifications

[Details of riders are given on separate Rider Specification Pages that follow.]

**BASE FACE AMOUNT**  
**TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE**  
**RATES PER \$1000 OF NET AMOUNT AT RISK, and MINIMUM INSURANCE**  
**PERCENTAGES USING THE [CASH VALUE ACCUMULATION TEST]**

| Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage | Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage |
|--------------|-------------------------------------------|------------------------------|--------------|-------------------------------------------|------------------------------|
| 35           | 0.09                                      | 498                          | 79           | 5.07                                      | 137                          |
| 36           | 0.10                                      | 481                          | 80           | 5.66                                      | 134                          |
| 37           | 0.10                                      | 465                          | 81           | 6.32                                      | 132                          |
| 38           | 0.11                                      | 449                          | 82           | 7.01                                      | 130                          |
| 39           | 0.11                                      | 433                          | 83           | 7.76                                      | 128                          |
| 40           | 0.12                                      | 418                          | 84           | 8.58                                      | 126                          |
| 41           | 0.13                                      | 404                          | 85           | 9.51                                      | 124                          |
| 42           | 0.14                                      | 390                          | 86           | 10.53                                     | 123                          |
| 43           | 0.16                                      | 377                          | 87           | 11.65                                     | 121                          |
| 44           | 0.18                                      | 364                          | 88           | 12.84                                     | 120                          |
| 45           | 0.19                                      | 352                          | 89           | 14.10                                     | 118                          |
| 46           | 0.21                                      | 340                          | 90           | 15.42                                     | 117                          |
| 47           | 0.23                                      | 329                          | 91           | 16.66                                     | 116                          |
| 48           | 0.24                                      | 319                          | 92           | 17.95                                     | 115                          |
| 49           | 0.26                                      | 308                          | 93           | 19.32                                     | 114                          |
| 50           | 0.28                                      | 298                          | 94           | 20.75                                     | 114                          |
| 51           | 0.30                                      | 288                          | 95           | 22.27                                     | 113                          |
| 52           | 0.33                                      | 279                          | 96           | 23.65                                     | 112                          |
| 53           | 0.36                                      | 270                          | 97           | 25.12                                     | 112                          |
| 54           | 0.41                                      | 262                          | 98           | 26.70                                     | 111                          |
| 55           | 0.46                                      | 253                          | 99           | 28.38                                     | 110                          |
| 56           | 0.51                                      | 246                          | 100          | 30.18                                     | 110                          |
| 57           | 0.57                                      | 238                          | 101          | 31.60                                     | 109                          |
| 58           | 0.62                                      | 231                          | 102          | 33.12                                     | 109                          |
| 59           | 0.68                                      | 224                          | 103          | 34.74                                     | 109                          |
| 60           | 0.74                                      | 218                          | 104          | 36.46                                     | 108                          |
| 61           | 0.83                                      | 211                          | 105          | 38.26                                     | 108                          |
| 62           | 0.93                                      | 205                          | 106          | 40.18                                     | 107                          |
| 63           | 1.04                                      | 200                          | 107          | 42.22                                     | 107                          |
| 64           | 1.16                                      | 194                          | 108          | 44.39                                     | 107                          |
| 65           | 1.29                                      | 189                          | 109          | 46.69                                     | 106                          |
| 66           | 1.42                                      | 184                          | 110          | 49.13                                     | 106                          |
| 67           | 1.55                                      | 179                          | 111          | 51.73                                     | 106                          |
| 68           | 1.69                                      | 175                          | 112          | 54.48                                     | 105                          |
| 69           | 1.83                                      | 171                          | 113          | 57.41                                     | 105                          |
| 70           | 2.01                                      | 166                          | 114          | 60.51                                     | 105                          |
| 71           | 2.21                                      | 162                          | 115          | 63.81                                     | 105                          |
| 72           | 2.46                                      | 159                          | 116          | 67.30                                     | 104                          |
| 73           | 2.74                                      | 155                          | 117          | 71.00                                     | 104                          |
| 74           | 3.02                                      | 152                          | 118          | 74.94                                     | 104                          |
| 75           | 3.34                                      | 148                          | 119          | 79.10                                     | 104                          |
| 76           | 3.68                                      | 145                          | 120          | 83.33                                     | 104                          |
| 77           | 4.07                                      | 142                          | 121          | 83.33                                     | 104                          |
| 78           | 4.54                                      | 139                          |              |                                           |                              |

The **Minimum Insurance Percentages** are determined to comply with Section 7702 of the Internal Revenue Code.  
**Mortality Table:** 2001 Commissioners Standard Ordinary Ultimate Mortality Table,[Age at nearest birthday, Sex and Tobacco Distinct.]

**BASE FACE AMOUNT**  
**TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE**  
**RATES PER \$1000 OF NET AMOUNT AT RISK, and MINIMUM INSURANCE**  
**PERCENTAGES USING THE [GUIDELINE PREMIUM TEST]**

| Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage | Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage |
|--------------|-------------------------------------------|------------------------------|--------------|-------------------------------------------|------------------------------|
| 35           | 0.09                                      | 250                          | 79           | 5.07                                      | 105                          |
| 36           | 0.10                                      | 250                          | 80           | 5.66                                      | 105                          |
| 37           | 0.10                                      | 250                          | 81           | 6.32                                      | 105                          |
| 38           | 0.11                                      | 250                          | 82           | 7.01                                      | 105                          |
| 39           | 0.11                                      | 250                          | 83           | 7.76                                      | 105                          |
| 40           | 0.12                                      | 250                          | 84           | 8.58                                      | 105                          |
| 41           | 0.13                                      | 243                          | 85           | 9.51                                      | 105                          |
| 42           | 0.14                                      | 236                          | 86           | 10.53                                     | 105                          |
| 43           | 0.16                                      | 229                          | 87           | 11.65                                     | 105                          |
| 44           | 0.18                                      | 222                          | 88           | 12.84                                     | 105                          |
| 45           | 0.19                                      | 215                          | 89           | 14.10                                     | 105                          |
| 46           | 0.21                                      | 209                          | 90           | 15.42                                     | 105                          |
| 47           | 0.23                                      | 203                          | 91           | 16.66                                     | 104                          |
| 48           | 0.24                                      | 197                          | 92           | 17.95                                     | 103                          |
| 49           | 0.26                                      | 191                          | 93           | 19.32                                     | 102                          |
| 50           | 0.28                                      | 185                          | 94           | 20.75                                     | 101                          |
| 51           | 0.30                                      | 178                          | 95           | 22.27                                     | 100                          |
| 52           | 0.33                                      | 171                          | 96           | 23.65                                     | 100                          |
| 53           | 0.36                                      | 164                          | 97           | 25.12                                     | 100                          |
| 54           | 0.41                                      | 157                          | 98           | 26.70                                     | 100                          |
| 55           | 0.46                                      | 150                          | 99           | 28.38                                     | 100                          |
| 56           | 0.51                                      | 146                          | 100          | 30.18                                     | 100                          |
| 57           | 0.57                                      | 142                          | 101          | 31.60                                     | 100                          |
| 58           | 0.62                                      | 138                          | 102          | 33.12                                     | 100                          |
| 59           | 0.68                                      | 134                          | 103          | 34.74                                     | 100                          |
| 60           | 0.74                                      | 130                          | 104          | 36.46                                     | 100                          |
| 61           | 0.83                                      | 128                          | 105          | 38.26                                     | 100                          |
| 62           | 0.93                                      | 126                          | 106          | 40.18                                     | 100                          |
| 63           | 1.04                                      | 124                          | 107          | 42.22                                     | 100                          |
| 64           | 1.16                                      | 122                          | 108          | 44.39                                     | 100                          |
| 65           | 1.29                                      | 120                          | 109          | 46.69                                     | 100                          |
| 66           | 1.42                                      | 119                          | 110          | 49.13                                     | 100                          |
| 67           | 1.55                                      | 118                          | 111          | 51.73                                     | 100                          |
| 68           | 1.69                                      | 117                          | 112          | 54.48                                     | 100                          |
| 69           | 1.83                                      | 116                          | 113          | 57.41                                     | 100                          |
| 70           | 2.01                                      | 115                          | 114          | 60.51                                     | 100                          |
| 71           | 2.21                                      | 113                          | 115          | 63.81                                     | 100                          |
| 72           | 2.46                                      | 111                          | 116          | 67.30                                     | 100                          |
| 73           | 2.74                                      | 109                          | 117          | 71.00                                     | 100                          |
| 74           | 3.02                                      | 107                          | 118          | 74.94                                     | 100                          |
| 75           | 3.34                                      | 105                          | 119          | 79.10                                     | 100                          |
| 76           | 3.68                                      | 105                          | 120          | 83.33                                     | 100                          |
| 77           | 4.07                                      | 105                          | 121          | 83.33                                     | 100                          |
| 78           | 4.54                                      | 105                          |              |                                           |                              |

The **Minimum Insurance Percentages** are determined to comply with Section 7702 of the Internal Revenue Code.  
**Mortality Table:** 2001 Commissioners Standard Ordinary Ultimate Mortality Table, [Age at nearest birthday, Sex and Tobacco Distinct.]

**SUPPLEMENTAL FACE AMOUNT – IF SELECTED  
TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE  
RATES PER \$1000 OF NET AMOUNT AT RISK, and MINIMUM INSURANCE  
PERCENTAGES USING THE [CASH VALUE ACCUMULATION TEST]**

| Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage | Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage |
|--------------|-------------------------------------------|------------------------------|--------------|-------------------------------------------|------------------------------|
| 35           | 0.09                                      | 498                          | 79           | 5.17                                      | 137                          |
| 36           | 0.10                                      | 481                          | 80           | 5.77                                      | 134                          |
| 37           | 0.10                                      | 465                          | 81           | 6.45                                      | 132                          |
| 38           | 0.11                                      | 449                          | 82           | 7.15                                      | 130                          |
| 39           | 0.12                                      | 433                          | 83           | 7.91                                      | 128                          |
| 40           | 0.12                                      | 418                          | 84           | 8.76                                      | 126                          |
| 41           | 0.13                                      | 404                          | 85           | 9.70                                      | 124                          |
| 42           | 0.15                                      | 390                          | 86           | 10.74                                     | 123                          |
| 43           | 0.16                                      | 377                          | 87           | 11.88                                     | 121                          |
| 44           | 0.18                                      | 364                          | 88           | 13.10                                     | 120                          |
| 45           | 0.20                                      | 352                          | 89           | 14.39                                     | 118                          |
| 46           | 0.22                                      | 340                          | 90           | 15.73                                     | 117                          |
| 47           | 0.24                                      | 329                          | 91           | 16.99                                     | 116                          |
| 48           | 0.25                                      | 319                          | 92           | 18.31                                     | 115                          |
| 49           | 0.26                                      | 308                          | 93           | 19.70                                     | 114                          |
| 50           | 0.28                                      | 298                          | 94           | 21.17                                     | 114                          |
| 51           | 0.31                                      | 288                          | 95           | 22.71                                     | 113                          |
| 52           | 0.34                                      | 279                          | 96           | 24.12                                     | 112                          |
| 53           | 0.37                                      | 270                          | 97           | 25.63                                     | 112                          |
| 54           | 0.41                                      | 262                          | 98           | 27.23                                     | 111                          |
| 55           | 0.47                                      | 253                          | 99           | 28.95                                     | 110                          |
| 56           | 0.52                                      | 246                          | 100          | 30.78                                     | 110                          |
| 57           | 0.58                                      | 238                          |              |                                           |                              |
| 58           | 0.63                                      | 231                          |              |                                           |                              |
| 59           | 0.69                                      | 224                          |              |                                           |                              |
| 60           | 0.76                                      | 218                          |              |                                           |                              |
| 61           | 0.84                                      | 211                          |              |                                           |                              |
| 62           | 0.95                                      | 205                          |              |                                           |                              |
| 63           | 1.06                                      | 200                          |              |                                           |                              |
| 64           | 1.19                                      | 194                          |              |                                           |                              |
| 65           | 1.31                                      | 189                          |              |                                           |                              |
| 66           | 1.45                                      | 184                          |              |                                           |                              |
| 67           | 1.58                                      | 179                          |              |                                           |                              |
| 68           | 1.72                                      | 175                          |              |                                           |                              |
| 69           | 1.87                                      | 171                          |              |                                           |                              |
| 70           | 2.05                                      | 166                          |              |                                           |                              |
| 71           | 2.25                                      | 162                          |              |                                           |                              |
| 72           | 2.51                                      | 159                          |              |                                           |                              |
| 73           | 2.79                                      | 155                          |              |                                           |                              |
| 74           | 3.08                                      | 152                          |              |                                           |                              |
| 75           | 3.40                                      | 148                          |              |                                           |                              |
| 76           | 3.75                                      | 145                          |              |                                           |                              |
| 77           | 4.16                                      | 142                          |              |                                           |                              |
| 78           | 4.63                                      | 139                          |              |                                           |                              |

The **Minimum Insurance Percentages** are determined to comply with Section 7702 of the Internal Revenue Code.  
**Mortality Table:** 2001 Commissioners Standard Ordinary Ultimate Mortality Table,[Age at nearest birthday, Sex and Tobacco Distinct.]

**SUPPLEMENTAL FACE AMOUNT – IF SELECTED**

**TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE  
RATES PER \$1000 OF NET AMOUNT AT RISK, and MINIMUM INSURANCE  
PERCENTAGES USING THE [GUIDELINE PREMIUM TEST]**

| Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage | Attained Age | Monthly Guaranteed Cost of Insurance Rate | Minimum Insurance Percentage |
|--------------|-------------------------------------------|------------------------------|--------------|-------------------------------------------|------------------------------|
| 35           | 0.09                                      | 250                          | 79           | 5.17                                      | 105                          |
| 36           | 0.10                                      | 250                          | 80           | 5.77                                      | 105                          |
| 37           | 0.10                                      | 250                          | 81           | 6.45                                      | 105                          |
| 38           | 0.11                                      | 250                          | 82           | 7.15                                      | 105                          |
| 39           | 0.12                                      | 250                          | 83           | 7.91                                      | 105                          |
| 40           | 0.12                                      | 250                          | 84           | 8.76                                      | 105                          |
| 41           | 0.13                                      | 243                          | 85           | 9.70                                      | 105                          |
| 42           | 0.15                                      | 236                          | 86           | 10.74                                     | 105                          |
| 43           | 0.16                                      | 229                          | 87           | 11.88                                     | 105                          |
| 44           | 0.18                                      | 222                          | 88           | 13.10                                     | 105                          |
| 45           | 0.20                                      | 215                          | 89           | 14.39                                     | 105                          |
| 46           | 0.22                                      | 209                          | 90           | 15.73                                     | 105                          |
| 47           | 0.24                                      | 203                          | 91           | 16.99                                     | 104                          |
| 48           | 0.25                                      | 197                          | 92           | 18.31                                     | 103                          |
| 49           | 0.26                                      | 191                          | 93           | 19.70                                     | 102                          |
| 50           | 0.28                                      | 185                          | 94           | 21.17                                     | 101                          |
| 51           | 0.31                                      | 178                          | 95           | 22.71                                     | 100                          |
| 52           | 0.34                                      | 171                          | 96           | 24.12                                     | 100                          |
| 53           | 0.37                                      | 164                          | 97           | 25.63                                     | 100                          |
| 54           | 0.41                                      | 157                          | 98           | 27.23                                     | 100                          |
| 55           | 0.47                                      | 150                          | 99           | 28.95                                     | 100                          |
| 56           | 0.52                                      | 146                          | 100          | 30.78                                     | 100                          |
| 57           | 0.58                                      | 142                          |              |                                           |                              |
| 58           | 0.63                                      | 138                          |              |                                           |                              |
| 59           | 0.69                                      | 134                          |              |                                           |                              |
| 60           | 0.76                                      | 130                          |              |                                           |                              |
| 61           | 0.84                                      | 128                          |              |                                           |                              |
| 62           | 0.95                                      | 126                          |              |                                           |                              |
| 63           | 1.06                                      | 124                          |              |                                           |                              |
| 64           | 1.19                                      | 122                          |              |                                           |                              |
| 65           | 1.31                                      | 120                          |              |                                           |                              |
| 66           | 1.45                                      | 119                          |              |                                           |                              |
| 67           | 1.58                                      | 118                          |              |                                           |                              |
| 68           | 1.72                                      | 117                          |              |                                           |                              |
| 69           | 1.87                                      | 116                          |              |                                           |                              |
| 70           | 2.05                                      | 115                          |              |                                           |                              |
| 71           | 2.25                                      | 113                          |              |                                           |                              |
| 72           | 2.51                                      | 111                          |              |                                           |                              |
| 73           | 2.79                                      | 109                          |              |                                           |                              |
| 74           | 3.08                                      | 107                          |              |                                           |                              |
| 75           | 3.40                                      | 105                          |              |                                           |                              |
| 76           | 3.75                                      | 105                          |              |                                           |                              |
| 77           | 4.16                                      | 105                          |              |                                           |                              |
| 78           | 4.63                                      | 105                          |              |                                           |                              |

The **Minimum Insurance Percentages** are determined to comply with Section 7702 of the Internal Revenue Code.  
**Mortality Table:** 2001 Commissioners Standard Ordinary Ultimate Mortality Table,[Age at nearest birthday, Sex and Tobacco Distinct.]

|                                               |
|-----------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                   |
| <b>LR-211 ACCELERATED DEATH BENEFIT RIDER</b> |

|                                 |                         |
|---------------------------------|-------------------------|
| <b>POLICY NUMBER:</b>           | [123456789]             |
| <b>POLICY DATE:</b>             | [JAN. 1, 2009]          |
| <b>INSURED:</b>                 | [JOHN A. DOE]           |
| <b>RIDER ISSUE AGE AND SEX:</b> | [35] [MALE]             |
| <b>PREMIUM CLASS:</b>           | [STANDARD, NON-TOBACCO] |
| <b>RIDER CHARGE:</b>            | \$0.00 per month        |
| <b>EXPIRY DATE:</b>             | UPON POLICY TERMINATION |

|                                               |
|-----------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                   |
| <b>LR-206 CHILDREN'S TERM INSURANCE RIDER</b> |

**POLICY NUMBER:** [123456789]  
**POLICY DATE:** [JAN. 1, 2009]  
**INSURED:** [JOHN A. DOE]  
**INSURED CHILD:** [LISTED ON APPLICATION OR AS ADDED  
AFTER ISSUE]  
**AMOUNT OF INSURANCE:** [5 UNITS] PER INSURED CHILD  
[\$5,000] on or after 6 months of age  
[\$2,500] under 6 months of age  
**RIDER CHARGE:** [\$ 2.60 PER MONTH]  
**EXPIRY DATE:** Policy Anniversary following the earliest of:  
Insured's Attained Age 65 or Insured Child's 22<sup>nd</sup> birthday

|                                                         |
|---------------------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                             |
| <b>LR-210      GUARANTEED INSURABILITY OPTION RIDER</b> |

|                                                           |                         |
|-----------------------------------------------------------|-------------------------|
| <b>POLICY NUMBER:</b>                                     | [123456789]             |
| <b>POLICY DATE:</b>                                       | [JAN. 1, 2009]          |
| <b>INSURED:</b>                                           | [JOHN A. DOE]           |
| <b>RIDER ISSUE AGE AND SEX:</b>                           | [35] [MALE]             |
| <b>PREMIUM CLASS:</b>                                     | [STANDARD, NON-TOBACCO] |
| <b>MAXIMUM AMOUNT OF INCREASE<br/>ON ANY OPTION DATE:</b> | [\$20,000]              |
| <b>TOTAL AMOUNT OF INCREASES:</b>                         | [\$100,000]             |
| <b>RIDER CHARGE:</b>                                      | [\$16.80 PER MONTH]     |
| <b>EXPIRY DATE:</b>                                       | [7/1/2016]              |

|                                                      |
|------------------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                          |
| <b>LR-212(AR) OTHER INSURED TERM INSURANCE RIDER</b> |

**POLICY NUMBER:** [123456789]  
**POLICY DATE:** [JAN. 1, 2009]  
**INSURED:** [COOKIE DOE]  
**OTHER INSURED ISSUE AGE AND SEX:** [35] [FEMALE]  
**PREMIUM CLASS:** [STANDARD, NON-TOBACCO]  
**AMOUNT OF INSURANCE:** [\$100,000]  
**CONVERSION PERIOD:** [TO 1/1/2042]  
**EXPIRY DATE:** Earliest of: Age 95 of Other Insured or upon death of Insured.

