

SERFF Tracking Number: LLNS-125811345 State: Arkansas  
Filing Company: Illinois Mutual Life Insurance Company State Tracking Number: 40226  
Company Tracking Number: 619  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: ChildGuard  
Project Name/Number: ChildGuard/619

## Filing at a Glance

Company: Illinois Mutual Life Insurance Company

Product Name: ChildGuard SERFF Tr Num: LLNS-125811345 State: ArkansasLH  
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 40226  
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: 619 State Status: Approved-Closed  
Premium - Single Life  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Hollie Henderson Disposition Date: 09/29/2008  
Date Submitted: 09/10/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: ChildGuard Status of Filing in Domicile: Pending  
Project Number: 619 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 09/29/2008 Deemer Date:  
State Status Changed: 09/29/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Ref: Illinois Mutual Life Insurance Company  
NAIC #64580; FEIN 37-0344290  
  
RE: Form 619, Whole Life Insurance

The enclosed is a new life policy submitted for your review and approval. This policy will not be illustrated. This policy

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will be marketed through licensed agents.

Form 619 is a Whole Life Policy which will be sold to parents and grandparents of children age 0-18. Ownership of the policy will transfer to the insured when he or she reaches age 21.

The policy will be sold in units of coverage providing the following life insurance protection per unit:

Age	Life Insurance Protection
From 0 to 13	\$ 5,000
From 13 to 18	\$10,000
From 18 to 23	\$15,000

The premium for a unit of coverage will be a one time payment of \$300. A maximum of 2 units may be issued on one child.

At age 23, the insured may for each unit of coverage continue with \$25,000 of life insurance for an annual premium of \$320 for a male and \$285 for a female.

The policy provides a future insurability guarantee that allows the insured for each unit of coverage to increase life insurance coverage with out providing evidence of insurability up to \$100,000 at age 23, if the policy is in force and the insured is living.

Application form 5446(AR) which was previously approved by your department on October 4, 1999 will be used to underwrite this policy

There will be no optional benefit riders available with this policy.

An Actuarial Memorandum and a readability certificate for this form are enclosed.



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/29/2008	09/29/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/18/2008	09/18/2008	Hollie Henderson	09/22/2008	09/22/2008

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## **Disposition**

Disposition Date: 09/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form (revised)	Whole Life Insurance Policy		Yes
Form	Whole Life Insurance Policy	Withdrawn	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/18/2008  
Submitted Date 09/18/2008

Respond By Date

Dear David Storlie,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Whole Life Insurance Policy (Form)

Comment: We did not find a provision in the contract that provides for return of monthly deductions beyond the month of death and for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/22/2008  
Submitted Date 09/22/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Attached is the corrected policy form. We have added the necessary language on page 5-Policy Proceeds section. Thank you for providing the regulator.

Jennifer Roseboom

### Related Objection 1

Applies To:

- Whole Life Insurance Policy (Form)

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**Comment:**

We did not find a provision in the contract that provides for return of monthly deductions beyond the month of death and for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance Policy	619 (AR)		Policy/Contract/Fraternal Certificate	Initial		52	619 (AR).pdf
<b>Previous Version</b>							
Whole Life Insurance Policy	619		Policy/Contract/Fraternal Certificate	Initial		52	619.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
 Hollie Henderson

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## Form Schedule

Lead Form Number: 619

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	619 (AR)	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy al Certificate			52	619 (AR).pdf



A Mutual Life Insurance Company

WE AGREE TO PAY the Amount of Insurance shown in the Policy Schedule to the rightful Beneficiary upon receipt of due proof of death of the Insured. This is subject to the provisions of this Policy.

THE CONSIDERATION for this Policy is the application and the payment in advance of the Initial Premium shown in the Policy Schedule and is due on the Date of Policy. Later premiums are due as stated in the Policy Schedule. A copy of the application is attached to and made a part of this Policy.

**NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY**

Within 10 days after delivery to the Owner, this Policy may be surrendered by mailing or bringing it to our Home Office or to the agent who sold this Policy. We shall then return to the Owner the premium that the Owner paid. This Policy will then be deemed void from the Date of Policy.

Signed and issued at the Home Office in Peoria, Illinois as of the Date of Policy.

  
Secretary

  
President

Whole Life Insurance Policy  
Non-Level Premium  
Participating

Illinois Mutual Life Insurance Company  
Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255

**WHOLE LIFE INSURANCE POLICY**  
**Form 619 (AR)**

This Policy is a legal contract between the Policyowner and Illinois Mutual Life Insurance Company.

**READ YOUR POLICY CAREFULLY**

This LIFE INSURANCE Policy provides death protection for as long as the Insured lives. Premiums for this contract are payable as shown on the Schedule page.

**ALPHABETIC GUIDE TO YOUR POLICY**

	<b>Page</b>		<b>Page</b>
Age at Issue Date	Schedule Page	Loans	4
Automatic Premium Loan	4	Misstatement of Age or Sex	2
Beneficiary	3	Nonforfeiture Values	5
Cash Values	5	Ownership and Control	3
Change of Beneficiary	3	Paid-Up Insurance	6
Date of Policy	Schedule Page	Premium Default	2
Deferment	2	Premium Payments	2
Dividends	4	Reinstatement	2
Face Amount	Schedule Page	Right to Examine Policy	1
Grace Period	2	Settlement Options	6
Incontestability	2	Suicide	2
Insured	Schedule Page	Surrender Value and Nonforfeiture Provisions	5

**ADDITIONAL BENEFITS**

The additional benefits, if any, listed on the Schedule of Benefits are described in the additional benefit agreements that follow the last page of the Policy.

**POLICY SCHEDULE**

**INSURED'S AGE - 10**

**INSURED - JOHN J. DOE**

**OWNER - MARY B. DOE**

**POLICY NUMBER - 0000001**

**INSURANCE CLASS - NON-TOBACCO**

**DATE OF POLICY - 01/01/2009**

**PREMIUMS PAYABLE - TO AGE 121**

**PREMIUM -**

**INITIAL PREMIUM - \$300**

**ONCE THE INITIAL PREMIUM OF \$300.00 IS PAID, NO FURTHER PREMIUMS ARE PAYABLE UNTIL 01/01/2023**

**PREMIUM DUE 01/01/2023 AND THEREAFTER TO INSURED'S AGE 121 - \$320 ANNUALLY; \$166.40; SEMI-ANNUALLY; \$84.80; QUARTERLY; OR \$28.16 A/C MONTHLY AS MAY BE SELECTED BY THE OWNER.**

**THE AMOUNT OF INSURANCE INCREASES ON THE DATE OF THE INSURED'S BIRTHDAY WHEN INSURED BECOMES AGE 13, AGE 18 AND AGE 23 TO THE AMOUNTS STATED BELOW.**

<b>AMOUNT OF INSURANCE FROM AGE 0 UP TO AGE 13:</b>	<b>\$5,000.00</b>
<b>AMOUNT OF INSURANCE FROM AGE 13 UP TO AGE 18:</b>	<b>\$10,000.00</b>
<b>AMOUNT OF INSURANCE FROM AGE 18 UP TO AGE 23:</b>	<b>\$15,000.00</b>
<b>AMOUNT OF INSURANCE FROM AGE 23 AND THEREAFTER:</b>	<b>\$25,000.00</b>

**FORM 619 (AR)**

## GENERAL PROVISIONS

**THE CONTRACT.** This Policy and its application, a copy of which is attached hereto and made a part hereof, form the entire contract between the parties. All statements made by the Insured or the Applicant shall, in the absence of fraud, be deemed representations and not warranties. No such statement shall avoid the Policy or be used in defense of a claim hereunder unless it is contained in such application. No changes in the Policy and no waiver of any of its terms shall be valid unless made in writing by us and signed by our Secretary or by one of our Vice Presidents.