**OTHER INSURED TERM INSURANCE RIDER**  
 Table of Monthly Guaranteed Cost of Insurance Rates  
 Per \$1000 of Net Amount at Risk

| Attained Age | Monthly Guaranteed Cost of Insurance Rate | Attained Age | Monthly Guaranteed Cost of Insurance Rate |
|--------------|-------------------------------------------|--------------|-------------------------------------------|
| [35]         | .0779                                     | 66           | 1.0491                                    |
| 36           | .0831                                     | 67           | 1.1393                                    |
| 37           | .0901                                     | 68           | 1.2399                                    |
| 38           | .0936                                     | 69           | 1.3501                                    |
| 39           | .0989                                     | 70           | 1.4718                                    |
| 40           | .1050                                     | 71           | 1.6118                                    |
| 41           | .1111                                     | 72           | 1.7684                                    |
| 42           | .1181                                     | 73           | 1.9381                                    |
| 43           | .1269                                     | 74           | 2.1245                                    |
| 44           | .1374                                     | 75           | 2.3310                                    |
| 45           | .1496                                     | 76           | 2.5576                                    |
| 46           | .1636                                     | 77           | 2.8070                                    |
| 47           | .1811                                     | 78           | 3.0826                                    |
| 48           | .2004                                     | 79           | 3.3801                                    |
| 49           | .2214                                     | 80           | 3.7126                                    |
| 50           | .2459                                     | 81           | 4.1641                                    |
| 51           | .2730                                     | 82           | 4.6734                                    |
| 52           | .3036                                     | 83           | 5.1809                                    |
| 53           | .3369                                     | 84           | 5.7417                                    |
| 54           | .3719                                     | 85           | 6.3735                                    |
| 55           | .4095                                     | 86           | 6.9466                                    |
| 56           | .4533                                     | 87           | 7.8094                                    |
| 57           | .4988                                     | 88           | 8.7106                                    |
| 58           | .5478                                     | 89           | 9.6714                                    |
| 59           | .5967                                     | 90           | 10.5569                                   |
| 60           | .6475                                     | 91           | 11.0049                                   |
| 61           | .7026                                     | 92           | 11.8860                                   |
| 62           | .7630                                     | 93           | 13.1933                                   |
| 63           | .8251                                     | 94           | 14.8435                                   |
| 64           | .8925                                     | 95           | 16.8805]                                  |
| 65           | .9669                                     |              |                                           |

|                                                  |
|--------------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                      |
| <b>LR-208 WAIVER OF MONTHLY DEDUCTIONS RIDER</b> |

**POLICY NUMBER:** [123456789]  
**INSURED:** [JOHN A. DOE]  
**POLICY DATE:** [JAN. 1, 2009]  
**RIDER ISSUE AGE AND SEX:** [35] [MALE]  
**DISABILITY BENEFIT CLASS:** [STANDARD, NON-TOBACCO]  
**COVERAGE PERIOD:** POLICY ANNIVERSARY NEAREST ATTAINED AGE 65

**WAIVER OF MONTHLY DEDUCTIONS DISABILITY TABLE**

Monthly Cost Factors  
 To be applied to the Monthly Deductions

| Insured's<br>Attained Age | Monthly<br>Cost Factor | Insured's<br>Attained Age | Monthly<br>Cost Factor | Insured's<br>Attained Age | Monthly<br>Cost Factor |
|---------------------------|------------------------|---------------------------|------------------------|---------------------------|------------------------|
| [0-15                     | .0623                  | 32                        | .0687                  | 49                        | .0927                  |
| 16                        | .0624                  | 33                        | .0693                  | 50                        | .0984                  |
| 17                        | .0626                  | 34                        | .0699                  | 51                        | .1065                  |
| 18                        | .0629                  | 35                        | .0704                  | 52                        | .1165                  |
| 19                        | .0632                  | 36                        | .0709                  | 53                        | .1280                  |
| 20                        | .0635                  | 37                        | .0715                  | 54                        | .1401                  |
| 21                        | .0639                  | 38                        | .0722                  | 55                        | .1523                  |
| 22                        | .0643                  | 39                        | .0731                  | 56                        | .1640                  |
| 23                        | .0648                  | 40                        | .0743                  | 57                        | .1752                  |
| 24                        | .0652                  | 41                        | .0759                  | 58                        | .1856                  |
| 25                        | .0656                  | 42                        | .0779                  | 59                        | .1948                  |
| 26                        | .0661                  | 43                        | .0801                  | 60                        | .0953                  |
| 27                        | .0665                  | 44                        | .0823                  | 61                        | .0851                  |
| 28                        | .0669                  | 45                        | .0843                  | 62                        | .0710                  |
| 29                        | .0673                  | 46                        | .0858                  | 63                        | .0505                  |
| 30                        | .0677                  | 47                        | .0872                  | 64                        | .0218]                 |
| 31                        | .0682                  | 48                        | .0893                  |                           |                        |

|                                                       |
|-------------------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                           |
| <b>LR-209      CREDIT OF PREMIUM DISABILITY RIDER</b> |

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| <b>POLICY NUMBER:</b>           | [123456789]                                |
| <b>POLICY DATE:</b>             | [JAN. 1, 2009]                             |
| <b>INSURED:</b>                 | [JOHN A. DOE]                              |
| <b>RIDER ISSUE AGE AND SEX:</b> | [35] [MALE]                                |
| <b>PREMIUM CLASS:</b>           | [STANDARD NON-TOBACCO]                     |
| <b>BENEFIT AMOUNT:</b>          | [\$100.00 PER MONTH]                       |
| <b>RIDER CHARGE:</b>            | [\$3.20 PER MONTH]                         |
| <b>COVERAGE PERIOD:</b>         | POLICY ANNIVERSARY NEAREST ATTAINED AGE 65 |

|               |                                    |
|---------------|------------------------------------|
| <b>LR-205</b> | <b>RIDER SPECIFICATIONS</b>        |
|               | <b>EXTENDED NO-LAPSE GUARANTEE</b> |

**POLICY NUMBER:** [123456789]  
**POLICY DATE:** [JAN. 1, 2009]  
**INSURED:** [JOHN A. DOE]  
**RIDER ISSUE AGE AND SEX:** [35] [MALE]  
**PREMIUM CLASS:** [STANDARD NON-TOBACCO]  
**EXTENDED NO-LAPSE GUARANTEE PERIOD:** [Lesser of 20 years and attained age 75, with a minimum of 10 years from policy issue]  
**RIDER CHARGE:** [\$2.00 PER MONTH]  
**REQUIRED PREMIUM:** [\$71.65]  
**EXPIRY DATE:** The earliest of the expiration of the guarantee period or policy termination

|                                              |
|----------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                  |
| <b>LR-202      OVERLOAN PROTECTION RIDER</b> |

|                                                      |                                                 |
|------------------------------------------------------|-------------------------------------------------|
| <b>POLICY NUMBER:</b>                                | [123456789]                                     |
| <b>POLICY DATE:</b>                                  | [JAN. 1, 2009]                                  |
| <b>INSURED:</b>                                      | [JOHN A. DOE]                                   |
| <b>RIDER ISSUE AGE AND SEX:</b>                      | [35] [MALE]                                     |
| <b>PREMIUM CLASS:</b>                                | [STANDARD NON-TOBACCO]                          |
| <b>MINIMUM LOAN<br/>INDEBTEDNESS<br/>PERCENTAGE:</b> | [94.0%]                                         |
| <b>RIDER CHARGE:</b>                                 | No charge until rider is exercised.             |
| <b>OVERLOAN PROTECTON<br/>RIDER PERCENTAGE:</b>      | [4.0%]                                          |
| <b>EXPIRY DATE:</b>                                  | The earlier of Policy Termination or<br>Age 121 |

|               |                             |
|---------------|-----------------------------|
| <b>LR-204</b> | <b>RIDER SPECIFICATIONS</b> |
|               | <b>CHANGE OF INSURED</b>    |

**POLICY NUMBER:** [123456789]  
**POLICY DATE:** [JAN. 1, 2009]  
**EFFECTIVE DATE OF CHANGE:** On the Monthiversary following our approval  
**RIDER CHARGE:** \$0.00 per month  
**EXPIRY DATE:** UPON POLICY TERMINATION

|                                                                            |
|----------------------------------------------------------------------------|
| <b>RIDER SPECIFICATIONS</b><br><b>LR-201      ACCOUNTING BENEFIT RIDER</b> |
|----------------------------------------------------------------------------|

**POLICY NUMBER:** [123456789]  
**POLICY DATE:** [JAN. 1, 2009]  
**INSURED:** [JOHN A. DOE]  
**RIDER ISSUE AGE AND SEX:** [35] [MALE]  
**PREMIUM CLASS:** [STANDARD NON-TOBACCO]  
**EXPIRY DATE:** Earlier of the end of surrender charge period or termination of the policy

**ACCOUNTING BENEFIT SURRENDER CHARGE WAIVER PERCENTAGES:**

| Policy Year      | Surrender Charge Waiver Percentage |
|------------------|------------------------------------|
| 1                | [90%                               |
| 2                | 80%                                |
| 3                | 60%                                |
| 4                | 40%                                |
| 5                | 20%]                               |
| 6 and thereafter | 0%                                 |

|                                        |
|----------------------------------------|
| <b>RIDER SPECIFICATIONS</b>            |
| <b>LR-213 AVIATION EXCLUSION RIDER</b> |

|                                 |                                |
|---------------------------------|--------------------------------|
| <b>POLICY NUMBER:</b>           | [123456789]                    |
| <b>POLICY DATE:</b>             | [JAN. 1, 2009]                 |
| <b>INSURED:</b>                 | [JOHN A. DOE]                  |
| <b>RIDER ISSUE AGE AND SEX:</b> | [35] [MALE]                    |
| <b>PREMIUM CLASS:</b>           | [STANDARD NON-TOBACCO]         |
| <b>RIDER CHARGE:</b>            | \$0.00                         |
| <b>EXPIRY DATE:</b>             | UPON TERMINATION OF THE POLICY |

|                                                  |
|--------------------------------------------------|
| <b>RIDER SPECIFICATIONS</b>                      |
| <b>LR-214      PREMIUM DEPOSIT ACCOUNT RIDER</b> |

|                                 |                                |
|---------------------------------|--------------------------------|
| <b>POLICY NUMBER:</b>           | [123456789]                    |
| <b>POLICY DATE:</b>             | [JAN. 1, 2009]                 |
| <b>INSURED:</b>                 | [JOHN A. DOE]                  |
| <b>RIDER ISSUE AGE AND SEX:</b> | [35] [MALE]                    |
| <b>RIDER CHARGE:</b>            | \$0.00                         |
| <b>EXPIRY DATE:</b>             | UPON TERMINATION OF THE POLICY |

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## *Section 2. Definitions*

**Account Value** - The retrospective accumulation of Net Premiums, reduced by the Monthly Deductions and Partial Surrenders. It is the sum of your values in the Fixed Account, the Variable Account, and the Loan Account. Details are in the Policy Values section.

**Age** - The Insured's nearest Age as of the Policy Date, as shown on the Policy Data Page

**Attained Age** – The Insured's Age increased by one (1) for each complete Policy Year.

**Base Face Amount** – The Base Face Amount of insurance shown on the Policy Data Page, or as subsequently changed.

**Cash Value** - The Account Value less any Surrender Charges.

**Cash Surrender Value** - The Cash Value reduced by any indebtedness.

**Death Benefit Discount Factor** - The factor used in determination of the Net Amount At Risk as described in the Policy Charges provisions.  $\text{Death Benefit Discount Factor} = (1 + \text{Death Benefit Discount})^{(1/12)}$ . The Death Benefit Discount is shown on the Policy Data Page.

**Fixed Account** - Is an account which is part of our General Account, and is not part of or dependent on the investment performance of the Variable Account.

**Home Office** - AUL's Home Office as shown on the Policy Data Page or any other office as may be designated by the Board of Directors.

**Insured** - The person you name whose life is covered by this policy. If the insured dies while this policy is in force, then the Death Benefit proceeds become payable.

**Investment Accounts** - One or more of the subdivisions of the Separate Account. Each Investment Account is invested in a different fund Portfolio.

**Issue Date** - As shown on the Policy Data Page.

**Minimum Insurance Percentage** - The minimum percentage of Account Value required to qualify as a life insurance policy under the Internal Revenue Code. A table of these percentages is on the Policy Data Page.

**Modified Endowment Contract** - A classification of policies determined under the Internal Revenue Code which affects the tax status of distributions from the policy.

**Monthiversary** - The same date of each month as the Policy Date. If the Policy Date is the 29th, 30th or 31st of a calendar month, then for any calendar month that has fewer days, the Monthiversary will be the last day of such calendar month. If a Monthiversary falls on a day which is not a Valuation Date, the processing of the Monthiversary will be the next Valuation Date.

**Net Accumulated Premiums** - The amount of premiums less Partial Surrenders, which is utilized in calculating the Death Benefit under Option 3.

**Net Amount At Risk** - The amount used to determine Cost of Insurance charge. Refer to the Policy Charges section of your policy.

**Net Premium** - The total premium paid reduced by the Premium Expense Charges shown on the Policy Data Page.

**No-Lapse Guarantee Period** - The period shown on the Policy Data Page during which the No-Lapse Guarantee is in effect as detailed in the No-Lapse Guarantee provision.

**Owner(s)** – The Owner(s) named in the application, unless changed in accordance with the policy provisions.

**Partial Surrender** - A withdrawal of a portion of the Account Value.

**Planned Premium** - The amount we will bill you or, in the case of our automatic premium plan, the amount we will deduct from the account selected by you.

**Policy Anniversary** - The same date each year as the Policy Date.

**Policy Data Page** - The Policy Data Page or the Supplemental Policy Data Page most recently sent to you by us.

**Policy Date** - The date from which Monthiversaries, Policy Years, and Policy Anniversaries are measured, as shown on the Policy Data Page. Suicide and Incontestability periods are measured from the Policy Date.

**Policy Year** - One year from the Policy Date and from each Policy Anniversary thereafter.

**Premium Mode** - The frequency of the Planned Premium as shown on the Policy Data Page or as subsequently changed by you.

**Portfolio** - The separate investment fund in which the Separate Account invests.

**Proper Notice** - Notice that is received at our Home Office in a form acceptable to us.

**Reduction Free Partial Surrender Amount** - The amount which may be withdrawn without a reduction in Total Face Amount. Refer to the Surrender section of your policy.

**Required Premium for the No-Lapse Guarantee** - The current monthly premium that must be paid on a cumulative basis to keep this policy in force during the No-Lapse Guarantee.

**Separate Account** - The Separate Account of AUL identified on the Policy Data Page. The Separate Account is segregated into several Investment Accounts.

**Supplemental Face Amount** – The Supplemental Face Amount of insurance shown on the Policy Data Page, or as subsequently changed. Any Supplemental Face Amount will expire on the Policy Anniversary the Insured attains the Age 100, according to Section 9 of the policy.

**Total Face Amount** - The sum of the Base Face Amount and the Supplemental Face Amount.

**Valuation Date** - The dates on which the Investment Accounts are valued. A Valuation Date is any date on

which the New York Stock Exchange, or its successor is open for trading and we are open for business.

**Valuation Period** - A Valuation Period begins at the close of one Valuation Date and ends at the close of the next succeeding Valuation Date.

**Variable Account** -The Account Value of this policy which is invested in one or more Investment Accounts.

**We** - "We", "us" or "our" means AUL.

**You** - "You" or "your" means the Owner of this policy.

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### ***Section 3. Benefits Available Under the Policy***

This policy has a Death Benefit, a surrender benefit, and a loan provision. The terms of these benefits are described in the policy.

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### ***Section 4. General Provisions***

**Entire Contract** - The entire contract consists of:

1. The basic policy;
2. Riders and endorsements, if any;
3. The attached copy of your application.

We will require supplemental applications as applicable for adjustments to this policy subsequent to the Policy Date. These applications will be endorsed upon the policy, and will be considered part of the entire contract.

This policy is issued in consideration of the application and payment of the initial premium.

Any change in this policy must be approved by AUL's President, Vice President or Secretary. No Representative is authorized to change or waive any policy provision.

**Reliances** - All statements made in the application for the issuance or reinstatement of this policy, in the absence of fraud, are deemed representations and not warranties. No statement will void this policy or be used in defense of a claim unless contained in the application. We are not liable for a request made in accordance with your instructions.

**Incontestability** - In the absence of fraud, we will not contest this policy after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date. For increases in the either the Base Face Amount and/or Supplemental Face Amount, we will not contest the increase for two (2) years from the effective date of the increase. If you did not request the Base Face Amount and/or Supplemental Face Amount increase or if evidence of insurability was not required, we will not contest the increase. After two (2) years we may contest this policy for non-payment of premium or fraudulent misstatements as allowed by the law of the state in which this policy was delivered or issued for delivery. If this policy is reinstated, the

incontestable period will start over again beginning on the effective date of the reinstatement, but only for statements made in the application for reinstatement, unless the original contestable period has not expired.

**Juvenile Insureds -tobacco/non-tobacco mortality tables** - We will use the composite mortality table for juvenile insureds. We will reclassify the Insured to a standard non-tobacco premium class upon the Insured reaching the Attained Age of 16.

**Suicide** - If the Insured commits suicide, while sane or insane, within two (2) years from the Policy Date we will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any outstanding loan balance, unpaid loan interest, dividends paid if applicable, and any Partial Surrenders.

If the Insured commits suicide, while sane or insane, within two (2) years from the effective date of any increase in either the Base Face Amount and/or Supplemental Face Amount that was subject to evidence of insurability, we will not pay a Death Benefit on that increase. We will refund the Monthly Deductions for that increase. Refer to the Policy Charges section of your policy for an explanation of Monthly Deductions.

**Misstatement of Age or Sex** - If the Insured's Age or sex has been misstated, we will adjust the Death Benefit to the amount that would have been purchased at the correct Age or sex. In consideration of the most recent Cost of Insurance rate, the Net Amount At Risk will be adjusted by the ratio of the incorrect Cost of Insurance rate to the correct Cost of Insurance rate. We will not make any retrospective recalculations to the Account Value. We may adjust future months' deductions so as to reflect the corrected Age and sex.

Coverage may not be terminated if the correct Age is outside the issue Ages for this policy. The Cost of Insurance rate and benefits will be adjusted using the correct Age.

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## *Section 5. Owner And Beneficiary*

**Ownership** - You have all rights in this policy while the Insured is living. Your rights are subject to the interests of any assignee or irrevocable beneficiary. If you die before the Insured, any contingent Owner named in the application will be the new Owner. If there is no contingent Owner, then your estate becomes the new Owner.

**Assignment** - You may assign this policy with Proper Notice to us. Your rights and the rights of any beneficiary will be secondary to the rights of the assignee. An assignment will be subject to any loan on this policy. If there are any irrevocable beneficiaries, you must obtain their consent before assigning your policy. We assume no responsibility for the validity of an assignment. Unless otherwise specified by the Owner, the assignment will take effect on the date the notice is signed by the Owner, subject to any payments made or other action taken prior to our receipt of this notice.

**Beneficiary** - The beneficiary will receive the Death Benefit proceeds of this policy upon the Insured's death. Beneficiaries are as named in the application unless later changed by you. You can name more than one beneficiary.

The interests of a beneficiary who dies before the Insured will pass to any surviving named beneficiaries unless you specify otherwise. If no beneficiary survives the Insured, you will be the beneficiary, or your estate will be the beneficiary if you are the Insured.

**Change of Owner or Beneficiary** - While the Insured is living, you may transfer ownership or change the beneficiary of this policy by giving Proper Notice to us. Unless otherwise specified by the Owner, a change will take effect on the date the notice is signed by the Owner. The change will not apply to any payments made or actions taken by us before we receive the notice. An irrevocable beneficiary may be changed only with the written consent of that beneficiary.

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## ***Section 6. Life Insurance Qualification***

It is intended that this policy be considered as life insurance for federal income tax purposes, notwithstanding any other provision of the policy to the contrary, in order to comply with Section 7702 of the Internal Revenue Code of 1986, or any other equivalent section of the Code.

We may make any reasonable adjustments to the conditions or terms of this policy if necessary to allow it to continue to qualify as life insurance. This provision is not a guarantee that this policy will receive tax treatment as life insurance. Additionally it does not guarantee that the tax treatment of life insurance will never change by the future actions of any tax authority. In order to ensure that this policy qualifies as life insurance, one of the tests described below will be applied to the policy. The Policy Data Page lists the test you selected.

**If you did not select the test, the default test is the Guideline Premium Test.** The test selected **CANNOT** be changed after the Policy Date.

**Guideline Premium Test** - If at any time the premiums received exceed the amount allowable for tax qualification, the excess amount may be removed from the policy as of the date of its payment, together with interest and/or investment experience thereon from such date, and any appropriate adjustment in the Death Benefit shall be made as of such date. This excess amount shall be refunded within 60 days after the end of the applicable Policy Year. If this excess amount is not refunded within 60 days, the Total Face Amount under the policy shall be increased retroactively so that at no time is the Death Benefit ever less than the amount needed to ensure or maintain tax qualification. However, we will not refuse to accept any premium necessary to continue coverage but only if such premium would result in a zero Cash Value at the end of the Policy Year. Additionally, the minimum Death Benefit must be maintained.

**Cash Value Accumulation Test** - The minimum Death Benefit must be maintained. We may modify the Minimum Insurance Percentage shown on the Policy Data Page, retroactively if needed, to ensure or maintain qualification of this policy as a life insurance contract for federal income tax purposes, not withstanding any other provision of this policy to the contrary.

**Policy Changes Effect on Life Insurance Qualification Tests** - Policy changes, such as a change in Death Benefit Option, Total Face Amount, or certain other policy changes, will frequently change the policy's limits under the selected Life Insurance Qualification Test. If any requested change would cause the policy to fail to qualify as life insurance for tax purposes we may refuse or limit the request.

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## *Section 7. Death Benefit*

**Death Benefit** - The Death Benefit is the amount of basic policy benefit that we pay to the beneficiary when we receive due proof that the Insured died while this policy was in force. Proof will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information, and proof of the beneficiary's interest in the Death Benefit proceeds in a form acceptable to us. Coverage under this policy is effective on the later the initial premium is paid or the Policy Date.

The Death Benefit Proceeds are:

1. The Death Benefit provided by the Death Benefit Option (Death Benefit Options are described below) in effect as of the end of the Valuation Period during which death occurs; plus
2. Any benefits provided by rider payable at the Insured's death; and
3. Any unpaid dividends if applicable; less
4. Any outstanding loan and loan interest as of the date of death.

If the Insured dies during the Grace Period, the Death Benefit paid on death will be equal to:

1. The Death Benefit provided by the Death Benefit Option in effect immediately prior to the start of the Grace Period; plus
2. Any benefits provided by rider payable at the Insured's death; less
3. Any outstanding loan and loan interest as of the date of death; less
4. The lesser of the overdue Monthly Deductions or the shortfall in total required premiums to maintain the No-Lapse Guarantee as of the start of the Grace Period.

**Death Benefit Payment Options-** The Death Benefit proceeds may be paid in a lump sum, under a Settlement Option as set forth in the Settlement Options section, or in any other way agreeable to you and us. Before the Insured dies, you may choose how the Death Benefit proceeds are to be paid. If you have not made a choice before the Insured dies, the beneficiary may choose how the Death Benefit proceeds are paid. When part or all of the Death Benefit proceeds are paid in a lump sum, we will include interest from the date of death to the payment date. Interest will accrue:

1. At the rate or rates applicable to the policy funds left on deposit, as of the date of death;
2. At the rate listed in Item 1. above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of items a., b., and c. below to the date the claim is paid:
  - a. The date the due proof of death is received by us;
  - b. The date we receive sufficient information to determine our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
  - c. The date legal impediments to payment of proceeds that depend upon the action of parties other than us are resolved and sufficient evidence of the same is provided by us. Legal impediments to payment include, but are not limited to:
    1. The establishment of guardianships and conservatorships;
    2. The appointment and qualification of trustees, executors and administrators; and
    3. The submission of information required to satisfy state and federal reporting requirements.

### **Death Benefit Options**

**Option 1** - The Death Benefit is equal to the greater of:

1. The Total Face Amount; or
2. The Account Value multiplied by the appropriate percentage from the Table of Minimum Insurance Percentages on the Policy Data Page.

**Option 2** - The Death Benefit is equal to the greater of:

1. The Total Face Amount plus the Account Value; or
2. The Account Value multiplied by the appropriate percentage from the Table of Minimum Insurance Percentages on the Policy Data Page.

**Option 3** - The Death Benefit is equal to the greater of:

1. The Total Face Amount plus Net Accumulated Premiums; or
2. The Account Value multiplied by the appropriate percentage from the Table of Minimum Insurance Percentages on the Policy Data Page.

Net Accumulated Premiums are continuously calculated based on the following steps:

1. It has an initial value equal to the Initial Premium;
2. It is increased by the amount of each subsequent premium;
3. It is decreased by each Partial Surrender but not to less than zero.

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## ***Section 8. Policy Changes***

You may make the following changes to this policy, as long as the policy is not in the Grace Period. We reserve the right, however, to not accept any change which might disqualify this policy as life insurance under federal tax law. Our acceptance of any of your changes does not imply there will be no effect on the qualification of your policy as life insurance as a result of your changes.

The policy will be amended or endorsed to reflect the adjustment and its effect upon policy benefits, Required Premium for the No-Lapse Guarantee, Face Amount Charges, Surrender Charges and/or Cost of Insurance rates, if applicable, and any other applicable charges.

**Increase the Face Amount of Insurance** - You may request an increase of the Base Face Amount and/or the Supplemental Face Amount at any time after the date specified on the Policy Data Page, by providing a proper written application and evidence of insurability satisfactory to us. The amount of the increase must be at least equal to the minimum amount shown on the Policy Data Page, and is subject to our underwriting limits. An increase in the Base Face Amount will generate its own Face Amount Charge and Surrender Charge schedule. If the policy is within the No-Lapse Guarantee Period, the Required Premium for No-Lapse Guarantee will increase.

The effective date of the increase will be the Monthiversary date following our approval of the increase.

**Decrease the Face Amount of Insurance** - You may request a decrease of the Total Face Amount by Proper Notice at any time after the date specified on the Policy Data Page. The minimum amount of any decrease is shown on the Policy Data Page. You may not make a decrease which reduces the Base Face Amount of the policy below the minimum amount shown on the Policy Data Page.

A decrease of the Total Face Amount will be effective on the Monthiversary following our receipt of Proper Notice. If you have made any increases to the policy, the decrease will first be applied to reduce those increases, starting with the most recent increase. When Supplemental Face Amount is added at Issue or as part of an increase it is assumed to have been added after any Base Face Amount which was effective on that same date. Therefore, decreases will reduce Supplemental Face Amount before reducing Base Face Amount which was issued on the same date. The decrease will not cause a decrease in the Required Premium for No- Lapse Guarantee, the Face Amount Charge or the Surrender Charges.

**Changing the Death Benefit Option** - You may request the following changes in the Death Benefit Option by Proper Notice at any time after the date specified on the Policy Data Page. Changes from Option 1 to Option 3 and from Option 2 to Option 3 are not allowed.

Option 2 to 1

If you request a change from Option 2 to Option 1, the Total Face Amount will be increased by the amount of the Account Value on the date of change. The change will be effective on the Monthiversary following our receipt of Proper Notice.

Option 1 to 2

If you request a change from Option 1 to Option 2, the Total Face Amount will be decreased by the amount of the Account Value on the date of change. We may require satisfactory evidence of insurability. The change will be effective on the Monthiversary following our approval of the change. We will not permit a change which would decrease the Base Face Amount below the minimum amount shown on the Policy Data Page.

Option 3 to 1

If you request a change from Option 3 to Option 1, the Total Face Amount will be increased by the amount of the Net Accumulated Premiums on the date of change. The change will be effective on the Monthiversary following our receipt of Proper Notice.

Option 3 to 2

If you request a change from Option 3 to Option 2, the Total Face Amount may be increased or decreased. If the Account Value is greater than the Net Accumulated Premiums, the Total Face Amount will be decreased by the difference between the Account Value and the Net Accumulated Premiums on the date of change. If the Account Value is less than the Net Accumulated Premiums the Total Face Amount will be increased by the difference between the Account Value and the Net Accumulated Premiums on the date of change. We may require satisfactory evidence of insurability.

The change will be effective on the Monthiversary following our approval of the change. We will not permit a change which would decrease the Base Face Amount below the minimum amount shown on the Policy Data Page.

When changing a Death Benefit Option results in an increase in Total Face Amount, the initial Base Face Amount will be increased by the amount of the increase to the Total Face Amount. When changing a Death Benefit Option results in a decrease in Total Face Amount, the decrease will be applied to the Total Face Amount as if a decrease had been requested.

Changing a Death Benefit Option does not change the Face Amount Charges or the Surrender Charges. We may increase the Required Premium for No-Lapse Guarantee. We will notify you of this requirement.

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## ***Section 9. Supplemental Face Amount at Age 100***

On the Policy Anniversary the Insured reaches the Attained Age of 100, the following changes will occur:

1. Any coverage under the Supplemental Face Amount will expire;
  2. You no longer have the right to add to the Supplemental Face Amount of the policy;
  3. We will stop deducting any charges associated with the Supplemental Face Amount;
  4. The Total Face Amount will be equal to the Base Face Amount.
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## ***Section 10. Base Face Amount Coverage at and after Age 121***

On the Policy Anniversary on which the Insured reaches the Attained Age of 121, the following will occur:

1. We will stop deducting any Monthly Deductions;
2. We will stop accepting any new premium payments, except for those amounts required to keep the policy in force under the Grace Period;
3. Partial Surrenders will no longer be available;
4. Policy loans and loan repayments will continue. Interest will continue to accrue and be added to the outstanding loan balance;
5. We will continue to credit interest to the Account Value;
6. The Death Benefit will equal the Account Value.

**NOTE: The policy may not continue to qualify as life insurance under federal tax law, and you may be subject to adverse tax consequences. You should consult with a tax advisor before continuing your policy at age 121.**

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## ***Section 11. Premiums***

**Payment of Premium** - The initial premium is due on or before delivery of the policy. There will be no coverage under this policy until the later of the date the initial premium is paid or the Issue Date except when the initial premium is paid at delivery of the policy then coverage will begin on the Policy Date.

Premium payments after the initial payment must be made to our Home Office. Each premium payment must be at least equal to the minimum payment shown on the Policy Data Page. We reserve the right to increase the minimum premium payment ninety (90) days after we send you Proper Notice of each increase.

The Planned Premium is the amount we will bill you or, in the case of our automatic premium plan, the amount we will deduct from the account selected by you. The amount and Premium Mode of the Planned Premium on the Issue Date are shown on the Policy Data Page.

You may request a change in the amount and Premium Mode of the Planned Premium, by Proper Notice, at a maximum of once per year. We reserve the right to change the Planned Premium to comply with our rules for

billing amounts and frequency. The approval of your request is subject to the limits described in this section.

If we agree, we will make the change and notify you of the new premium payments and when they are due. The Premium Mode you choose and the actual amount of the premium payments will affect the Account Value and the period of time the policy remains in force. If the Planned Premium is not sufficient to satisfy the requirements of the No-Lapse Guarantee or the Extended No-Lapse Guarantee if this rider is included in the policy, then this policy is not guaranteed to remain in force.

If the payment of any premium would cause an increase in Net Amount At Risk because of the Minimum Insurance Percentage, we may require satisfactory evidence of insurability before accepting it. If we accept the premium, we will allocate the Net Premium to your Account Value on the date of our acceptance. If we do not accept the premium, we will refund it to you.

If the payment of any premium would cause the contract to become a Modified Endowment Contract, we will notify you. When we notify you, consistent with the terms of the notice, you have the opportunity to request a refund of the excess premium that would cause the policy to become a Modified Endowment Contract. However, the premium shall not be refunded if it is necessary to continue coverage.

### **Allocation of Net Premium**

#### Initial Net Premium

The initial Net Premium and any Net Premium received during the Right to Examine period are allocated to the account shown on the Policy Data Page on the later of the Policy Date or the date we receive the premium at our Home Office.

At the end of the Right to Examine period, we transfer your Account Value to the Fixed Account or the Variable Account based on your current premium allocation instructions. For purposes of determining the end of the Right to Examine period, solely as it applies to this transfer, we assume that receipt of this policy occurs on the date as described on the Policy Data Page.

#### Subsequent Net Premiums

Subsequent Net Premiums are allocated as of the end of the Valuation Period during which we receive the premium at our Home Office. You may change the allocation of subsequent Net Premiums at any time by Proper Notice, or by telephone if written authorization is on file with us.

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## ***Section 12. Policy Charges***

**Premium Expense Charges** – The Premium Expense Charges are shown on the Policy Data Page. The Premium Expense Charges are deducted when the premium is received at our Home Office. The Net Premium is the premium less the Premium Expense Charges.

**Monthly Deduction** - The Monthly Deduction is a charge made against the Account Value.

The Monthly Deduction is the sum of:

1. The Monthly Administrative Charge; plus
2. The Face Amount Charge; plus
3. The Cost of Insurance; plus
4. The Mortality and Expense Risk Charge; plus
5. The cost for any policy riders.

The Monthly Deduction is deducted on the Policy Date and each Monthiversary. Monthly Deductions due on any Monthiversaries prior to the Issue Date are deducted on the next Monthiversary. The Monthly Deduction is deducted prorata from the Investment Accounts and the Fixed Account based on your amounts in each account.

**Monthly Administrative Charge** – The Guaranteed Maximum Monthly Administrative Charge is shown on the Policy Data Page. A current Monthly Administrative Charge less than the Guaranteed Maximum Monthly Administrative Charge may be used at our option.

**Face Amount Charge** – The Guaranteed Maximum Face Amount Charge at issue is shown on the Policy Data Page. If the Base Face Amount is increased after issue the Guaranteed Maximum Face Amount Charge will increase. A current Face Amount Charge less than the Guaranteed Maximum Face Amount Charge may be used at our option.

**Cost of Insurance** - The Guaranteed Maximum Cost of Insurance Rates are shown on the Policy Data Page. A current Cost of Insurance rate less than the Guaranteed Maximum Cost of Insurance rate may be used at our option. If you increase or decrease the Total Face Amount after issue, each change may have different applicable Cost of Insurance rates.

The Cost of Insurance is the current Cost of Insurance rate multiplied by the Net Amount At Risk determined as of the date of the Monthly Deduction. The Net Amount At Risk is:

1. The Death Benefit on the Monthiversary divided by the Death Benefit Discount Factor; less
2. The Account Value.

The Account Value will first be considered part of the initial Total Face Amount, then part of any additional Total Face Amounts in the order of the increases. For the initial Total Face Amount and for any increases, Account Value is allocated to Base Face Amount issued on the same date prior to Supplemental Face Amount on that date.

**Mortality and Expense Risk Charge** - The Mortality and Expense Risk Charge is compensation for our FPVUL(AR)

assumption of the mortality and expense risks. This charge will be deducted monthly from the Investment Accounts prorate based on your amounts in each account. The maximum amount of this charge is shown on the Policy Data Page. A current Mortality and Expense Risk Charge less than the guaranteed maximum Mortality and Expense Risk Charge may be used at our option.

**Surrender Charge** - We will deduct the Surrender Charge from the Account Value on the date this policy is surrendered for cash. The Surrender Charge is shown on the Policy Data Page.

**Taxes** - We reserve the right to deduct any taxes levied by any government entity which, at our sole discretion, are determined to have resulted from the establishment or maintenance or operation of the Separate Account, or from the investment performance of the Separate Account.

**Changes in Cost Factors** - We bear the mortality, expense and experience risks of this policy. We may change the Premium Expense Charge, the Face Amount Charge, the Mortality and Expense Risk Charge, the Cost of Insurance rates and Monthly Administrative Charges and any other variable charge up to the maximum guaranteed amounts stated in this policy. Any changes will be based on changes in expected mortality, expenses, taxes, regulatory environment, investment earnings, or persistency.

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## ***Section 13. Policy Values***

**Account Value** - The Account Value is the sum of the values in the Fixed Account, the Variable Account, and the Loan Account. The Account Value on the Policy Date is the initial Net Premium received as of the Policy Date, less any Monthly Deduction charged as of the Policy Date.

The Account Value on each Valuation Date after the Policy Date will be:

1. The Account Value on the prior Valuation Date; plus
2. Interest credited to amounts allocated to the Fixed Account and the Loan Account; plus
3. The positive or negative investment experience on amounts allocated to the Variable Account, as reflected by the change in value of the accumulation units; plus
4. Any Net Premium for the policy allocated since the prior Valuation Date; less
5. Any Partial Surrender paid since the prior Valuation Date; less
6. Any Monthly Deduction or transfer charges assessed.

**Cash Value** - The Cash Value of this policy is:

1. The Account Value of this policy; less
2. The Surrender Charge, if any, shown on the Policy Data Page.

**Cash Surrender Value** - The Cash Surrender Value is the Cash Value less any outstanding loan and loan interest.

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## ***Section 14. Variable Account Provisions***

**Separate Account** - The Separate Account is shown on the Policy Data Page. It is a separate account established and owned by us. The assets of the Separate Account will be used to provide values and benefits under this contract and similar contracts, but the assets of the account equal to the reserves and other contract liabilities may not be charged with liabilities arising from any other business in which we take part. This account will be credited or charged for income, gains, and losses, whether or not realized from the assets allocated to the separate account without regard to other income, gain or losses arising from any other business in which we take part.

**Investment Accounts** - The Separate Account is subdivided into Investment Accounts, each of which invests in a different Portfolio.

**Variable Account Value** - The Variable Account Value of this policy equals the sum for all Investment Accounts of:

1. The number of accumulation units credited to an Investment Account; multiplied by
2. The appropriate accumulation unit value.

**Crediting of Accumulation Units** - We credit amounts allocated to the Investment Accounts in the form of accumulation units. The number of accumulation units to be credited is determined by dividing:

1. The dollar amount allocated to the particular Investment Account; by
2. The accumulation unit value for the particular Investment Account at the end of the Valuation Period during which the allocation is made.

Accumulation units are credited when Net Premiums are allocated or amounts are transferred into an Investment Account. Accumulation units are deducted when the Monthly Deduction is assessed or when amounts are partially surrendered or transferred out of an Investment Account.

**Accumulation Unit Value** - We determine the accumulation unit value for each Investment Account on each Valuation Date. The accumulation unit value for the Money Market account was initially set at one dollar (\$1) and the value of each of the other Investment Accounts was set at five dollars (\$5) when operations commenced. The value for any later Valuation Period is found by multiplying:

1. The net investment factor for the particular Investment Account, by
2. The accumulation unit value for the same Investment Account for the preceding Valuation Period.

The accumulation unit value may increase or decrease from one Valuation Period to the next.

**Net Investment Factor** - The net investment factor is used to measure the investment performance of an FPVUL(AR)

Investment Account from one Valuation Period to the next. For any Investment Account, the net investment factor for a Valuation Period is determined by dividing 1. by 2., where:

1. Is equal to:
  - a. The net asset value per share of the fund held in the Investment Account determined at the end of the current Valuation Period; plus
  - b. The per share amount of any dividend or capital gain distribution paid by the fund during the Valuation Period; plus
  - c. The per share credit or charge with respect to taxes, if any, paid or reserved for by us during the Valuation Period that are determined by us to be attributable to the operation of the Investment Account.
  
2. Is equal to:
  - a. The net asset value per share of the fund held in the Investment Account determined at the end of the preceding Valuation Period; plus
  - b. The per share credit or charge for any taxes reserved for the immediately preceding Valuation Period.

**Addition, Deletion, or Substitution of Investments** - We reserve the right, subject to applicable law, to make additions to, deletions from, or substitutions for the Portfolio shares that are held by the Separate Account or that the Separate Account may purchase. We reserve the right to eliminate the shares of any of the eligible Portfolios and to substitute shares of another Portfolio, or of another open-end, registered investment company, if the shares of an eligible Portfolio are no longer available for investment, or if in our judgment further investment in any eligible Portfolio should become inappropriate in view of the purposes of the Separate Account. We will not substitute any shares attributable to your interest in an Investment Account without written notice to you and prior approval of the Securities and Exchange Commission, to the extent required by the Investment Company Act of 1940.

We reserve the right to establish additional Investment Accounts, each of which would invest in a new Portfolio, or in shares of another open-end registered investment company. We also reserve the right to eliminate existing Investment Accounts. If deemed by us to be in the best interest of persons having voting rights under the policies, the Separate Account may be operated as a management company under the Investment Company Act of 1940, or it may be deregistered under such Act in the event such registration is no longer required, or it may be combined with other AUL Separate Accounts.

The investment policy of the Separate Account will not be changed without the approval of the Insurance Commissioner of the State of Indiana. If required, the approval process is on file with the Commissioner of the state in which this policy is issued.

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## ***Section 15. Fixed Account Provisions***

**Fixed Account Value** - The Fixed Account Value of this policy at any time equals:

1. The total of all Net Premiums allocated to the Fixed Account; plus
2. The total of all amounts transferred to the Fixed Account from the Variable Account or the Loan Account; plus
3. Interest credited to the Fixed Account; minus
4. The total of all amounts transferred from the Fixed Account to the Variable Account or the Loan Account; minus
5. The total of all Monthly Deductions charged against the Fixed Account; minus
6. The total of all Partial Surrenders from the Fixed Account.

**Fixed Account Interest Rate** - The guaranteed interest rate credited to amounts in the Fixed Account is shown on the Policy Data Page. We may credit interest rates in excess of the guaranteed rate.

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## ***Section 16. Transfers***

**Transfers** - You may transfer amounts between the Fixed Account and Investment Accounts or among Investment Accounts at any time after the Right to Examine period. The transfer will be made as of the end of the Valuation Period during which we receive the request.

The minimum transfer amount is shown on the Policy Data Page. The transfer must be at least for the minimum amount, or, if less, the entire amount in the Fixed Account or an Investment Account each time that a transfer is made. If after the transfer the amount remaining in any account is less than \$25, we reserve the right to transfer the entire amount. Any applicable transfer charge shown on the Policy Data Page will be assessed. The charge will be deducted from the account(s) from which the transfer is made on a prorata basis; and, if those remaining account values are not sufficient, from account values determined by us.

Transfers are made such that the Account Value on the date of transfer will not be affected by the transfer, except for the deduction of any transfer charge.

We reserve the right to limit the number of transfers as shown on the Policy Data Page, or to restrict transfers from being made on consecutive Valuation Dates.

If we determine that the transfers made by or on behalf of the Owner is to the disadvantage of other Owners, we may restrict the rights of the Owner. Such restrictions would be applied in any manner reasonably designed to prevent transfers of the Owner from being disadvantageous to other owners. We also reserve the right to limit the size of transfers and remaining balances, to require a minimum time period between transfers, to limit the number and frequency of transfers, and to discontinue telephone transfers.

**Limitation on Transfer from the Fixed Account** - Transfers from the Fixed Account are limited in total for any Policy Year to no more than the amount shown on the Policy Data Page.

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## ***Section 17. Loans***

You may request a loan at any time after the Right to Examine period while the policy is not in the Grace Period. This policy is assigned to us as sole security for the loan.

If the total indebtedness including interest due and accrued exceeds the Cash Value of the policy, then the policy shall terminate, but not until at least thirty (30) days advance notice of termination is mailed to you and any assignee of record. Refer to the Grace Period section of your policy.

The minimum amount of a new loan is shown on the Policy Data Page. The maximum amount of a new loan is:

1. 90% of the Account Value; less
2. Any loan interest due on the next Policy Anniversary; less
3. Any applicable Surrender Charges; less
4. Three months of Monthly Deductions; less
5. Any existing loans and accrued loan interest.

**Loan Account** - At the time any loan is issued, we transfer an amount equal to the loan from the Investment Accounts and the Fixed Account into a Loan Account as collateral for the loan. On your loan request, you may specify that the transfer is to be made from specific Investment Accounts. If you make no specification, this transfer is made from each account in proportion to the Account Value in the Investment Accounts and the Fixed Account.

**Interest Charged on Loans** - Interest accrues daily from the date of the loan at the rate shown on the Policy Data Page. Interest is due on the Policy Anniversary. Any interest not paid when due will be added to the amount of the loan. We will make a transfer from the Investment Accounts and the Fixed Account into the Loan Account as collateral for the interest due. The transfer is made from each account in proportion to the amount in the account.

**Interest Credited on Loans** - The interest rate credited to the Loan Account will be at least the guaranteed rate applied to the Fixed Account, and at least the rate shown on the Policy Data Page. Loan interest that has been credited to the Loan Account will be transferred on each Policy Anniversary to the Investment Accounts and the Fixed Account based on the proportions in your current premium allocation instructions.