**INCONTESTABILITY.** This Policy shall not be contestable if it has been in force during the lifetime of the Insured for 2 years from the Date of Policy. This provision shall not apply to nonpayment of premiums or to any provisions granting extra benefits in case of accidental death or total disability.

**PREMIUM PAYMENTS.** All premiums shall be payable in advance either at our Home Office or to our agent upon delivery of a receipt signed by our President or Secretary and countersigned by our agent. If any premium is not paid when due such premium shall be in default. At the expiration of the grace period provided herein, this Policy shall lapse as of the date to which premiums have been paid. It shall then become of no value except for nonforfeiture benefits as provided herein.

After the Initial Premium has been paid, subsequent premiums may be paid in monthly, quarterly, semi-annual or annual intervals as selected by the Policy Owner.

**GRACE PERIOD.** A grace period of 31 days, with no interest, will be allowed for the payment of any premium due after the first. During this period the Policy will continue in force. If the Insured dies during said period, the premium not paid shall be deducted from the amount payable hereunder.

**REINSTATEMENT.** If this Policy lapses because of nonpayment of premium and has not been surrendered for its cash surrender value, it may be reinstated at any time within 3 years after default in premium payment. The terms of reinstatement are as follows:

1. We must be presented with evidence of insurability satisfactory to us.
2. All past due premiums must be paid to us with interest at the rate of 5% per year, compounded annually.
3. Any indebtedness existing at the date of default must be paid to us or reinstated with interest at the rate of 7 1/4% per year, compounded annually.

**AGE AT ISSUE.** This Policy is issued at the Insured's Age shown on the Policy Schedule. This is the Insured's age at last birthday on the Date of Policy, according to the date of birth given in the application for this Policy.

**MISSTATEMENT OF AGE OR SEX.** If the age or sex of the Insured has been misstated, the amount payable hereunder shall be such as the premiums paid would have purchased based on correct information at our published rate at Date of Policy.

**SUICIDE.** If the Insured, whether sane or insane, shall die by his own hand or act within 2 years after the Date of Policy, our liability under this Policy shall be limited to the premiums paid hereon.

**SETTLEMENT, INDEBTEDNESS AND DEFERMENT.** Any sums due under this Policy shall be payable at our Home Office. Any sums owed to us because of this Policy shall be deducted from any settlement. We may defer the granting of a cash surrender value or of a loan, except a loan to pay premiums, for the period allowed by law, up to 6 months after receipt of the application therefor.

## GENERAL PROVISIONS (cont.)

**ASSIGNMENT.** No assignment of this Policy shall bind us until it is filed at our Home Office. We are not responsible for the validity or sufficiency of any assignment. Any claim of assignment shall be subject to proof of interest and extent thereof.

### OWNERSHIP AND CONTROL OF POLICY

The Owner of this Policy is the Applicant. However, when the Insured becomes age 21, ownership of this Policy and the right to exercise all privileges and control of this Policy shall be vested solely in the Insured.

The rights granted in this Policy to the Owner may be exercised only while the Insured is living.

### BENEFICIARY

The Beneficiary(ies) shall be as shown in the application for this Policy, subject to this provision. By writing to us, the Owner may, from time to time, prior to the death of the Insured, change the Beneficiary. If this Policy is assigned by a writing on file with us, any such change may be made only with the assignee's written consent. A Beneficiary's interest shall be subject to the right of any assignee on record with us.

A change of a Beneficiary shall not take effect until recorded by us. When so recorded, the change will take effect as of the date of the written request. Such a change is effective whether or not the Insured is living when the change is recorded. There shall be no further liability on our part with respect to any proceeds paid by us or applied under any option in this Policy prior to such recording.

If 2 or more persons are shown as Beneficiary, any proceeds due to them upon the Insured's death shall be payable, unless shown otherwise in such designation, in equal shares to such persons as survive the Insured. Such survivor(s) shall be deemed the Beneficiary for the whole of the proceeds so payable.