A loan has a permanent effect on the Policy Values even if the loan is repaid, since the Account Value held in the Loan Account as collateral earns different rates than it might have experienced if it were invested in the Investment Accounts or the Fixed Account.

**Repayment of Loans** - A loan may be paid in full or in part at any time while this policy is in force and the Insured is alive. When a loan repayment is made, the amount of the Loan Account equivalent to the amount of loan repayment is transferred to the Investment Accounts and the Fixed Account based on the proportions in your current premium allocation instructions.

Unless you request otherwise at the time you make any payments to us, all amounts received while a loan is outstanding will be considered as premium payments.

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## *Section 18. Surrender*

**Partial Surrender** – You may surrender part of this policy for cash at any time after the date specified on the Policy Data Page by Proper Notice to us. The amount of any Partial Surrender must be at least equal to the minimum amount shown on the Policy Data Page. The amount surrendered is deducted from the Account Value, and therefore also reduces the Cash Value. The deduction will be made from the Investment Accounts and the Fixed Account in proportion to your amounts in each account, unless you request deduction from specific Investment Accounts. The partial surrender will take effect the date the notice is signed.

The Total Face Amount will be reduced by the amount of the Partial Surrender except as discussed below in the Reduction Free Partial Surrender. The decrease will be applied to the Total Face Amount as if a decrease had been requested. (Refer to the Policy Changes section of your policy.) The remaining Base Face Amount must be at least equal to the minimum amounts shown on the Policy Data Page.

**Reduction Free Partial Surrender-** In some situations you may surrender part of this policy without the full amount causing a decrease to the Total Face Amount. If the Partial Surrender is less than or equal to the Reduction Free Partial Surrender, the Total Face Amount is not decreased. If the Partial Surrender is greater than the Reduction Free Partial Surrender the Partial Surrender will be viewed as two withdrawals. The first amount will be taken as the Reduction Free Partial Surrender; the remaining Partial Surrender amount will decrease the Total Face Amount as explained above.

### Under Death Benefit Option2:

An amount equal to any Partial Surrender will be deducted from the Account Value. Partial Surrenders will not affect the Total Face Amount. Your Death Benefit will continue to be determined in accordance with the Death Benefit section of your policy.

### Under Death Benefit Option 1:

The Reduction Free Partial Surrender Amount is equal to the greater of zero (0) and the difference between (a) and (b) where:

- a. is the Account Value; and
- b. is the Total Face Amount divided by the applicable Minimum Insurance Percentage.

If the Reduction Free Partial Surrender Amount is equal to zero (0), then a Partial Surrender will result in a reduction in Total Face Amount by the amount surrendered. Any reduction will be processed in the same manner as a requested decrease. The remaining Base Face Amount must be at least equal to the minimum amount shown on the Policy Data Page.

### Under Death Benefit Option 3:

The Reduction Free Partial Surrender Amount is equal to the greater of Net Accumulated Premiums and the difference between (a) and (b) where:

- a. is the Account Value; and
- b. is the Total Face Amount divided by the applicable Minimum Insurance Percentage.

If the Reduction Free Partial Surrender Amount is equal to zero (0), then a Partial Surrender will result in a reduction in Total Face Amount by the amount surrendered. Any reduction will be processed in the same manner as a requested decrease. The remaining Base Face Amount must be at least equal to the minimum

amount shown on the Policy Data Page.

**Full Surrender** - At any time after the Right to Examine period, you may surrender this policy for the Cash Surrender Value by Proper Notice to us. If the policy is surrendered within 30 days following a Policy Anniversary, the Cash Surrender Value paid shall not be less than the value as of the Policy Anniversary. The Full Surrender will take effect the date the notice is signed.

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## ***Section 19. No-Lapse Guarantee***

Your policy contains a No-Lapse Guarantee. During the No-Lapse Guarantee Period as shown on the Policy Data Page, if the Cash Surrender Value is insufficient to pay the Monthly Deduction, then your policy will remain in force and will not begin the Grace Period if it satisfies the No-Lapse Guarantee Test listed below. While the policy is being maintained under the No-Lapse Guarantee, charges unable to be deducted will be waived.

The Required Premium for No-Lapse Guarantee is shown on the Policy Data Page. If you make changes to the policy during the No-Lapse Guaranteed Period, such as an increase or decrease in the Base Face Amount and/or Supplemental Face Amount, Death Benefit Option changes or additions/deletions of any riders, then the Required Premium for subsequent months may change. We will send you notice of the new Required Premium. Changes to the policy after the No-Lapse Guaranteed Period has terminated will not begin a new No-Lapse Guarantee Period.

Your Cash Surrender Values at the end of the No-Lapse Guarantee Period may be insufficient to keep this policy in force unless an additional payment is made. We will notify you of the amount of the required additional payment.

**No-Lapse Guarantee Test** - Your policy will satisfy this test if on any Monthiversary where the Grace Period would normally begin, the sum of the premiums paid to date, less any Partial Surrenders and any outstanding loan and loan interest, equals or exceeds the sum of the accumulated Required Premiums for No-Lapse Guarantee (without interest) since the Policy Date.

If this test is failed on a Monthiversary when the Cash Surrender Value is insufficient to pay the Monthly Deduction then the Grace Period will begin. The Grace Period notice will be sent which requests the lesser of:

1. The Grace Period amount defined in the Termination of the Policy section; or
2. The sum of:
  - (A) The accumulated Required Premium for the No-Lapse Guarantee (without interest) since the Policy Date, less
  - (B) The sum of the premiums received less any Partial Surrenders and any outstanding loans and loan interest to the end of the Grace Period, plus
  - (C) The Required Premium for the No-Lapse Guarantee for the Grace Period.

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## ***Section 20. Termination of the Policy***

**Grace Period** - Unless the No-Lapse Guarantee applies or the Extended No-Lapse Guarantee Rider is included in the Policy, the Grace Period begins on the Monthiversary when the Cash Surrender Value is less than the Monthly Deduction. This policy goes into default at the start of the Grace Period. We will send you written notice of the Grace Period and the amount of the premium due. The amount of the premium due will be the amount necessary to enable funding of the Monthly Deductions through the Grace Period, less the remaining Cash Surrender Value. This notice will be sent to the last known address of the owner and any assignee of record at least thirty-one (31) days before termination. The Grace Period shall terminate sixty-one (61) days after the Monthiversary. If the premium due is not paid by the end of the Grace Period, all insurance stops and the policy terminates without value. For payment sent by U. S. Mail, the premium is considered paid if it is postmarked within the Grace Period.

**Termination** - This policy will terminate and all insurance will stop: As of the end of the Valuation Period during which we receive Proper Notice in good order from you to surrender the contract; or

1. As of the end of the Valuation Period during which we receive Proper notice in good order from you to surrender the contract; or
2. When the Insured dies; or
3. At the end of the Grace Period if the premium due is not paid.

**Reinstatement** - You may reinstate this policy by Proper Notice to us within (5) years of the date the policy terminated if:

1. The policy had not been surrendered for its Cash Surrender Value; and
2. Satisfactory evidence of insurability is provided to us; and
3. Payment is made of sufficient premiums,
  - (A) To cover past due Monthly Deductions during the Grace Period;
  - (B) The premium necessary to keep this policy in force for three (3) months; and
4. Interest on any loan amount which is reinstated is paid at the annual rate applicable to policy loans during the period of lapse, from the Grace Period ended.

The effective date of the reinstatement is the next Monthiversary following our approval of the reinstatement.

The Account Value on the effective date of reinstatement is equal to the Account Value at the time of termination, adjusted for past due charges during the Grace Period, plus the premium paid at the time of reinstatement. The Surrender Charge will be based on the number of Policy Years from the original Policy Date.

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## ***Section 21. Other Policy Provisions***

### **Deferral of Payments**

**Fixed Account** - We may defer any payment from the Account Value or a loan request for up to six (6) months. If we do, interest on the Fixed Account will continue to be earned at the declared rates. We will not defer any amounts needed to pay premiums for other policies in force with us.

**Variable Account** - While payments will generally be made within 7 days of a request in good order, we may defer the determination and payment of all benefits for any period under which the New York Stock Exchange is closed for trading (except normal holiday closings) or when the Securities and Exchange Commission has determined that a state of emergency exists that may make determination and payment impractical.

**Dividends** - As long as this policy is in force, you will receive any dividends declared by us. It is anticipated that no dividends will be declared. The amount of any dividend will be applied to increase the Account Value unless you request it to be paid in cash.

**Annual Statement** - At least once a year we will send you a statement showing:

1. The beginning and end dates of the current statement period;
2. The Account Value, if any, at the beginning of the current statement period and at the end of the current statement period;
3. Amounts debited or credited identified by type. For example, premium payments, Cost of Insurance, expense charges and surrender amounts;
4. Amounts at the end of the current statement period for:
  - a. Current Death Benefit;
  - b. Cash Value, if any;
  - c. Amount of outstanding loans, if applicable.

If the Cash Surrender Value is such that it will not maintain insurance in force until the end of the next reporting period, a notice of this will be included in the statement.

You may request other information about this policy, including a hypothetical illustration of future policy benefits and values, once a year and without charge. After one illustration per year is provided at no cost, we may charge an amount not to exceed \$50.00 for subsequent requests.

**Conformity With Laws** - We reserve the right to make any changes without your consent which are necessary to comply with any federal or state statute, rule, or regulation.

**Computations** - Calculations are based on the mortality table referenced on the Table of Monthly Guaranteed Maximum Cost of Insurance Rates. Interest on amounts allocated to the Fixed Account is compounded daily.

A statement of the basis of the charges and the method of computation has been filed with the Department of Insurance of the state where this policy is issued.

Any Cash Values available under this policy are not less than the minimum values and benefits required under the NAIC Variable Life Insurance Regulation, model #270 using Actuarial Guideline XXIV.

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## ***Section 22. Settlement Options***

**Options-** All or any part of the proceeds paid at death or upon full surrender of this policy may be paid in one sum or according to the following options:

1. **Income for a Fixed Period.** Proceeds are payable in equal monthly installments for a specified number of years, not to exceed twenty (20).
2. **Life Annuity.** Proceeds are paid in equal monthly installments for as long as the payee lives. A number of payments can be guaranteed number, such as one hundred and twenty (120), or the number of payments required to refund the proceeds applied.
3. **Survivorship Annuity.** Proceeds are paid in monthly installments for as long as either the first payee or surviving payee lives. A minimum number of payments equal to the initial payment can be guaranteed, such as one hundred and twenty (120). A different monthly installment payable to the surviving payee can be specified.

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.

The proceeds of this policy may be paid in any other method or frequency of payment acceptable to us.

Policy proceeds payable in one sum will accumulate at interest from the date of death or surrender to the payment date at the rate of interest then paid by us or at the rate specified by statute, whichever is greater.

**Selection** - You may select or change an option by giving us Proper Notice prior to the settlement date. If no option is in effect on the settlement date, the payee may select an option. If this policy is assigned or if the payee is a corporation, association, partnership, trustee or estate, a settlement option will be available only with our consent.

**Payments** - We will determine the amount payable under any option. The minimum interest rate used in computing payments under all options will be 2% per year. The settlement option tables show the guaranteed monthly payments available under options 1, 2 and 3. The amounts shown are for exact Adjusted Ages. The values for other Ages and fractional Ages not shown will be calculated on the same basis as those shown and will be furnished upon request.

If the monthly payment under a chosen settlement option is less than \$100, we may require that payments be made on a less frequent basis.

**Adjusted Age** - An adjusted age is calculated as follows:

1. Determine a payee's actual age in years and full months on the date payments are to begin;
2. Subtract 1.5 months for each year the payee's year of birth exceeds 1900.

**Death of Last Payee** - If a payee dies and there is no surviving payee, we will pay a single sum to such payee's estate. The final payment will be the commuted value of any remaining guaranteed payments.

**Claims of Creditors** - Settlement option payments will be exempt from the claims of creditors to the maximum extent permitted by law.

**SETTLEMENT OPTION TABLES**  
**Guaranteed Monthly Income Per \$1,000 of Proceeds**  
**OPTION 1 - Income for Fixed Period**

| <u>Number of Years</u> | <u>Monthly Income</u> | <u>Number of Years</u> | <u>Monthly Income</u> |
|------------------------|-----------------------|------------------------|-----------------------|
| 1                      | \$84.47               | 11                     | \$8.86                |
| 2                      | 42.86                 | 12                     | 8.24                  |
| 3                      | 28.99                 | 13                     | 7.71                  |
| 4                      | 22.06                 | 14                     | 7.26                  |
| 5                      | 17.91                 | 15                     | 6.87                  |
| 6                      | 15.14                 | 16                     | 6.53                  |
| 7                      | 13.16                 | 17                     | 6.23                  |
| 8                      | 11.68                 | 18                     | 5.96                  |
| 9                      | 10.53                 | 19                     | 5.73                  |
| 10                     | 9.61                  | 20                     | 5.51                  |

Quarterly Income is 2.993 times the monthly income and annual income is 11.839 times the monthly income.

**OPTION 2 - Life Annuity**

The amount of income is based on the adjusted age of the annuitant on the date of the first payment.

| <u>Adjusted Age</u> | <u>Number of Guaranteed Payments</u> |            |                | <u>Adjusted Age</u> | <u>Number of Guaranteed Payments</u> |            |                |
|---------------------|--------------------------------------|------------|----------------|---------------------|--------------------------------------|------------|----------------|
|                     | <u>None</u>                          | <u>120</u> | <u>Refund*</u> |                     | <u>None</u>                          | <u>120</u> | <u>Refund*</u> |
| 55                  | \$4.34                               | \$4.30     | \$4.17         | 63                  | \$5.21                               | \$5.10     | \$4.86         |
| 56                  | 4.42                                 | 4.38       | 4.24           | 64                  | 5.35                                 | 5.22       | 4.96           |
| 57                  | 4.52                                 | 4.47       | 4.31           | 65                  | 5.51                                 | 5.35       | 5.08           |
| 58                  | 4.61                                 | 4.56       | 4.39           | 66                  | 5.67                                 | 5.49       | 5.20           |
| 59                  | 4.72                                 | 4.65       | 4.47           | 67                  | 5.85                                 | 5.64       | 5.33           |
| 60                  | 4.83                                 | 4.76       | 4.56           | 68                  | 6.04                                 | 5.80       | 5.46           |
| 61                  | 4.95                                 | 4.86       | 4.66           | 69                  | 6.24                                 | 5.96       | 5.61           |
| 62                  | 5.08                                 | 4.98       | 4.75           | 70                  | 6.46                                 | 6.13       | 5.76           |

\*The sum of all guaranteed payments will equal the amount applied under this option.

**OPTION 3 - Survivorship Annuity**

The amount of income is based on the adjusted age of each of the annuitants on the date of the first payment.

| 50% to Survivor<br>120 Guaranteed Payments<br>Payee #2 Age |           |           |           |           |           | 100% to Survivor<br>120 Guaranteed Payments<br>Payee #2 Age |           |           |           |           |           |
|------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| <u>Payee #1 Age</u>                                        | <u>50</u> | <u>55</u> | <u>60</u> | <u>65</u> | <u>70</u> | <u>Payee #1 Age</u>                                         | <u>50</u> | <u>55</u> | <u>60</u> | <u>65</u> | <u>70</u> |
| 50                                                         | \$3.95    | \$4.12    | \$4.31    | \$4.55    | \$4.80    | 50                                                          | \$3.56    | \$3.67    | \$3.76    | \$3.83    | \$3.88    |
| 55                                                         | 4.12      | 4.30      | 4.52      | 4.77      | 5.05      | 55                                                          | 3.67      | 3.83      | 3.97      | 4.08      | 4.17      |
| 60                                                         | 4.31      | 4.52      | 4.76      | 5.04      | 5.36      | 60                                                          | 3.76      | 3.97      | 4.17      | 4.36      | 4.51      |
| 65                                                         | 4.55      | 4.77      | 5.04      | 5.35      | 5.72      | 65                                                          | 3.83      | 4.08      | 4.36      | 4.64      | 4.90      |
| 70                                                         | 4.80      | 5.05      | 5.36      | 5.72      | 6.13      | 70                                                          | 3.88      | 4.17      | 4.51      | 4.90      | 5.28      |

Income for other combinations of ages will be furnished on request.

## NOTICE OF ANNUAL MEETING

By-law, Art. II, Sec. 2: The regular annual meeting of the members of American United Mutual Insurance Holding Company shall be held at its principal place of business on the third Thursday in February each year at ten o'clock A.M. local time or at such other location, place, or time as may be designated by the Board of Directors. The election of directors shall be held at the annual meeting.

*American United Life Insurance Company®  
Indianapolis, Indiana*

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### **READ YOUR POLICY CAREFULLY**

**FLEXIBLE PREMIUM VARIABLE ADJUSTABLE UNIVERSAL LIFE INSURANCE  
PARTICIPATING-DIVIDENDS ARE NOT GUARANTEED**

**It is anticipated that no dividends will be declared.**

**PERIOD OF COVERAGE NOT GUARANTEED**

**This policy is a legal contract between the owner and AUL.**

American United Life Insurance Company  
[One American Square  
Indianapolis, IN 46206]

### ACCOUNTING BENEFIT RIDER

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on page 3. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Benefit** – The Cash Surrender Value of the policy is enhanced during the surrender charge period. The enhancement is provided by reducing the surrender charge that would otherwise have been applied upon policy surrender or lapse.

Under this rider, the enhancement in Cash Surrender Value is equal to the surrender charge of the policy multiplied by the applicable Accounting Benefit Surrender Charge Waiver Percentage. The Accounting Benefit Surrender Charge Waiver Percentages are shown on the Rider Specifications Page of the policy.

**Limitations** – The benefits under this rider are only available upon full surrender of the policy. This benefit must be chosen at the time of application. Once chosen, it is irrevocable.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**OVERLOAN PROTECTION RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on page 3. Should any provisions in the policy conflict with this rider, the provisions of the rider shall control.

**Benefit** –This rider, if the conditions below are met, provides you the option to continue your policy at a reduced Total Face Amount with no further monthly deductions.

If all the following conditions set forth herein occur while this rider is in force, upon your Written Notice you may choose to exercise this rider. Once exercised, your new Total Face Amount is set equal to the Account Value, after deduction of the Overloan Protection Rider Charge, multiplied by the Minimum Insurance Percentage shown in the Minimum Insurance Percentages Table in your policy. This will keep the policy in force subject to the Section titled Base Face Amount Coverage at and after Age 121 of the base policy.

**Conditions** - Exercising the Overloan Protection Rider is subject to the following terms:

- (1) This policy must be in force for at least 15 Policy Years;
- (2) The Insured's attained Age must be 75 or older;
- (3) The Guideline Premium Test was chosen at the time of application;
- (4) Partial Surrenders must equal or exceed Premiums paid;
- (5) The Total Face Amount will be equal to the Account Value, after the deduction of the Overloan Protection Rider Charge, multiplied by the Minimum Insurance Percentage shown in the Minimum Insurance Percentages table in your policy;
- (6) The amount of the outstanding loan plus accrued loan interest must exceed the Minimum Loan Indebtness Percentage shown on the Rider Specifications Page times the Cash Value, but be less than 99.9% of the Cash Value after the deduction of the Overloan Protection Rider Charge from the Account Value;
- (7) The policy must not be a Modified Endowment Contract as defined in Section 7702A of the Internal Revenue code of 1986, or thereafter changed, and exercising this rider must not cause the policy to become a Modified Endowment Contract.

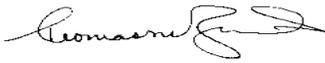
**Overloan Protection Rider Charge** – There is no charge for this rider until you exercise it. At the time it is exercised, there is a one-time charge. The Overloan Protection Rider Charge is equal to the Overloan Protection Rider Percentage multiplied by the Account Value at the time this Rider is exercised. The Overloan Protection Rider Percentage is shown on the Rider Specifications Page. There is no charge if the Rider is never exercised.

**Effect on Your Policy** – When you choose to exercise the Overloan Protection Rider the following changes will be made to your policy:

- (1) Your Death Benefit Option must be Option 1. If any other Death Benefit Option is in effect at the time the Overloan Protection Rider is exercised, the Death Benefit Option will be changed to Option 1 at that time;
- (2) No further changes may be made to the policy, which includes any decreases or increases of any kind;
- (3) No further premiums will be accepted;
- (4) Policy loans and Partial Surrenders will no longer be permitted;
- (5) No further Monthly Deductions will be deducted;
- (6) The outstanding Loan Account will remain and the interest charged against the Loan Account will be equal to the interest rate credited to the Loan Account;
- (7) We will accept loan repayments. The value of the Loan Account and the total indebtedness will be reduced by the loan repayment. In addition, the Fixed Account will be increased by the loan repayment;
- (8) Any No-Lapse Guarantee included in the policy or by rider attached to the policy will no longer apply;
- (9) Any additional rider requiring a Monthly Deduction will automatically be terminated;
- (10) When the Overloan Protection Rider is exercised all values in the Variable Account will immediately be transferred to the Fixed Account and will continue to grow at the then current Fixed Account interest rate. Transfer fees will not be applied to these transfers; and
- (11) Transfers from the Fixed Account to the Variable Account will no longer be permitted.

**Termination** – This rider will terminate on the earlier of the date this policy terminates or the Insured’s Attained Age 121.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**CHANGE OF INSURED RIDER**

**CHANGE OF THE INSURED MAY BE A TAXABLE EVENT. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on page 3. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Benefit** – While this policy is in force, you may change the individual insured on this policy to a substitute Insured, subject to the conditions as set forth herein. This rider is only available to Non-natural Owners and only one change of the Insured is permitted. The change of Insured will be effective on the Monthiversary following our approval. If the death of the first Insured occurs prior to the effective date of the change of Insured, we will pay the Death Benefit Proceeds and this rider and the policy to which it is attached will be terminated and no change of Insured will be processed.

**Conditions** – The following conditions apply for the request of a change of Insured:

- (1) The new Insured must be older than the number of years this policy has been in force;
- (2) We will require satisfactory evidence of insurability on the new Insured subject to our underwriting guidelines in effect at the time of the request;
- (3) The Owner has provided evidence of an insurable interest in the life of the new Insured;
- (4) The new Insured has provided written consent;
- (5) Any assignee of record has furnished written consent approving the change of the Insured;
- (6) We reserve the right to adjust the Face Amount and the Death Benefit Option on the life of the new Insured, unless otherwise agreed to by the Owner and us;
- (7) Charges after the effective date of the change of Insured will reflect the new Insured's Age, sex, risk classification and any additional rating which may apply;
- (8) The Account Value of the policy will not be adjusted except that Monthly Deductions will be based on the new Insured as of the effective date of the change;

- (9) There must be sufficient Account Value in the policy to cover one month's amount of the then required Monthly Deductions. If the amount of the Account Value is insufficient to cover those deductions, a premium sufficient to cover the charges is required;
- (10) Any additional benefits or riders on the previous Insured will be cancelled as of the effective date of the change of Insured;
- (11) Supplementary benefits and riders may be added on the new life Insured as the effective date of the change of Insured, subject to our normal requirements and underwriting guidelines on the effective date of the change;
- (12) The Incontestability and Suicide Provisions of the policy will apply to the Total Face Amount of the policy as of the effective date of the change and will begin new on the effective date of the change of Insured;
- (13) Any existing Loan Account will remain as it was prior to the change of Insured.

**Reinstatement** – If this policy lapses and it is reinstated as described in the Reinstatement provision of the policy, this rider may also be reinstated if a change of Insured has not occurred prior to the policy lapsing.

**Termination** – This rider terminates when either the:

- (1) Death Benefit Proceeds of the policy to which this rider is attached have been paid;
- (2) The policy to which this rider is attached has been surrendered  
or
- (3) Upon nonpayment of premium for the policy to which this rider is attached.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**EXTENDED NO-LAPSE**  
**GUARANTEE RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on page 3. Should any provisions in the policy conflict with this rider, the provisions of the rider shall control. While this rider is in effect, we reserve the right to restrict availability of certain Investment Accounts.

**Benefit** – This rider extends the No-Lapse Guarantee Period of your policy as shown on the Rider Specifications Page. If this rider is in effect after the end of the No-Lapse Guarantee Period of the policy and then during the Extended No-Lapse Guarantee Period provided by this rider, and if the cash surrender value is insufficient to pay the Monthly Deduction, then your policy will remain in force and will not begin the Grace Period provided the policy satisfies the Extended No-Lapse Guarantee Test as set forth below. While the policy is being maintained under the Extended No-Lapse Guarantee any charges which are unable to be deducted will be waived.

Your Policy Values at the end of the Extended No-Lapse Guarantee Period may be insufficient to keep this policy in force unless an additional payment is made. We will notify you of the amount of the required additional payment.

**Extended No-Lapse Guarantee Test-** Your policy will satisfy this test if on any Monthiversary where the Grace Period would normally begin in the absence of this rider, the sum of the premiums paid to date, less any Partial Surrenders and any outstanding loan and loan interest, equals or exceeds the sum of the monthly Required Premiums for the Extended No-Lapse Guarantee since the Policy Date to the date of the test. If the Credit of Premium Disability Rider is included in the policy, for purposes of calculating the premiums under the test, any premiums that have been credited while the Insured was totally disabled will be included in the test.

If this test is failed on a Monthiversary when the Cash Surrender Value is insufficient to pay the monthly deduction, the Grace Period will begin. The Grace Period notice will be sent which requests that you pay the lesser of:

- (1) the standard Grace Period amount defined in the Termination of the Policy section; or
- (2) the sum of:
  - (a) The accumulated Required Premiums for the Extended No-Lapse Guarantee (without interest) since the Policy Date, less
  - (b) The sum of the premiums received, less any Partial Surrenders and any outstanding loans and loan interest to the end of the Grace Period, plus
  - (c) Required Premiums for the Extended No-Lapse Guarantee for the Grace Period.

**Required Premium for the Extended No-Lapse Guarantee** - The Required Premium for the Extended No-Lapse Guarantee is shown as a monthly amount on the Rider Specifications Page of the policy. This amount may change if any of the following changes occur under your policy while this rider is in effect:

- (1) you add, terminate or change a rider;
- (2) you change the Death Benefit Option under your policy;
- (3) there is a change in the Base Face Amount or the Supplemental Face Amount of the policy; or
- (4) there is a change in the Insured's risk classification.

We will inform you of any change to the Required Premium for the Extended No-Lapse Guarantee which results from any of the above mentioned changes. The revised premium amount will be effective from the date of the change. For the purpose of performing the Extended No-Lapse Guarantee Test, we will use the Required Premiums for the Extended No-Lapse Guarantee in effect as of the Policy Date up to the date of the change, including any revised premiums in effect as of the date of a prior change.

**Rider Charge** – The charge for this rider is included as part of the Monthly Deduction under your policy. It is shown on the Rider Specifications Page of the policy.

**Termination** – This rider terminates at the earliest of:

- (1) the end of the Extended No-Lapse Guarantee Period as shown on the Rider Specifications page of the Policy Data Page;
- (2) the end of the Grace Period for which you have not paid the amount necessary to continue the policy in force;
- (3) the date your policy terminates;
- (4) the date we receive your written request for termination of this rider.

This rider cannot be reinstated after it terminates.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company  
[One American Square  
Indianapolis, IN 46206]**

**CHILDREN'S TERM INSURANCE RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** – As used in this rider, the Insured is the same as the Insured for the policy.

**Insured Child** – Insured Child means each child, stepchild, or legally adopted child of the Insured who is older than 14 days and is either:

1. Named in the application and under Age 18 on the date of application for this rider; or
2. After the date of application, born of the Insured or legally adopted by the Insured before the Insured Child's 18th birthday and upon Proper Notice received at our Home Office.

**Benefit**

We will pay to the beneficiary the amount of the insurance provided by this rider upon receipt of proof of the death of an Insured Child. Proof will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information. An Insured Child's death must occur while this rider is in force. The amount of insurance for this rider is shown on the Rider Specifications Page of your policy. The amount of term insurance per unit on each Insured Child is \$1,000 (\$500 before 6 months of age) with the Expiry Date being on the earlier of:

1. The Insured Child's 22nd birthday; or
2. The Policy Anniversary nearest the Insured's 65th birthday.

**Nonforfeiture Values**

Unless this rider is in force as Paid-Up Term Insurance, this rider does not have a Cash Surrender Value. This rider does not have a loan value.

**Paid-Up Term Insurance On Death Of Insured**

If the Insured dies while this rider is in force, the term insurance on each Insured Child will become fully paid-up. Insurance coverage provided by the paid-up term insurance on each Insured Child expires upon the Insured Child's 22<sup>nd</sup> birthday. The paid-up term insurance may be surrendered for its Cash Value while an Insured Child is living. The Cash Value will be equal to the net single premium for this insurance on the date of surrender. A Cash Value within 30 days after a Policy Anniversary will not be less than the Cash Value on that Policy Anniversary. Net single premiums are based on the

Commissioners' 2001 Standard Ordinary Mortality Table with interest at 4% per year and continuous functions. A table of cash values will be furnished by us upon request.

### **Beneficiary**

A beneficiary for the insurance payable on the death of each Insured Child may be named or changed as provided in the policy. If no beneficiary is specifically named, the beneficiary is the Owner, if living; otherwise the beneficiary is the estate of the Insured Child.

### **Owner**

The Owner of the policy is the Owner of this rider. Upon the Owner's death, each Insured Child will be the Owner of any insurance on his or her own life unless otherwise specified in the policy.

### **Conversion Option**

The term insurance on each Insured Child may be converted on its Expiry Date to a new policy on the same life. The new policy will be issued without evidence of insurability subject to the following conditions:

1. We must receive a written application for the new policy and receive payment of the first premium during the 90 days immediately preceding the date the term insurance expires.
2. The new policy will take effect when the insurance provided by this rider expires.
3. The new policy may be issued for not less than the amount of this rider's insurance expiring on the Insured Child and may be issued with a maximum of five (5) times this rider's insurance on the Insured Child.
4. Any plan of insurance (except term insurance) offered by us on the Policy Date of the new policy may be selected.
5. The new policy will be issued at the Insured Child's Attained Age and at the rates in effect on the new policy's Policy Date.
6. A Credit of Premium for Disability Rider and a Guaranteed Insurability Option Rider may be attached to the new policy without evidence of insurability. A disability benefit in the new policy will apply only if the total disability begins after its Policy Date. The amount of the Guaranteed Insurability Option Rider may not exceed the amount of expiring rider's insurance. The inclusion of any other riders in the new policy will be subject to our consent and satisfactory evidence of insurability for such benefits.
7. The suicide and contestable periods of the new policy will not start anew but will be measured from the Policy Date of this rider.

### **Incontestability**

This rider will not be contested as to the insurance provided on the life of any Insured Child named on the application for this rider after it has been in force during the lifetime of that Insured Child for two (2) years from the Policy Date of this rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. If a child is added to this rider at a later date, the rider will not be contested as to the insurance provided on the life of that Insured Child after two (2) years from the effective date of coverage.

**Suicide**

If an Insured Child commits suicide, while sane or insane, within two (2) years from the Policy Date of this rider the amount payable by us under this rider will be limited to the monthly deductions made for this rider. The insurance provided by this rider for that Insured Child will terminate without value when that death occurs.

**Cost of Benefit**

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The monthly cost for this rider is shown on the Rider Specifications Page of the policy.

**Reinstatement**

This rider may be reinstated if the policy to which it is attached is reinstated. To reinstate this rider, we require evidence of each Insured Child's insurability that meets our standards. The Incontestability provision will apply for two (2) years from the date the rider is reinstated with regard to statements made in the application for reinstatement.

**Termination** – This rider will terminate on the earliest of the following dates:

1. The Expiry Date of this rider;
2. Upon nonpayment of the monthly cost of this rider;
3. The date the policy is terminated or continued as paid-up or extended term insurance;
4. The Monthiversary following the date requested in writing by the Owner; or
5. Upon the death of the last surviving Insured Child.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**WAIVER OF MONTHLY DEDUCTIONS DISABILITY RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Total Disability** – A disability that:

- (1) Results from an injury first occurring or a disease first manifesting itself after the Policy Date of the rider but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
- (2) Has continued for at least six (6) months;
- (3) Requires regular attendance by a licensed physician, other than the Insured; and
- (4) 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.)

**Benefit**

While this policy is in force, if the Total Disability continues for a consecutive period of six (6) months, then the Monthly Deductions in the policy will be waived, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, we will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 65.
- (2) If the Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60, we will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 65.

The Monthly Deductions waived will not be taken from the policy proceeds. The Monthly Deductions that will be waived are as defined in the policy and include:

1. The Monthly Administrative Charge; plus
2. The Face Amount Charge; plus
3. The Cost of Insurance; plus
4. The Mortality and Expense Risk Charge; plus
5. The cost for any riders.

If the waiver of Monthly Deductions is in effect all benefits included under the policy will continue in force.

### **Effect of Policy Adjustments**

An application to increase the Total Face Amount of the policy will be considered to be an application to increase the coverage provided by this rider.

### **Exclusions**

The following is a list of the exclusions in which case the waiver of Monthly Deductions would not be applicable:

- (1) Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- (3) Total Disability caused or contributed to by committing or attempting to commit a felony;
- (4) Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
  - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - (b) Poison, gas or fumes, unless a direct result of an occupational accident;
- (6) Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
- (7) Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
- (8) Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

**Notice of Claim and Proof of Disability**

Before we will waive Monthly Deductions, we must receive a written notice of claim and proof of Total Disability while the Insured is living and totally disabled, or as soon as reasonably possible.

Written notice should be sent to us. We will then provide claim forms requesting proof of Total Disability. Forms should be completed and returned to us as soon as possible after the Insured has been totally disabled for six (6) months.

Until we approve the claim, Monthly Deductions will continue when due as provided in the policy. After we approve your claim and we begin to waive Monthly Deductions, we will credit to the policy's Account Value the amount of any Monthly Deductions previously deducted during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient funds will be required to be added to the Account Value by the Policy Owner. This ensures that any overdue Monthly Deductions can be deducted to avoid a lapse of insurance before we approve the claim for the waiver of Monthly Deductions.

**Proof of Continuation of Total Disability**

After we approve the claim, we will require proof of the continuation of Total Disability. During the first 24 months, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements we may, at our own expense, designate a physician to examine the Insured.

**Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which Insured is Totally Disabled will not be included in the determination of two (2) year period.

**Nonforfeiture Values**

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

**Cost of Benefit**

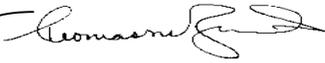
The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates.

The monthly cost factors for this rider are based on the Insured's Attained Age and are shown on the Rider Specifications Page. The monthly cost for this rider is the monthly cost factor times the premium class rating factor shown on the Rider Specifications Page times the amount of the current Monthly Deduction, excluding the cost for this rider.

**Termination** – This rider terminates on the earliest of the following dates:

- (1) The date the policy is terminated or continued as paid-up or extended term insurance;
- (2) The Monthiversary following the date requested by you in writing;
- (3) Upon nonpayment of the premium for this rider; and
- (4) The Policy Anniversary on which the Insured reaches the Attained Age of 65, unless the Insured is on claim paying status.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**CREDIT OF PREMIUM DISABILITY RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Benefit Amount** – The amount of the premium to be credited to the policy. It is chosen at the time of application and the amount is listed on the Rider Specifications Page.

**Total Disability** – A disability that:

- (1) Results from an injury first occurring or a disease first manifesting itself after the Policy Date of rider, but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
- (2) Has continued for at least six (6) months;
- (3) Requires regular attendance by a licensed physician other than the Insured; and
- (4) 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, "occupation" 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).

**Benefit**

While this policy is in force, if the Total Disability continues for a consecutive period of six (6) months, then we will credit to the Account Value the Benefit Amount for this rider as shown on the Rider Specifications Page, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, we will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.

- (2) If Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60, we will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 65.

The amount credited to the Account Value will be treated as if it was a regular premium payment in that all of the charges described in the Policy will still apply. Crediting of Benefit Amounts under this rider does not guarantee that the Policy will continue in force.

The Benefit Amount credited to the Account Value will not be taken from the policy proceeds.

### **Exclusions**

The following is a list of the exclusions in which the benefits are not available under this rider:

- (1) Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- (3) Total Disability caused or contributed to by committing or attempting to commit a felony;
- (4) Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
  - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - (b) Poison, gas or fumes, unless a direct result of an occupational accident;
- (6) Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
- (7) Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
- (8) Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

### **Notice of Claim and Proof of Disability**

Before we will credit any amount under this rider, we must receive a written notice of claim and proof of Total Disability while the Insured is living and totally disabled, or as soon as reasonably possible.

Written notice should be sent to us. We will then provide claim forms requesting proof of Total Disability. Forms should be completed and returned to us as soon as possible after the Insured has been totally disabled for six (6) months.

Until we approve the claim, premiums will continue when due as provided in the policy. After we approve your claim and we begin to credit the Benefit Amount, we will refund any premium previously paid during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient funds will be required to be added to the Account Value by the Policy Owner. This ensures that any overdue Monthly Deductions can be deducted to avoid a lapse of insurance before we approve the claim for the credit of the Benefit Amount.

**Proof of Continuation of Total Disability**

After we approve the claim, we will require proof of the continuation of Total Disability. During the first 24 months, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements, we may, at our own expense, designate a physician to examine the Insured.

**Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date or the effective date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which the Insured was Totally Disabled will not be included in the determination of the two (2) year period.

**Nonforfeiture Values**

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

**Cost of Benefit**

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The cost for this rider is shown on the Rider Specifications Page.

**Termination**

This rider terminates on the earliest of the following dates:

- (1) The date the policy is terminated or continued as paid-up or extended term insurance;
- (2) The Monthiversary following the date requested by you in writing;
- (3) Upon nonpayment of the premium for this rider; and
- (4) The Policy Anniversary on which the Insured reaches the Attained Age of 65, unless the Insured is on claim paying status.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company®**  
**[One American Square**  
**Indianapolis, IN 46206]**

## **GUARANTEED INSURABILITY RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

### **Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Option Date** – The date you are eligible to increase the Base Face Amount of insurance of the policy to which this rider is attached. The maximum amount of insurance you may choose to increase on an Option Date is shown on the Rider Specifications Page.

### **Benefit**

You have the option to increase the Base Face Amount of insurance under the policy without evidence of insurability or change in premium class. The option may be exercised on each Option Date while this rider is in force subject to the following conditions:

- (1) You must send us a written application for the increase during the 90 days before the Option Date. If you exercise an alternative Option Date, proof of marriage, birth, adoption, or mortgage giving rise to the option must accompany the application.
- (2) The increase in Base Face Amount may be any amount that does not exceed the amount you selected at the time of application, as shown on the Rider Specifications Page. However, aggregate increases in Base Face Amount due to the exercise of options under this rider cannot exceed the amount shown on the Rider Specification Page.
- (3) The increase will take effect on the Option Date. If you exercise an alternative Option Date, we will cancel the next regular Option Date not previously cancelled.
- (4) If a Waiver of Monthly Deductions Disability Rider is attached to the policy, it will apply to the increase in the Base Face Amount. If we are waiving Monthly Deductions for the policy on the Option Date, we will automatically increase the Base Face Amount by the option amount and waive the Monthly Deductions applicable to the increase for as long as we waive the Monthly Deductions for the policy.
- (5) If the Insured is not the Owner of the policy, the Insured must agree in writing to the increase.

- (6) A new Required Premium for the No-Lapse Guarantee for this contract will be determined for any No-Lapse Guarantee in effect on the effective date of the increase.

**Option Dates**

Regular Option Dates occur on each of the Policy Anniversaries on which the Insured's Attained Age nearest birthday is 22, 25, 28, 31, 34, 37, 40 and 43.

We will allow an alternative Option Date on the third Monthiversary following the date of:

- (1) The Insured's marriage;
- (2) The birth of a living child of the Insured;
- (3) The legal adoption by the Insured of a child less than 18 years of age;
- (4) Obtaining a new mortgage to purchase a new primary residence. This is limited to one Option Date per lifetime.

If we have received the written application requesting an increase and the Insured dies before the Option Date, any additional life insurance benefits requested will not take effect. Any monthly cost of this rider that was paid related to that application will be refunded.

**Incontestability**

This rider will not be contested after it has been in force during the Insured's lifetime for two (2) years from the Policy Date or the effective date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery.

**Nonforfeiture Values**

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

**Reinstatement**

Reinstatement of the policy will reinstate this rider only for the Option Dates occurring after the date of reinstatement.

**Cost of Benefit**

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates.

The monthly cost factors for this rider are based on the Insured's Age as of the Policy Date, or the effective date of the rider, and are shown on the Rider Specifications Page. The monthly cost for this rider is the monthly cost factor times the amount of the option (in thousands).

**Termination** – This rider terminates on the earliest of the following dates:

- (1) The Expiry Date is the Policy Anniversary nearest the Insured's 43<sup>rd</sup> birthday;
- (2) The date that the aggregate limit of increases in Base Face Amount is reached;
- (3) The date the policy is terminated or continued as paid-up or extended term insurance;
- (4) The Monthiversary following the date requested by you in writing;
- (5) Upon nonpayment of the monthly cost for the rider; and
- (6) Upon expiration of the last Option Date.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**ACCELERATED DEATH BENEFIT RIDER**

**NOTE: RECEIPT OF THE ACCELERATED DEATH BENEFIT MAY BE TAXABLE. PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.**

**Payment of the accelerated Death Benefit under the terms of this rider will reduce the Death Benefit, the Account Value, Cash Value, the Cash Surrender Value, and the Cost of Insurance.**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Policy Data Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions-**

**Benefit Ratio.** Is the acceleration percentage which is the result of dividing (a) by (b) where;

- (a) is the requested portion of the Eligible Amount subject to the limitations as shown in the Benefit Amount section of this rider; and
- (b) the Eligible Amount.

**Immediate Family.** Is the spouse, child, brother, sister, parent or grandparent of the Insured or the Owner. This includes adopted, in-law and step-relatives.

**Insured.** As used in this rider, the Insured is the same as the Insured for the policy.

**Eligible Amount.** Is the Death Benefit of the policy at the time the first Notice of Claim is received at our Home Office. The benefit under this rider extends only to the Insured under the policy and not to any other individual covered for additional benefits.

**Physician.** Physician means any licensed practitioner who is legally qualified and licensed by the state in which he or she is practicing and is operating within the scope of that license. Physician must be a person other than the Insured or Owner, a member of the Insured's or Owner's Immediate Family or a business associate.

**Qualifying Event.** A specified medical condition that, in the absence of extensive or extraordinary medical treatment, results in a drastically limited life span. A drastically limited life span is a life span of twelve (12) months or less.

**Benefit** – If the Insured has a Qualifying Event while covered under the policy to which this rider is attached, the Owner may request payment of the accelerated Death Benefit subject to the conditions of this rider.

**Conditions** – To be eligible to receive an acceleration of Death Benefit:

- (1) The policy must be in force other than as extended term or reduced paid-up; and
- (2) The Insured must have a Qualifying Event while covered under the policy to which this rider is attached; and
- (3) We receive Proof of Qualifying Event; and
- (4) Prior to the payment of the accelerated Death Benefit, we will obtain from any assignee other than ourselves or any irrevocable beneficiary a signed acknowledgement agreeing to the payment of the acceleration of Death Benefit.

**Benefit Amount-**

The minimum accelerated Death Benefit amount available on the policy is \$5,000. The maximum accelerated Death Benefit amount available is the lesser of \$500,000 or 50% of the Eligible Amount.

The requested portion of the Eligible Amount will be subject to the following adjustments and deductions:

- (1) We will pay the present value of the policy Death Benefit that is being accelerated. An actuarial discount based on mortality and interest will be deducted from the requested portion of the Eligible Amount. This discount reflects the early payment of the amounts of the Death Benefit that is being accelerated. It will be based on mortality rates and an annual interest rate which have been declared by us and the Cost of Insurance rates, which are in effect as of the date Notice of Claim is received at our Home Office. The maximum interest rate used shall be the greater of the current yield on ninety (90) day treasury bill or a variable rate determined in accordance with the NAIC Model Policy Loan Interest Rate Bill (#590).
- (2) If on the date we approve your request, there is a policy loan outstanding on the policy, we will apply a portion of the accelerated Death Benefit to repay the loan. The amount used to repay the loan will not exceed the amount of the outstanding policy loan multiplied by the Benefit Ratio.
- (3) An administrative fee of not more than \$250.

**Effect of Benefit Payments** – When benefits are paid:

- (1) The Death Benefit will be reduced by the amount of the Death Benefit being accelerated.
- (2) The Total Face Amount, Account Value, any outstanding policy loans, Cash Value, and Cash Surrender Value will be reduced by the Benefit Ratio. The

reduction in Account Value will be made from the Investment Accounts and the Fixed Account in proportion to your amounts in each account.

- (3) The Cost of Insurance will be reduced to the Cost of Insurance that would apply had the policy been issued at the reduced amount.
- (4) When a part of the Death Benefit remains after the payment of the accelerated Death Benefit the following applies:
  - (A) The policy will be modified by us and the endorsement will include a statement of Cash Values, policy loans, premiums, COI charges and Death Benefit;
  - (B) If dividends on the policy are credited, this credit will not be affected by the acceleration of Death Benefits
- (5) Prior to or beginning with the election to accelerate the Death Benefit, the Owner and any irrevocable beneficiary will be provided a statement showing the effect of this acceleration on the Cash Value, Death Benefit, premium, COI charges (see 3 above), and any outstanding policy loans. It will include any premium or COI charges necessary to continue coverage following acceleration, and all expenses and charges associated with the acceleration.

#### **Payment of Benefit-**

- (1) The payment of the acceleration of Death Benefit will be remitted as a single lump sum. Payment is due upon receipt of the written Proof of Qualifying Event.
- (2) The amount payable as a lump sum will be at least equal to the Benefit Ratio multiplied by the current policy Cash Surrender Value. The current Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.
- (3) If the Owner has requested the acceleration of the Death Benefit and we are notified of the Insured's death before we remit payment, the request for the acceleration of the Death Benefit will be cancelled and the Death Benefit will be paid according to the policy.
- (4) The accelerated Death Benefit is paid to the Owner or the Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner.

**Notice of Claim** - Written request for the acceleration of the Death Benefit and Proof of Qualifying Event must be given to us at any time after the date the Insured has a Qualifying Event. The notice must identify the Insured and be sent to us at our Home Office.

**Claim Forms** - After we receive your request, we will send claim forms within 15 days. If we do not, the Proof of Qualifying Event will be met if written proof of the Qualifying Event is sent to us at our Home Office. Written proof will include covering the occurrence, the character and extent of the occurrence of the Qualifying Event.

**Proof of Qualifying Event** – We must receive proof of the Insured’s Qualifying Event before we will make an accelerated Death Benefit payment. This proof will include a properly completed Claim Form and a Physician’s statement acceptable to us. We may request additional medical information from the Physician acceptable to us detailing the nature and extent of the Qualifying Event.

**Physical Examination** - We have the right to require a second or third medical opinion to confirm eligibility for payment of the accelerated Death Benefit. The second or third opinion is at our expense and may include a physical examination by a Physician designated by us. If there are conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is mutually acceptable to the Insured and us.

**Incontestability** - This rider will not be contested after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery.

**Nonforfeiture Values** - This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

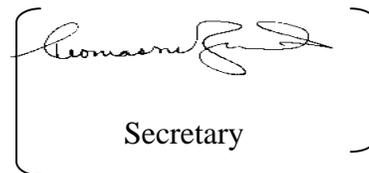
**Reinstatement** - If the policy is reinstated, this rider will also be reinstated provided the maximum accelerated Death Benefit has not been paid under this rider.

**Termination** – This rider terminates on the earliest of the following dates:

- (1) The date of termination of the policy;
- (2) The date the Insured dies;
- (3) Upon written request of the policy Owner;
- (4) The date the policy lapses or is exchanged for a paid-up policy; and/or
- (5) The date the maximum accelerated Death Benefit is paid.

Termination of the rider will not prejudice the payment of the accelerated Death Benefit for the Qualifying Event that occurred while the rider was in force.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**OTHER INSURED TERM INSURANCE RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Other Insured** - Other Insured means each person named under this rider as shown on the Rider Specifications Page. More than one Other Insured may be named.

**Beneficiary** - The Beneficiary for an Other Insured's insurance may be named or changed as provided in the policy. If no Beneficiary is specifically named, the Beneficiary will be the Owner of the policy.

**Benefit**

We will pay to the Beneficiary the amount of insurance listed on the Rider Specifications Page:

- (1) If the Other Insured has died while this rider is in force prior to the Expiry Date of coverage as listed on the Rider Specifications Page; and
- (2) Upon receipt of proof of death. Proof of death will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information, and proof of the Beneficiaries interest in the amount of insurance.

**Death of Insured**

If the Insured dies, we will return any unearned premium for the rider.

**Conversion**

On any conversion date while the rider is in effect, the insurance on the Other Insured may be converted to a new policy on that Other Insured's life. The new policy will be issued without evidence of insurability or change in premium class subject to the following conditions:

- (1) We must receive a written application for the new policy while the coverage for the Other Insured is in force;

- (2) The Policy Date of the new policy will be the conversion date following the date we receive the application. The coverage being converted under this rider will end on the conversion date. Coverage under the new policy will begin when the coverage under this rider ends;
- (3) The amount converted can be any amount not exceeding the amount of insurance provided by this rider on an Other Insured, and it may not be less than the minimum issue amount for the converted policy;
- (4) If any amount of insurance under the rider remains after a partial conversion, the remaining amount may not be less than the minimum amount we permit;
- (5) Any plan of insurance (except term insurance) offered by us on the Policy Date of the new policy can be selected;
- (6) The new policy will be issued at the Other Insured's Attained Age and at the rates in effect on the Policy Date of the new policy;
- (7) The inclusion of any rider in the new policy will be subject to our consent and satisfactory evidence of insurability; and
- (8) The first premium for the new policy must be paid within 31 days after the Policy Date of the new policy.

### **Conversion Date**

If the Other Insured is in a standard premium class (indicated on the Rider Specifications Page) conversion dates occur on each Monthiversary prior to reaching the Other Insured's Attained Age of 70. If the Other Insured is in a special premium class, conversion dates occur on each Monthiversary prior to reaching the Other Insured's Attained Age 55 or for five (5) years after the date the insurance was effective, if longer (but not beyond attained age 70).

### **Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Other Insured for two (2) years from the Policy Date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. If an Other Insured is added to this rider at a later date, the rider will not be contested as to the insurance provided on the life of that Other Insured after two (2) years from the date the Other Insured is added.

### **Suicide**

If the Other Insured commits suicide, while sane or insane, within two (2) years from the Policy Date of the rider we will not pay a Death Benefit. We will terminate this rider and refund the rider premiums paid.

If the Insured commits suicide, while sane or insane, within two (2) years from the Policy Date of the rider or the effective date of any reinstatement, any cost for this rider will be included in the amount paid under the Policy because of the Insured's suicide.

**Misstatement of Age or Sex** – If the Other Insured's Age or sex has been misstated, the amount of insurance for that Other Insured shall be that amount which would have been purchased at the correct Age and sex in consideration of the most recent Cost of Insurance rates by adjusting the Net Amount At Risk by the ratio of the incorrect Cost of Insurance rate to the correct Cost of Insurance rate for the Other Insured. We may adjust future months' deductions so as to reflect the corrected Age and sex.

**Nonforfeiture Values**

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

**Reinstatement**

If the policy is reinstated, this rider will also be reinstated.

**Cost of Insurance**

The cost of insurance for each Other Insured is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the Expiry Date of coverage. The Expiry Date of coverage is shown on the Rider Specifications Page.

The guaranteed monthly Cost of Insurance rates per \$1,000 of amount of insurance on each Other Insured are shown on the Rider Specifications Page. We can use Cost of Insurance rates less than the guaranteed rates, but we can never use rates greater than the guaranteed rates. The rates we use will be on a uniform basis for persons of the same Age, sex, and premium class whose insurance has been in force for the same length of time. Any change in rates will be based on changes in expected mortality, expenses and persistency.

The monthly Cost of Insurance for each Other Insured is the monthly Cost of Insurance rate times the amount of insurance (in thousands)

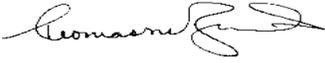
**Termination of Coverage for an Other Insured** – Coverage for an Other Insured will terminate on the earliest of the following dates:

- (1) The date an Other Insured converts all of the amount of insurance under this rider;
- (2) The Expiry Date shown on the Rider Specifications Page for an Other Insured; or
- (3) The Monthiversary following the date requested by you in writing.

**Termination of the Rider** - This rider will terminate on the earliest of the following dates:

- (1) The date that there is no coverage in force for any Other Insured;
- (2) The date the policy is terminated, surrendered for cash, or continued as paid-up or extended term insurance;
- (4) The Monthiversary following the date requested by you in writing;
- (5) Upon nonpayment of the premium for the rider, in accordance with the provisions of this rider or the policy;
- (6) Upon the death of the last surviving Other Insured.

Signed for American United Life Insurance Company® by,

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**AVIATION EXCLUSION RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Exclusion**

Death of the Insured as a result of travel in or descent from an aircraft, except as a passenger without any duties in connection with such travel or descent, is a risk not assumed by us under the policy.

**Amount Payable**

In the event of the death of the Insured as described above, we will pay the premiums received to date, minus any outstanding loan and loan interest and any partial surrenders previously taken less any dividends, if applicable.

  
Secretary

**American United Life Insurance Company**  
**[One American Square**  
**Indianapolis, IN 46206]**

**PREMIUM DEPOSIT ACCOUNT RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

**Benefit**

You may make payments to a Premium Deposit Account while the policy is in force. Each payment must be at least the minimum premium payment amount for the policy as shown on the Policy Data Page. On each Policy Anniversary, we will credit the Premium Deposit Account with interest at such rate as we may declare, provided that no interest will be credited for any period less than one month. We reserve the right to decline any payments that, together with the amount already in the account, exceeds 10% of the amount of insurance shown on Page 3 of the Policy. We may also decline to accept any payment if there is indebtedness on the Policy.

**Withdrawals from the Account**

You may withdraw any part of this account without penalty at any time before the Insured's death.

We may withdraw funds from the Premium Deposit Account to make premium payments on the Policy, whenever Monthly Deductions remain unpaid at the last day of the Grace Period. In that case, part of the account will be withdrawn so that when that part is applied as premium on the policy, it will allow all unpaid Monthly Deductions to be made. Also, you may instruct us to make premium payments from the Premium Deposit Account at any time.

**Death**

Upon receipt of due proof of the death of the Insured, the balance of the Premium Deposit Account will be paid to the Owner, if other than the Insured. If the Owner and Insured are the same, upon death the remaining balance will be paid to the beneficiary listed on the policy.

**Termination** – This rider will automatically terminate on the following dates:

1. The date the policy is terminated, surrendered for cash, or continued as paid-up or extended term insurance.
2. The Monthiversary following the date requested in writing by the Owner.

Signed for American United Life Insurance® Company by,

A handwritten signature in black ink, appearing to read "Thomas J. [unclear]". The signature is written in a cursive style with a large, stylized initial.

Secretary

## Application for Life Insurance

(Please print in dark ink.)

American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square, P.O. Box 6003  
Indianapolis, IN 46206-6003  
1-800-537-6442

Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United  
Mutual Insurance Holding Company  
a ONEAMERICA® company  
101 North 10th Street  
Fargo, ND 58102  
1-800-437-4692



### APPLICATION COMPLETION TIPS

1. Use one color ink, preferably black.
2. Do not use "white-out." Changes should be made using a single line cross-out and should be initialed by the applicant.
3. The signature and date should never be altered.
4. Record answers to all questions and furnish details for all "Yes" answers.
5. Legible handwriting will facilitate the underwriting process.
6. Explain any unusual circumstances or items not covered in the application in a cover memo.
7. For business cases, provide a cover memo including the following information:
  - a. If key person or buy-sell, what percentage of the business is owned by the Proposed Insured?
  - b. What is the total value of the business and how was the value determined?
  - c. If key person, how was the amount derived?
  - d. If partnership or closely held corporation, give full names of partners and each one's share of the business.
  - e. Are any partners currently insured in favor of the business? If not, explain why.
  - f. Attach any supporting documentation.
8. If Advanced Sales support was used in placing this case, please describe in a cover memo.

### CASH-WITH-APP RULES AND PROCEDURE

1. Do not accept an initial premium if the amount of coverage applied for exceeds \$2,000,000.
2. Do not accept an initial premium or credit card authorization if the proposed insured is less than 15 days old or over 70 years old.
3. Ask the proposed insured the three health questions on the Temporary Insurance Agreement form page of the application. If any are answered "Yes" do not accept initial premium or credit card authorization.
4. Have both copies of the Temporary Insurance Agreement form completed and signed. Give one copy to the applicant and submit the other to the company with the completed application.
5. If an application is received with initial premium but does not meet the above requirements, the money will be returned directly to the payor.
6. If initial premium is not collected at the time of application, it MAY NOT be collected until an underwriting decision has been made.

### COVERAGE LIMITS

The total amount of insurance which may take effect on any person proposed for insurance under the Temporary Insurance Agreement is \$300,000 of life insurance.



# Application for Life Insurance

(Please print in dark ink.)

American United Life Insurance Company®  
 a ONEAMERICA® company  
 One American Square, P.O. Box 6003  
 Indianapolis, IN 46206-6003  
 1-800-537-6442

Pioneer Mutual Life Insurance Co.  
 A stock subsidiary of American United  
 Mutual Insurance Holding Company  
 a ONEAMERICA® company  
 101 North 10th Street  
 Fargo, ND 58102  
 1-800-437-4692



## PART I: General Information

For general inquiries call: 1-877-999-9883

### 1. Choose Company: (Hereafter referred to as "Company" – check all that apply.)

American United Life Insurance Company® (AUL)       Pioneer Mutual Life Insurance Company (PML)

### 2. Proposed Insured (Please print and give full name.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Years at This Address \_\_\_\_\_

Male     Female    Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Evening Phone Number (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

U.S. Citizen?     Yes     No    If No, give details in Question 16 and attach copy of visa.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

### 3. Proposed Other Insured (Please print and give full name.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Years at This Address \_\_\_\_\_

Male     Female    Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Evening Phone Number (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

U.S. Citizen?     Yes     No    If No, give details in Question 16 and attach copy of visa.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

### 4. Owner and Payor – All notices and correspondence will be sent to the Owner. Complete Owner information only if different from Primary Insured.

If there are to be multiple owners, please complete the Request for Multiple Ownership form.

Full Name (first/middle/last) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Name of Corporation, Trust or Qualified Retirement Plan \_\_\_\_\_

Full Name of Corporate Officer, Title and State of Incorporation \_\_\_\_\_

**If the Owner is a trust, please provide a copy of the trust agreement.**

Custodian Name \_\_\_\_\_, Custodian Under \_\_\_\_\_ (state)     UGMA     UTMA

Male     Female     Corporation     Trust     Qualified Retirement Plan     Other \_\_\_\_\_

Birthdate or Date of Trust \_\_\_\_\_ SSN or Tax ID # \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Payor Name and Address (if other than Owner) \_\_\_\_\_

### 5. Contingent Owner

Full Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Male     Female     Other \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN Or Tax ID# \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

**6. Proposed Insured's Beneficiary**

Unless otherwise directed, the insurance proceeds shall be divided equally among all persons who are named as primary beneficiary and who survive the insured, but if none survive, equally among all persons who are named as secondary beneficiary and who survive the insured.

**Primary Beneficiary**

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name of Corporate Officer and Title*                      *State of Incorporation*

**Secondary Beneficiary (if no primary beneficiary is living)**

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name of Corporate Officer and Title*                      *State of Incorporation*

**7. Proposed Other Insured's Beneficiary**

Unless otherwise directed, the insurance proceeds shall be divided equally among all persons who are named as primary beneficiary and who survive the insured, but if none survive, equally among all persons who are named as secondary beneficiary and who survive the insured.

**Primary Beneficiary**

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name of Corporate Officer and Title*                      *State of Incorporation*

**Secondary Beneficiary (if no primary beneficiary is living)**

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name or Name of Corporation/Trust*                      *Relationship to Insured*                      *SSN or Tax ID #*                      *DOB or Date of Trust*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Full Name of Corporate Officer and Title*                      *State of Incorporation*

## 8. Premium Information

Payment Method:  Single Premium \$ \_\_\_\_\_  
 Annual  Semi-Annual  Monthly APP  Other \_\_\_\_\_

Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?  Yes  No

Payor (if other than owner): \_\_\_\_\_

If Automatic Premium Plan (APP) is chosen, please complete the following:

Add this Premium to Existing APP for Policy # \_\_\_\_\_

Start a New Draft from the Following Account:  Checking  Savings

Account Number\* \_\_\_\_\_ Routing Number \_\_\_\_\_

Monthly Deduction Day (1st thru 28th) \_\_\_\_\_

Home Office Use Only: APP Control Number \_\_\_\_\_

**\*Attach a blank, voided check from this account for routing information.**

## 9. Credit Card Authorization

Initial premium payments up to \$3,000 may be made by credit card. (Not available for Variable Products)

VISA  MasterCard  Discover

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date (mm/dd/yyyy) \_\_\_\_\_

I authorize a premium deposit to be made by charging the credit card listed above in the amount of: \$ \_\_\_\_\_ in connection with this application for life insurance. I acknowledge that use of the credit card for payment is optional and that this authorization does not cover the charging of future premiums. I have received and have read the Temporary Insurance Agreement. It has been explained to me by the agent and I understand and agree to all the conditions and limitations.

Cardholder's Signature \_\_\_\_\_

## 10. Nonforfeiture Information

Automatic Premium Loan (if available)  Yes  No (If not completed, APL will be applied if applicable, except in Illinois.)  
 Qualified Retirement Plan

If Qualified Retirement Plan is selected, the automatic nonforfeiture option is paid-up insurance.

**11. Insurance on Proposed Insured**

**Whole Life Insurance**

Basic Policy Plan:  Whole Life     Last Survivor Whole Life     Modified Premium Last Survivor Whole Life

Plan Name: \_\_\_\_\_ Face Amount of Basic Policy \$ \_\_\_\_\_

Limited Pay Period: \_\_\_\_\_ years

**Riders:**

- WPD
- GIO \$ \_\_\_\_\_ (\$20,000 min.; \$50,000 max.)
- CBR \_\_\_\_\_ units (1 unit min.; 20 units max.)
- Same Insured Term \$ \_\_\_\_\_  
Guarantee Period \_\_\_\_\_
- Other Insured Term \$ \_\_\_\_\_  
Guarantee Period \_\_\_\_\_
- Joint First-to-Die Level Term \$ \_\_\_\_\_
- Blended Insurance Rider \$ \_\_\_\_\_
- Other \_\_\_\_\_
- Offset premiums by surrendering paid-up additions (if sufficient) beginning policy year \_\_\_\_\_
- Value Builder: Planned Premium \$ \_\_\_\_\_  
Planned frequency \_\_\_\_\_  
How much is §1035 money? \$ \_\_\_\_\_
- Coverage Builder: Planned Premium \$ \_\_\_\_\_  
Planned frequency \_\_\_\_\_  
How much is §1035 money? \$ \_\_\_\_\_

**Universal Life Insurance (Underwritten by Pioneer Mutual Life Insurance Company)**

Life Insurance Qualification Test  Guideline Premium Test  Cash Value Accumulation Test (CVAT)

Note: If qualification test is not marked, Guideline Premium Test will be automatically chosen.

Base Face Amount: \_\_\_\_\_ Supplemental Face Amount: \_\_\_\_\_

Death Benefit Option  Option 1(A)  Option 2(B)  Option 3(C)

Initial Premium \$ \_\_\_\_\_ Planned Premium \$ \_\_\_\_\_ How much is §1035 money? \_\_\_\_\_

**Riders:**

- WMDD (WMDD is required for WPD)
- WPD Monthly Amount \$ \_\_\_\_\_
- CBR \_\_\_\_\_ units (1 unit min.; 20 units max.)
- GIO \$ \_\_\_\_\_ (\$10,000 min.; \$50,000 max.)
- Other Insured Term \$ \_\_\_\_\_
- Other \_\_\_\_\_

**Term Insurance**

Basic Policy Plan: \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Guarantee Period \_\_\_\_\_

**Riders:**

- WPD
- Other \_\_\_\_\_
- CBR \_\_\_\_\_ units (1 unit min.; 20 units max.)
- Other \_\_\_\_\_

**Variable Universal Life (complete Investment Option Election form (IOE))**

THE AMOUNT AND DURATION OF THE DEATH BENEFIT MAY VARY BASED ON THE INVESTMENT PERFORMANCE OF THE SEPARATE ACCOUNTS' INVESTMENT RETURN. THE CASH VALUE MAY INCREASE OR DECREASE BASED ON THE INVESTMENT PERFORMANCE OF THE SEPARATE ACCOUNTS' INVESTMENT RETURN.

**Flexible Premium VUL**

Life Insurance Qualification Test  Guideline Premium Test  Cash Value Accumulation Test (CVAT)

Note: If qualification test is not marked, Guideline Premium Test will be automatically chosen.

Base Face Amount: \_\_\_\_\_ Supplemental Face Amount: \_\_\_\_\_

Death Benefit Option  Option 1(A)  Option 2(B)  Option 3(C)

**Riders:**

- WMDD (WMDD is required for WPD)
- WPD Monthly Amount \$ \_\_\_\_\_
- CBR \_\_\_\_\_ units (1 unit min.; 20 units max.)
- GIO \$ \_\_\_\_\_ (\$10,000 min.; \$50,000 max.)
- Other Insured Term \$ \_\_\_\_\_
- Extended No-Lapse Guarantee
- Other \_\_\_\_\_
- Initial Premium \$ \_\_\_\_\_
- Planned Premium \$ \_\_\_\_\_
- How much is §1035 money? \$ \_\_\_\_\_



**PART 2: Underwriting Information (continued)**

**17. Health Questions (Complete for all proposed insureds; optional for those being examined.)**

**A. During the past ten (10) years has any person proposed for insurance been diagnosed as having, or been treated for:**

|                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Primary Insured</b>                                   | <b>Second/Other Insured</b>                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 1. Heart attack, high blood pressure, stroke, or other disorder of the heart or blood vessels?                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Cancer, tumor, lymph gland or thyroid disorder, chronic fatigue, leukemia, or any other blood abnormalities?                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Diabetes or other endocrine disorder; disorder of the kidney, bladder or prostate?                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Lung or chronic respiratory disorder, asthma, bronchitis, emphysema, pneumonia, tuberculosis, or any other disorder of the respiratory system?                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Intestinal bleeding, ulcer, hepatitis, or other disorder of stomach, liver, intestine, gall bladder or pancreas?                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any disease or disorder of the reproductive organs or breasts?                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Brain, mental or nervous disorder, fainting, convulsions; paralysis, depression, anxiety, frequently recurring headaches or any other disease or disorder of the nervous system, attempted suicide or ever been counseled for any of the above?                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Arthritis, loss of limb or deformity, disorder of bone, joint, muscle, back, spine or neck, skin disorder or any other disorder of the skeletal system?                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Disease or disorder of the eyes, ears, nose or throat?                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Immune Deficiency – Has the proposed insured:                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                          |
| a. ever been diagnosed or treated by a member of the medical profession for specified symptoms such as: immune deficiency, anemia, recurrent fever, fatigue or unexplained weight loss, malaise, loss of appetite, diarrhea, fever of unknown origin, severe night sweats, unexplained or unusual infections or skin lesions; unexplained swelling of the lymph glands; Kaposi's Sarcoma or Pneumocystis Carinii Pneumonia; | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS).                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**B. During the past five (5) years has any person proposed for insurance:**

|                                                                                                               |                                                          |                                                          |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 1. Been advised to take or is now taking treatment or medication or under prescribed diet?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had a checkup or consultation with a physician or medical practitioner?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had any diagnostic test, such as an EKG, treadmill, heart cath, X-ray, MRI CT scan, biopsy or blood study? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has been an inpatient or outpatient in a hospital, clinic or medical facility or any similar entity?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Been advised to have any diagnostic test, hospitalization or surgery which has not been completed?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**C. Has or is any person proposed for insurance:**

|                                                                                                                                                                                                                                                                                      |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 1. Pregnant? If Yes, list the anticipated delivery date. _____                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. During the last five years, made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition and/or been unable to work, attend school or perform the normal activities of like age and gender or been confined at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the last five years, had any illness, disease, or injury not mentioned in A or B above?                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Details of all "Yes" answers. (Identify Primary or Second/Other Insured, question number, circle applicable items; include diagnosis, treatment, dates of diagnosis, dates of treatment, duration and names and addresses of all attending physicians and medical facilities.)**

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**19. Proposed Insured Family History**

| Cancer<br>(all types)                                    | Heart Disease, Stroke or<br>Other Circulatory Disorder   | Diabetes                                                 | Provide details for Yes answers. |                 |                                |
|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------|-----------------|--------------------------------|
|                                                          |                                                          |                                                          | Age<br>If Still Living           | Age<br>At Death | State of Health/Cause of Death |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mother                           | _____           | _____                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Father                           | _____           | _____                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Siblings                         | _____           | _____                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  | _____           | _____                          |

**20. Proposed Second/Other Insured Family History (Not required for children covered under CBR)**

| Cancer<br>(all types)                                    | Heart Disease, Stroke or<br>Other Circulatory Disorder   | Diabetes                                                 | Provide details for Yes answers. |                 |                                |
|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------|-----------------|--------------------------------|
|                                                          |                                                          |                                                          | Age<br>If Still Living           | Age<br>At Death | State of Health/Cause of Death |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mother                           | _____           | _____                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Father                           | _____           | _____                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Siblings                         | _____           | _____                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  | _____           | _____                          |

**Agreements**

I (we) represent that I (we) have read and understand all the statements and answers given in this application and that they are true and complete to the best of my (our) knowledge and belief. It is agreed that:

- the statements and answers given to this application and any amendments to it or made to the medical examiner will be the basis of any insurance issued;
- no representative or medical examiner has the authority to make or alter any contract for the company;
- the company may indicate changes in an endorsement to this application for administrative purposes only, and I must agree in writing to any other changes in this application;
- if an initial premium has been made, and a Temporary Insurance Agreement (TIA) bearing the same name and date as this application has been received, no insurance will be effective before policy delivery except as provided in the TIA.
- if no initial premium payment has been made at the time of making this application, or if the company approves this application different from that applied for as to plan, amount, age, classification or benefits, no insurance will take effect until (a) the policy is delivered to and accepted by me and (b) the full first premium is paid and (c) to the best of the applicant's knowledge, the health and insurability of any person proposed for insurance has not changed since the date of this application.

I (we) and the representative certify that I (we) have read, or had read to me (us), the completed application and I (we) realize that any false statement or misrepresentation therein may result in loss of coverage under the policy.

**Acknowledgement**

This section must be completed by the proposed policy owner regardless of whether the TIA is given.  
**PLEASE MARK THE ONE BOX THAT APPLIES, UNMARKED BOXES ARE NOT APPLICABLE**

I have NOT made a premium deposit with this application nor have I received the Temporary Insurance Agreement.

I have made a premium deposit in the amount of \$\_\_\_\_\_ in connection with the application for life insurance. I have received and have read the Temporary Insurance Agreement (TIA). It has been explained to me and I understand and agree to all of the conditions and limitations.

**PLEASE ALSO MARK THE FOLLOWING BOX, IF APPLICABLE (does not apply to Variable Products)**

I acknowledge that an illustration conforming to the policy applied for was **not** provided. I understand that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

**Interview Information**

|                                                               |                                                          |
|---------------------------------------------------------------|----------------------------------------------------------|
| Home Phone: (_____) _____                                     | Best Time to Call _____ a.m. _____ p.m.                  |
| Business Phone: (_____) _____                                 | Best Time to Call _____ a.m. _____ p.m.                  |
| May we interview the spouse of an adult member of the family? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Fraud Warning**

**FRAUD WARNING (Not applicable to residents in AZ, CT, ND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Authorization and Acknowledgement**

I (we) authorize any physician, medical practitioner, hospital, medical facility, insurance company, DMV and the MIB to give all the companies who are listed as a OneAmerica® company and its reinsurers any of the following about me (us) or my (our) children, if they are to be insured: facts about physical and mental health; medical care, advice or treatment; prescriptions, hobbies, other insurance, flying and driving record (which may include but is not limited to existing address); age, occupation, income and the use of alcohol, drugs and tobacco. Each person proposed for insurance may be asked to take a physical exam, where tests may be made of blood and urine. These tests may include tests for the presence and/or level of blood sugar, cocaine or other drugs, cholesterol, nicotine and, where permitted by law, antibodies to the Acquired Immune Deficiency Syndrome virus. All sources except the MIB may give these facts to any insurance support organization authorized by a OneAmerica company to collect and transmit them. This data will be used to determine eligibility for insurance. A photocopy of this form shall be as valid as the original. This authorization will be valid for 24 months from the date shown below. I can choose to be interviewed if an investigative consumer report is made. Upon request, I (we) can receive a copy of the investigative consumer report. I (we) have received the Notice of OneAmerica's Information Practices, the Medical Information Bureau Notice, the Fair Credit Reporting Act Notice, and the Authorization and Acknowledgement. I (we) or my (our) authorized representative can receive a copy of this authorization form.

**Substitute W-9 Certification**

I (we) certify, under penalty of perjury that 1) the number(s) shown on this form is my (our) correct taxpayer identification number(s), [or I(we) am (are) waiting for a number to be issued to me (us)]; and 2) I (we) am (are) not subject to backup withholding because: a) I (we) am/are exempt from backup withholding or b) I (we) have not been notified by the Internal Revenue Service that I (we) am (are) subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me (us) that I (we) am/are no longer subject to backup withholding; and (3) I (we) am (are) a U.S. citizen or other U.S. person (as defined in Form W-9 located at [www.irs.gov](http://www.irs.gov)).

Check this box if you have been notified by the IRS that you are currently subject to withholding because of under reporting interest or dividends on your tax return.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

**Signatures**

Signed at: \_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yyyy)  
*City, State* *Date*

|                                                       |                     |                  |
|-------------------------------------------------------|---------------------|------------------|
| Proposed Insured                                      | _____               | _____            |
| Proposed Second/Other Insured                         | _____               | _____            |
| Proposed Other Insured #2                             | _____               | _____            |
| Proposed Other Insured #3                             | _____               | _____            |
| Payor, owner or applicant other than Proposed Insured | _____               | _____            |
|                                                       | <i>Printed Name</i> | <i>Signature</i> |

Any child over age 15 proposed for insurance must sign. If proposed insured is under age 18, parent must also sign.

**FOR VARIABLE PRODUCTS, PLEASE ACKNOWLEDGE:**

I hereby acknowledge receipt of the current prospectus, and any supplements for this policy including any required disclosure if the policy applied for will be in a qualified plan.

Please check, if applicable:

Yes, I have a CD-ROM drive on my computer and am able to view all of the prospectuses.

For a printed version of the prospectuses, please call **1-800-537-6442**. Variable contracts issued by AUL are distributed by OneAmerica Securities, Inc., Member FINRA, SIPC, a wholly-owned subsidiary of AUL.

\_\_\_\_\_  
*Signature* *Date*

**Please make all checks payable to (Check appropriate box):**

American United Life Insurance Company® (Standard Risk Term, Whole Life, Variable Life)

Pioneer Mutual Life Insurance Company (Standard Risk Universal Life)

**Representative's Statement**

Do you have any knowledge or reason to believe that replacement of existing insurance or annuity coverage may be involved?  Yes  No

(If "Yes," give details in Section 15 and complete any state required replacement forms.)

Did you witness the signatures on this application?  Yes  No

How did you identify the proposed insured?  Well known to you  Photo ID  Related

(If related, or well-known to you, please explain) \_\_\_\_\_

List any former names of the proposed insured(s) \_\_\_\_\_

Should this application be evaluated with any other applications?  Yes  No

If "Yes," please provide: Name: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

I certify that an illustration was **not** used in the sale of this policy.

I certify that the policy is applied for other than as illustrated.

I certify that (1) the information provided by the owner and proposed insured(s) has been accurately recorded and (2) I have reasonable grounds to recommend the purchase of the policy as suitable for the owner and the proposed insured(s).

I submit this application assuming full responsibility for delivery of any policy and for immediate transmittal to the Company of the first premium when collected. I know of no condition affecting the insurability of any person proposed for insurance not fully set forth herein. I certify that a written disclosure statement, where required by law, was given to the applicant when this application was taken.

\_\_\_\_\_  
Name of Representative (Please Print)  
\_\_\_\_\_ %

\_\_\_\_\_  
Representative's Signature  
Representative's AUL Code \_\_\_\_\_ Representative's PML Code \_\_\_\_\_

\_\_\_\_\_  
Name of Representative (Please Print)  
\_\_\_\_\_ %

\_\_\_\_\_  
Representative's Signature  
Representative's AUL Code \_\_\_\_\_ Representative's PML Code \_\_\_\_\_

\_\_\_\_\_  
Name of Representative (Please Print)  
\_\_\_\_\_ %

\_\_\_\_\_  
Representative's Signature  
Representative's AUL Code \_\_\_\_\_ Representative's PML Code \_\_\_\_\_

Agency or Broker/Dealer: \_\_\_\_\_

If the Company has questions concerning this application, whom should we call at your office?

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Principal Review (Required for registered products only)**

\_\_\_\_\_  
Field Office Principal On \_\_\_\_\_  
Date

Accepted by American United Life Insurance Company® at the Home Office by:

\_\_\_\_\_  
Home Office Principal On \_\_\_\_\_  
Date

**Send Application To:**

If you have any questions completing this application or any other supporting documentation, please call 1-877-999-9883.

**Please mail this application to the following address:**

**U.S. Postal Delivery:**  
**OneAmerica Financial Partners, Inc.**  
Attn: Individual New Business  
PO. Box 6003  
Indianapolis, IN 46206-6003

**Overnight Delivery:**  
**OneAmerica Financial Partners, Inc.**  
Attn: Individual New Business  
One American Square  
Indianapolis, IN 46282

**FOR MOST EXPEDIENT DELIVERY – SUBMIT ALL APPLICATIONS IN THE YELLOW NEW BUSINESS ENVELOPE (#7-13507)**

## TEMPORARY INSURANCE AGREEMENT

**PLEASE NOTE: THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF INSURANCE (THE LESSER OF \$300,000 OR THE AMOUNT OF INSURANCE APPLIED FOR UNDER THE APPLICATION FOR INSURANCE HAVING THE SAME DATE AS THIS AGREEMENT), IF ALL THE CONDITIONS SET FORTH HEREIN ARE FULLY SATISFIED. THE COVERAGE PROVIDED IN THIS AGREEMENT IS IN EXCHANGE FOR THE DEPOSIT RECEIVED TOWARD THE INSURANCE APPLIED FOR AND NO AMOUNT SHALL BE CHARGED FOR THE COVERAGE PROVIDED HEREIN. NO REPRESENTATIVE OR AGENT HAS THE AUTHORITY TO WAIVE OR CHANGE THE TERMS OR CONDITIONS OF THIS AGREEMENT.**

### HEALTH QUESTIONS

1. Within the past 90 days, has any person proposed for insurance been a patient in a hospital or other medical facility, had surgery or been advised to be hospitalized or have surgery?  Yes  No
2. Within the past 2 years, has any person proposed for insurance been treated for heart trouble, stroke, diabetes, cancer or been advised by a medical professional to have such treatment?  Yes  No
3. Has any person proposed for insurance been diagnosed or treated for AIDS by a member of the medical profession, or had a positive test result confirming the presence of the AIDS virus (e.g. HIV, HTLV-III)?  Yes  No

**If any Health Question is answered "Yes", give question(s) and name of applicant.**

---

**No insurance is provided under this Agreement on any applicant(s), answering "Yes" to a question above. If any Health Question is not answered, this agreement is void.**

**NOTE TO REPRESENTATIVE: If any question is answered "Yes", do not accept cash or detach this agreement.**

### DEPOSIT

Received from \_\_\_\_\_ the sum of \_\_\_\_\_ as a deposit in connection with an application for insurance having the same date as this Agreement. The deposit shall be held and applied toward the first premium owed from the effective date of any policy issued and accepted as part of said application.

There shall be no coverage under the insurance applied for until a policy is issued and accepted. If no policy is issued and/or accepted, the deposit shall be refunded to you.

### CONDITIONS

Insurance on applicant, up to the Amount Limitation, will begin on the effective date, if:

1. There is no material misrepresentation in the application or answers to the Health Questions, and
2. All of the Health Questions are answered "No" with respect to that applicant; and
3. The deposit received is equal to the premium for the mode selected in the related insurance application.

If the deposit is paid by check that is postdated or is not honored on presentation, the Agreement is void.

If a person proposed for insurance dies by suicide, while sane or insane, the death benefit will be only the amount of the deposit paid.

### EFFECTIVE DATE

"Effective Date" means the latest of:

1. The date of the application.
2. The date of the last medical exam initially required under the Company's underwriting rules. Any required medical exam must be completed within 30 days after the date of this Agreement, if not, this Agreement will be void with respect for that person proposed for insurance.

### AMOUNT LIMITATION

The total amount of insurance which may take effect on any person proposed for insurance under this and all Temporary Insurance Agreements is \$300,000 of life insurance (including accidental death).

### TERMINATION OF TEMPORARY INSURANCE

Insurance under this Agreement will terminate with respect to all of the persons proposed for insurance on the earliest of:

1. The date that insurance begins under the policy applied for or under a policy issued other than as applied for.
2. Ten (10) days after a policy other than as applied for is offered to the Proposed Insured or Owner.
3. Five (5) days after the Company mails a letter of declination to the Proposed Insured or Owner.
4. Sixty (60) days after the date of the application.

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

I have read this Agreement and understand and agree to its terms. I understand this receipt provides no insurance unless all of its conditions are met and all required medical exams are completed. I declare that the answers to the Health Questions are true and complete to the best of my knowledge.

Date \_\_\_\_\_ Proposed Insured Signature \_\_\_\_\_  
By \_\_\_\_\_ Owner (If other than Proposed Insured) \_\_\_\_\_  
Representative

**IF YOU HAVE NOT RECEIVED YOUR POLICY WITHIN 60 DAYS OF THE DATE OF THIS CONTACT THE COMPANY AT P.O. BOX 6003, INDIANAPOLIS, IN 46206. ATTN. UNDERWRITING DEPT.**

Representative's Note: Send original to Home Office with application and give copy to Proposed Insured (owner, if other than Proposed Insured).



## TEMPORARY INSURANCE AGREEMENT

**PLEASE NOTE: THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF INSURANCE (THE LESSER OF \$300,000 OR THE AMOUNT OF INSURANCE APPLIED FOR UNDER THE APPLICATION FOR INSURANCE HAVING THE SAME DATE AS THIS AGREEMENT), IF ALL THE CONDITIONS SET FORTH HEREIN ARE FULLY SATISFIED. THE COVERAGE PROVIDED IN THIS AGREEMENT IS IN EXCHANGE FOR THE DEPOSIT RECEIVED TOWARD THE INSURANCE APPLIED FOR AND NO AMOUNT SHALL BE CHARGED FOR THE COVERAGE PROVIDED HEREIN. NO REPRESENTATIVE OR AGENT HAS THE AUTHORITY TO WAIVE OR CHANGE THE TERMS OR CONDITIONS OF THIS AGREEMENT.**

### HEALTH QUESTIONS

1. Within the past 90 days, has any person proposed for insurance been a patient in a hospital or other medical facility, had surgery or been advised to be hospitalized or have surgery?  Yes  No
2. Within the past 2 years, has any person proposed for insurance been treated for heart trouble, stroke, diabetes, cancer or been advised by a medical professional to have such treatment?  Yes  No
3. Has any person proposed for insurance been diagnosed or treated for AIDS by a member of the medical profession, or had a positive test result confirming the presence of the AIDS virus (e.g. HIV, HTLV-III)?  Yes  No

**If any Health Question is answered "Yes", give question(s) and name of applicant.**

---

**No insurance is provided under this Agreement on any applicant(s), answering "Yes" to a question above. If any Health Question is not answered, this agreement is void.**

---

**NOTE TO REPRESENTATIVE: If any question is answered "Yes", do not accept cash or detach this agreement.**

---

### DEPOSIT

Received from \_\_\_\_\_ the sum of \_\_\_\_\_ as a deposit in connection with an application for insurance having the same date as this Agreement. The deposit shall be held and applied toward the first premium owed from the effective date of any policy issued and accepted as part of said application.

There shall be no coverage under the insurance applied for until a policy is issued and accepted. If no policy is issued and/or accepted, the deposit shall be refunded to you.

### CONDITIONS

Insurance on applicant, up to the Amount Limitation, will begin on the effective date, if:

1. There is no material misrepresentation in the application or answers to the Health Questions, and
2. All of the Health Questions are answered "No" with respect to that applicant; and
3. The deposit received is equal to the premium for the mode selected in the related insurance application.

If the deposit is paid by check that is postdated or is not honored on presentation, the Agreement is void.

If a person proposed for insurance dies by suicide, while sane or insane, the death benefit will be only the amount of the deposit paid.

### EFFECTIVE DATE

"Effective Date" means the latest of:

1. The date of the application.
2. The date of the last medical exam initially required under the Company's underwriting rules. Any required medical exam must be completed within 30 days after the date of this Agreement, if not, this Agreement will be void with respect for that person proposed for insurance.

### AMOUNT LIMITATION

The total amount of insurance which may take effect on any person proposed for insurance under this and all Temporary Insurance Agreements is \$300,000 of life insurance (including accidental death).

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Insurance under this Agreement will terminate with respect to all of the persons proposed for insurance on the earliest of:

1. The date that insurance begins under the policy applied for or under a policy issued other than as applied for.
2. Ten (10) days after a policy other than as applied for is offered to the Proposed Insured or Owner.
3. Five (5) days after the Company mails a letter of declination to the Proposed Insured or Owner.
4. Sixty (60) days after the date of the application.

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

I have read this Agreement and understand and agree to its terms. I understand this receipt provides no insurance unless all of its conditions are met and all required medical exams are completed. I declare that the answers to the Health Questions are true and complete to the best of my knowledge.

Date \_\_\_\_\_

By \_\_\_\_\_

*Representative*

Proposed Insured Signature \_\_\_\_\_

*Owner (If other than Proposed Insured)*

**IF YOU HAVE NOT RECEIVED YOUR POLICY WITHIN 60 DAYS OF THE DATE OF THIS CONTACT THE COMPANY AT P.O. BOX 6003, INDIANAPOLIS, IN 46206. ATTN. UNDERWRITING DEPT.**

**Representative's Note: Send original to Home Office with application and give copy to Proposed Insured (owner, if other than Proposed Insured).**

*SERFF Tracking Number:* AULD-125790336      *State:* Arkansas  
*Filing Company:* American United Life Insurance Company      *State Tracking Number:* 40060  
*Company Tracking Number:* FPVUL  
*TOI:* L061 Individual Life - Variable      *Sub-TOI:* L061.002 Single Life - Flexible Premium  
*Product Name:* FPVUL 2008  
*Project Name/Number:* FPVUL 2008/FPVUL(AR)

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-125790336 State: Arkansas  
Filing Company: American United Life Insurance Company State Tracking Number: 40060  
Company Tracking Number: FPVUL  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: FPVUL 2008  
Project Name/Number: FPVUL 2008/FPVUL(AR)

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 09/03/2008  
**Comments:**  
**Attachment:**  
AR Compliance cert.pdf

**Review Status:**  
**Satisfied -Name:** Readability Certification 08/25/2008  
**Comments:**  
**Attachments:**  
READCERT- AR FPVUL2.pdf  
READCERT- FPVUL.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 08/25/2008  
**Comments:**  
**Attachment:**  
Stmt of Variability AR FPVUL.pdf

**Review Status:**  
**Satisfied -Name:** Accelerated Death Benefit Disclosure Statement 08/25/2008  
**Comments:**  
**Attachment:**  
accelerated deathdisc.pdf

**Review Status:**  
**Satisfied -Name:** Consent for Rates 08/25/2008  
**Comments:**  
**Attachment:**  
consent0001.pdf

**STATE OF ARKANSAS**

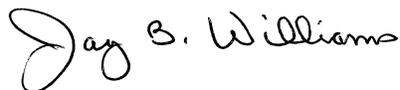
**CERTIFICATION**

CARRIER: AMERICAN UNITED LIFE INSURANCE COMPANY

SUBMISSION: FPVUL(AR)

DATE: September 3, 2008

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 33, in particular Articles, IV, VII, IX, and XI.



Jay B. Williams  
Name

Vice President, Compliance  
Title

CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President and Director of Compliance of American United Life Insurance Company, hereby certify that the following forms will only be used with a variable product that is subject to federal jurisdiction and accordingly the Flesch requirements do not apply.

FORMS

FPVUL(AR)

LR-201

LR-202

LR-204

LR-205

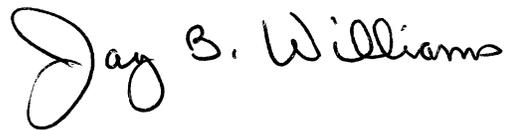
LR-211

LR-210

LR-212

LR-208

LR-209

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, looped initial "J".

July 9, 2008

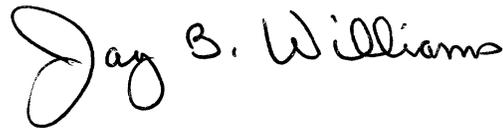
---

Jay B. Williams  
Vice President and Director of Compliance

CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President and Director of Compliance of American United Life Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements.

| <u>FORMS</u> | <u>READABILITY SCORE</u> |
|--------------|--------------------------|
| LR-206       | 52.1                     |
| LR-214       | 50.7                     |
| LR-213       | 50.1                     |
| I-20833      | 51.0                     |



July 9, 2008

Jay B. Williams  
Vice President and Director of Compliance

AMERICAN UNITED LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY  
FPVUL(AR)

| <b>Page</b> | <b>Bracketed (Variable)</b>                                                                                | <b>Range of Variables</b>                                                                                                                                     |
|-------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cover Page  | Company Address, telephone number and email address.                                                       | Bracketed to permit us to change the address, telephone number and email address, if necessary.                                                               |
| Cover Page  | Officer's Signatures                                                                                       | Bracketed to permit changes in the event new officers are elected.                                                                                            |
| 3           | Name of Insured, Sex, Age, Policy Owner(s), Policy Date, Issue Date and Policy Number.                     | Specific to each Insured.                                                                                                                                     |
| 3           | Premium Class                                                                                              | Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Special Non-Tobacco, Preferred Tobacco, Standard Tobacco, or Special Tobacco.         |
| 3           | Initial Premium                                                                                            | Minimum: \$100.00 monthly; \$1,000 annual<br>Maximum: \$1,000,000                                                                                             |
| 3           | Planned Premium                                                                                            | Minimum: \$100.00 monthly; \$1,000 annual<br>Maximum: \$1,000,000.                                                                                            |
| 3           | Premium Mode                                                                                               | Annual, Semi-Annual, Quarterly or Monthly.                                                                                                                    |
| 3           | Initial Net Premium Allocation                                                                             | Any money market or fixed account used by the company                                                                                                         |
| 3           | Initial Base Face Amount                                                                                   | Minimum: \$50,000-\$100,000<br>Maximum: None                                                                                                                  |
| 3           | Initial Supplemental Face Amount                                                                           | Minimum: \$10,000<br>Maximum: The percentage of the Base Face Amount as compared to the Total Face Amount shall never be less than the range specified below. |
| 3           | The percentage of the Base Face Amount as compared to the Total Face Amount shall never be less than [5%]. | From 5% to 50%.                                                                                                                                               |
| 3           | Initial Total Face Amount                                                                                  | The sum of the Initial Base Face Amount and the Initial Supplemental Face Amount.                                                                             |
| 3           | No-Lapse Guarantee Period                                                                                  | From 4 years to 10 years.                                                                                                                                     |
| 3           | Monthly Required Premium for the No-Lapse Guarantee                                                        | Varies based on issue specifications.                                                                                                                         |
| 3           | Death Benefit Option                                                                                       | Option 1, 2 or 3.                                                                                                                                             |
| 3           | Death Benefit Discount                                                                                     | 3% to 5%                                                                                                                                                      |
| 3           | Life Insurance Qualification Test Elected                                                                  | Cash Value Accumulation Test or Guideline Premium Test.                                                                                                       |
| 3A          | Premium Expense Charge                                                                                     | The break for Policy year may in the future range from 10 to 20 years. The premium                                                                            |

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|    |                                                                                                                                   |                                                                                                                                                                                                                                                                                     |
|----|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                   | expense charge may in the future range from 0% to 10%.                                                                                                                                                                                                                              |
| 3A | Guaranteed maximum Monthly Administrative Charge                                                                                  | \$10 to \$100 first Year<br>\$10 to \$50 thereafter                                                                                                                                                                                                                                 |
| 3A | Face Amount Charge<br>Guaranteed Maximum:<br>[\$x.xx] per month for [x] years from Policy Date based on Initial Base Face Amount. | Varies based on issue specifications.<br>Monthly charge per \$1000 Base Face Amount issued, policy years 1 to 10.<br>From 10 years to 20 years.                                                                                                                                     |
| 3A | Guaranteed maximum Mortality and Expense Charge                                                                                   | The first break for policy year may range from 1 to 20. The second break for policy year may range from 2 to 30, restricted by the first policy year break. The actual charge will range from 0.15% to 1.50%. The value break may in the future range from \$50,000 to \$1,500,000. |
| 3B | Table of Surrender Charges<br>Policy Years 1-?                                                                                    | Surrender charge is based on issue specifications and runs for 9 years.                                                                                                                                                                                                             |
| 3B | Minimum Loan Amount                                                                                                               | From \$100.00 to maximum amount as defined in the policy loan provisions.                                                                                                                                                                                                           |
| 3B | Interest Rate Charged on Loans                                                                                                    | From 3% to 8%.                                                                                                                                                                                                                                                                      |
| 3B | Interest Rate Credited on the Loan Account: Guaranteed Rate                                                                       | From 3% to 5%.                                                                                                                                                                                                                                                                      |
| 3B | Maximum Transfer Amount from Fixed Account                                                                                        | 1% -5%<br>\$3,000 -\$10,000                                                                                                                                                                                                                                                         |
| 3B | Minimum Transfer Amount                                                                                                           | \$50-\$250                                                                                                                                                                                                                                                                          |
| 3B | Maximum Number of transfers                                                                                                       | 12-36                                                                                                                                                                                                                                                                               |
| 3B | Guaranteed Transfer Charge                                                                                                        | \$0.00-\$50.00                                                                                                                                                                                                                                                                      |
| 3C | Minimum Premium Payment Subsequent to Initial Premium                                                                             | From \$10.00 to \$1,000,000.                                                                                                                                                                                                                                                        |
| 3C | Minimum Base Face Amount                                                                                                          | From \$25,000 to \$100,000                                                                                                                                                                                                                                                          |
| 3C | Minimum Additional Supplemental Face Amount                                                                                       | From \$1,000 to \$25,000                                                                                                                                                                                                                                                            |
| 3C | Minimum Premium Allocation to Any Investment Account or the Fixed Account                                                         | 1% -5%                                                                                                                                                                                                                                                                              |
| 3C | First date a change in the Death Benefit Option may be requested                                                                  | Bracketed to permit us to change this provision of the policy.                                                                                                                                                                                                                      |
| 3C | First date a Partial Surrender may be requested                                                                                   | Bracketed to permit us to change this provision of the policy.                                                                                                                                                                                                                      |
| 3C | Minimum Partial Surrender Amount                                                                                                  | From \$100 to \$1,000                                                                                                                                                                                                                                                               |
| 3C | First date an increase in Face Amount may be requested                                                                            | Bracketed to permit us to change this provision of the policy.                                                                                                                                                                                                                      |
| 3C | Minimum increase in Face Amount                                                                                                   | From \$1,000 to \$10,000                                                                                                                                                                                                                                                            |
| 3C | First date a decrease in Face Amount may be requested                                                                             | Bracketed to permit us to change this provision of the policy.                                                                                                                                                                                                                      |

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| 3C                                                                                    | Minimum decrease in Face Amount                                                                                                                                                                                    | From \$1,000 to \$10,000                                                                                                                               |
| 3C                                                                                    | Date subsequent increases, decreases and option changes may be requested                                                                                                                                           | Bracketed to permit us to change this provision of the policy.                                                                                         |
| 3C                                                                                    | Maximum Attained Age for Total Face Amount increase                                                                                                                                                                | From 65 to 85.                                                                                                                                         |
| 3B                                                                                    | Maximum Attained Age for Death Benefit Option Change                                                                                                                                                               | From 65 to 85.                                                                                                                                         |
| 3C                                                                                    | Assumed date of the delivery of this policy for determining the end of the Right to Examine period solely for the purpose of transferring the Net Premiums into the Fixed or Variable Accounts:                    | 0 to 15                                                                                                                                                |
| 3C                                                                                    | Home Office Address                                                                                                                                                                                                | Bracketed to permit us to change the address, if necessary.                                                                                            |
| 3C                                                                                    | Table of Monthly Guaranteed Maximum Cost of Insurance Rates per \$1000 of Net Amount at Risk, and Minimum Insurance Percentages using the <u>Cash Value Accumulation Test</u> or the <u>Guideline Premium Test</u> | The appropriate table will be printed on this page based on the issue specifications and the Life Insurance Qualification Test elected by the Insured. |
| 3C                                                                                    | <u>Cash Value Accumulation Test</u> or the <u>Guideline Premium Test</u> .                                                                                                                                         | The name of the Life Insurance Qualification Test elected by the Insured that corresponds to the values in the table will be printed in the title.     |
| 3C                                                                                    | Mortality Table: 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, [Age at nearest birthday, Sex and Tobacco Distinct].                                                                              | Table used varies based on issue specifications.                                                                                                       |
| <b>RIDER SPECIFICATION PAGES</b>                                                      |                                                                                                                                                                                                                    |                                                                                                                                                        |
| Rider Specification Pages are only created for the riders applicable to each Insured. |                                                                                                                                                                                                                    |                                                                                                                                                        |
| All Riders                                                                            | Policy Number, Policy Date, Insured, Rider Issue Age and Sex.                                                                                                                                                      | Specific to each Insured.                                                                                                                              |
|                                                                                       | Premium Class                                                                                                                                                                                                      | Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Special Non-Tobacco, Preferred Tobacco, Standard Tobacco, or Special Tobacco.  |
| Cover Page                                                                            | American United Life Insurance Company address.                                                                                                                                                                    | Bracketed to permit us to change the address, if necessary.                                                                                            |
| Last Page                                                                             | Officer's Signatures                                                                                                                                                                                               | Bracketed to permit changes in the event new officers are elected.                                                                                     |

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| <b>LR-206 CHILDREN'S TERM INSURANCE RIDER</b> |                                                                                                                                 |                                                                             |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 3Econtinued                                   | Insured Child                                                                                                                   | As listed on Application or as added after issue.                           |
| 3Econtinued                                   | Amount of Insurance:<br>[5 units] per Insured Child<br>[\$5,000] on or after 6 months of Age<br>[\$2,500] under 6 months of Age | From 1 to 50 units.<br>From \$1,000 to \$50,000.<br>From \$500 to \$25,000. |
| 3Econtinued                                   | Rider Charge                                                                                                                    | Varies based on issue specifications.                                       |

| <b>LR-210 GUARANTEED INSURABILITY OPTION RIDER</b> |                                                           |                                       |
|----------------------------------------------------|-----------------------------------------------------------|---------------------------------------|
| 3Econtinued                                        | Maximum Amount of Increase on any Option Date: [\$20,000] | From \$10,000 to \$50,000.            |
| 3Econtinued                                        | Total Amount of Increases: [\$100,000]                    | From \$50,000 to \$200,000.           |
| 3Econtinued                                        | Rider Charge                                              | Varies based on issue specifications. |
| 3Econtinued                                        | Expiry Date                                               | Attained Age of 43.                   |

| <b>LR-212 OTHER INSURED TERM INSURANCE RIDER</b> |                                                     |                                                                  |
|--------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|
| 3Econtinued                                      | Amount of Insurance                                 | Minimum: \$25,000<br>Maximum: Total Face Amount on Base Insured. |
| 3Econtinued                                      | Conversion Period                                   | To Age 70.                                                       |
| 3Econtinued                                      | Table of Monthly Guaranteed Cost of Insurance Rates | Cost of Insurance varies based on Other Insured's Attained Age.  |

| <b>LR-208 WAIVER OF MONTHLY DEDUCTIONS RIDER</b> |                                     |                                                                                                                                                                         |
|--------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3Econtinued                                      | Disability Benefit Class            | Preferred Non-Tobacco,<br>Standard Plus Non-Tobacco,<br>Standard Non-Tobacco,<br>Special Non-Tobacco,<br>Preferred Tobacco,<br>Standard Tobacco, or<br>Special Tobacco. |
| 3Econtinued                                      | Table of Monthly Cost Factors Table | Cost Factor varies based on Insured's Attained Age.                                                                                                                     |

| <b>LR-209 CREDIT OF PREMIUM DISABILITY RIDER</b> |                          |                                                                                                                                                                         |
|--------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3Econtinued                                      | Disability Benefit Class | Preferred Non-Tobacco,<br>Standard Plus Non-Tobacco,<br>Standard Non-Tobacco,<br>Special Non-Tobacco,<br>Preferred Tobacco,<br>Standard Tobacco, or<br>Special Tobacco. |

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|-------------|----------------|-------------------------------------------------------------------------------------------------------------|
| 3Econtinued | Benefit Amount | Amount selected by Insured.<br>Minimum: \$100 per month.<br>Maximum: Guideline Level Premium divided by 12. |
| 3Econtinued | Rider Charge   | Varies based on issue specifications.                                                                       |

|                                           |                                    |                                                                                                                                  |
|-------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>LR-205 EXTENDED NO-LAPSE GUARANTEE</b> |                                    |                                                                                                                                  |
| 3Econtinued                               | Extended No-Lapse Guarantee Period | The shortest period may be the earlier of 10 years or to age 65. The longest period may be the earlier of 30 years or to age 85. |
| 3Econtinued                               | Rider charge                       | Varies based on issue specifications                                                                                             |
| 3Econtinued                               | Required premium                   | Varies based on issue specifications                                                                                             |

|                                        |                                                        |                                                                                                                           |
|----------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>LR-201 ACCOUNTING BENEFIT RIDER</b> |                                                        |                                                                                                                           |
| 3Econtinued                            | Accounting Benefit surrender charge waiver percentages | Policy Year 1 percentage may range from 100% to 50% (currently 90%). All percentages grade evenly to 0% at Policy Year 6. |

|                                   |                                      |                                                                                                   |
|-----------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>LR-202 OVERLOAN PROTECTION</b> |                                      |                                                                                                   |
| 3Econtinued                       | Minimum Loan Indebtedness Percentage | May range from 84% to 96%                                                                         |
| 3Econtinued                       | Overloan Protection rider percentage | May range from 14% to 2%                                                                          |
| 3Econtinued                       | Rider charge                         | May range from "No charge until rider is exercised" to "0.10% of Separate Account Value annually" |

**I-20833 APPLICATION FOR LIFE INSURANCE**

|        |                                                                      |                                                                                                                                                                                                      |
|--------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Page 1 | Pioneer Mutual Life Insurance Company                                | All references to Pioneer Mutual Life Insurance Company (PML) and the product issued by PML have been bracketed. This application was submitted for approval for use by PML under a separate filing. |
| 1      | American United Life Insurance Company address and telephone number. | Bracketed to permit us to change the address and telephone number, if necessary.                                                                                                                     |
| 1      | One America                                                          | Company logo has been bracketed in case it is changed.                                                                                                                                               |
| 3      | VISA, MasterCard, Discover                                           | Credit cards listed have been bracketed in case we discontinue using a company or                                                                                                                    |

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|    |                                                                      |                                                                                                                                                                       |
|----|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                      | we add a different credit card to the available list.                                                                                                                 |
| 4  | Whole Life Insurance                                                 | This product has been bracketed, as it does not apply to this filing.                                                                                                 |
| 4  | Universal Life Insurance                                             | Product issued by PML has been bracketed and do not apply to this filing.                                                                                             |
| 4  | Term Insurance                                                       | This product has been bracketed, as it does not apply to this filing.                                                                                                 |
| 4  | Flexible Premium VUL Life Insurance – Riders                         | The list of available Riders has been bracketed in case we discontinue use of any riders, or add riders in the future (once they have received appropriate approval). |
| 5  | 13. Dividend Option (Whole Life only)                                | Products issued by AUL have been bracketed and do not apply to this filing.                                                                                           |
| 9  | Pioneer Mutual Life Insurance Company (Standard Risk Universal Life) | References to PML and products issued by PML have been bracketed and do not apply to this filing                                                                      |
| 10 | Representative’s PML Code                                            | Information applicable to products issued by PML have been bracketed and do not apply to this filing                                                                  |
| 10 | 1-877-999-9883                                                       | Bracketed to permit us to change the telephone number, if necessary.                                                                                                  |
| 10 | Company Mailing Addresses                                            | Bracketed to permit us to change the address, if necessary.                                                                                                           |
|    | Temporary Insurance Agreement – Mailing Address                      | Bracketed to permit us to change the address, if necessary.                                                                                                           |

**Accelerated Benefit Disclosure Statement**

American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square, P.O. Box 368  
Indianapolis, IN 46206-0368

Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United  
Mutual Insurance Holding Company  
a ONEAMERICA® company  
101 North 10th Street  
Fargo, ND 58102



American United Life Insurance Company® (AUL)

Pioneer Mutual Life Insurance Company (PML)

This disclosure provides a brief description of the important features and limitations of the Accelerated Benefit Rider. This disclosure is not a legal contract and only the actual rider and policy contain the contractual provisions.

- The Accelerated Benefit Rider allows early access to a portion of the death benefit of a life insurance policy. The benefit, payable to the owner, is allowed if the primary insured has a Qualifying Event while covered under the policy. A Qualifying Event is a special medical condition that, in the absence of extensive or extraordinary medical treatment results in the death of the Insured in twelve months or less from the date of the Physician's statement.
- The minimum Accelerated Benefit we will pay is \$5,000. The maximum Accelerated Benefit available is 50% (or \$500,000, if less) of the eligible amount.
- There is no additional premium charge for this rider.
- The amount of Accelerated Benefit paid will be discounted (reduced) to reflect the early payment of amounts under the policy.
- Payment of an Accelerated Benefit will affect your policy values and amount of insurance. All values and applicable amounts of insurance will be reduced by a benefit ratio. The benefit ratio is the requested portion of the eligible amount divided by the eligible amount.
- The amount of Accelerated Benefit we will pay will be reduced if there is a policy loan outstanding on this policy on the date we approved a request to pay the Benefit. The reduction in the Accelerated Benefit will be used to repay a portion of the policy loan.
- **The Internal Revenue Service has not issued final definitive regulations on how benefits such as those paid under the Accelerated Benefit Rider are treated for income tax or estate purposes. You should seek assistance from your personal tax advisor before exercising this benefit.**

Insured's Name \_\_\_\_\_

I understand that receipt of an Accelerated Benefit will reduce my death benefit. Also, receipt of an Accelerated Benefit payment may adversely affect my eligibility for Medicaid or other government benefits or entitlement. I further understand that acceptance of an Accelerated Benefit payment may be taxable and that it is recommended that I seek assistance from my personal tax advisor.

\_\_\_\_\_  
Signature of Owner at \_\_\_\_\_  
City/State

\_\_\_\_\_  
Date Writing Agent Signature

**CONSENT TO SUBMIT RATES AND/OR  
COST BASES FOR APPROVAL**

The American United Life Insurance Company ("Company") of Indianapolis, IN  
(Company Name) (City and State)

does hereby consent and agree

A) that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number \_\_\_\_\_ must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

x B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

American United Life Insurance Company

(Company Name)

By Jay B. Wilbur  
(Name)

Vice President & Director of Compliance

(Title or Position)