Unless otherwise provided, the proceeds of this Policy payable at death shall be paid equally to such Beneficiaries as may be living in the following order:

- (a) the primary Beneficiaries;
- (b) the contingent Beneficiaries, if any, provided none of the primary Beneficiaries are living;
- (c) the executors or administrators of the Insured if none of the primary or contingent Beneficiaries are living.

### DIVIDEND PROVISIONS

**DIVIDENDS.** Each year that this Policy stays in force, our Board of Directors shall decide what the divisible surplus will be, if any. We will credit this Policy with its fair share, if any, of such surplus accruing as a dividend. This credit will occur on each Policy anniversary while the Policy is in force.

**DIVIDEND OPTIONS.** At the Owner's option, dividends may be either:

1. paid in cash;
2. applied to payment of current premium or installment thereof, provided the remainder due is paid within the grace period;
3. left to accumulate at 1 1/2% per year compounded yearly, or at such higher rate of interest as our Board of Directors may set; or

## DIVIDEND PROVISIONS (cont.)

4. used to purchase an additional amount of participating paid-up insurance, the value of which shall at no time be less than the dividend applied to purchase it.

If no option is selected or if Option 2 has been selected but the Policy is payable on a monthly basis, dividends will be applied in accordance with Option 4.

Any paid-up additions not required as security for a debt may be surrendered at any time for the then present value thereof. Any dividend accumulations not required as security for a debt may be withdrawn at any time. If not withdrawn, they will be included in any settlement under this Policy.

## OPTION TO PURCHASE ADDITIONAL INSURANCE

A new policy on the life of the Insured may be purchased without evidence of insurability on the first Policy anniversary following the Insured's 23rd birthday. The Policy must be in force to exercise this option.

The following conditions apply to this option:

1. A written application and payment of the first premium for the new policy must be received in the Home Office within 30 days prior to or within 30 days after the first Policy Anniversary following the Insured's 23rd birthday.
2. The effective date of the new policy shall be the date of application for the new policy.
3. The amount of the new policy shall not be more than 3 times the Amount of Insurance at the Insured's age 23 for this Policy. It shall not be less than the published minimum for the plan applied for.
4. The new policy may be any life plan then offered by us except for term insurance. The premium will be at our premium rates then in use for the plan chosen. It will be based on the attained age of the Insured and on his/her underwriting classification on the Date of Policy of this Policy.
5. If the Insured wishes to add any Supplemental Benefits to the new policy, it will require our consent. It shall also be subject to any other conditions we may require.

## POLICY LOANS

**CASH LOANS.** While this Policy is in force and has a cash value, we will lend money on the sole security and upon written assignment of this Policy. Such loan shall be a sum not exceeding the cash value at the end of the current Policy year as indicated in the Table of Nonforfeiture Values, less any existing debt on account of this Policy and accrued interest thereon. There shall be deducted from such loan interest to the end of the current Policy year and any unpaid premium for such year.

**AUTOMATIC PREMIUM LOANS.** We will automatically lend the amount of premium remaining unpaid at the end of a grace period in the following cases:

1. A request for such a loan privilege has been made in the application for this Policy.
2. A later written request is received by us prior to the expiration of the grace period.
3. No written revocation of either request in 1. or 2. above has been received by us at our Home Office.
4. The resulting total debt plus interest does not exceed the loan value of this Policy.

## POLICY LOANS (cont.)

Such a loan is subject to the following conditions:

- (a) If premiums are being paid monthly, we will change the mode to quarterly and pay the premium.
- (b) If:
  - (1) premiums are being paid on an annual or semi-annual basis;
  - (2) there is not enough loan value to pay such premium; and
  - (3) there is enough for a quarterly premium;we will change the mode to quarterly and pay the premium.
- (c) If any condition stated above precludes the use of this provision, the Nonforfeiture provisions of this Policy shall take effect.

**INTEREST AND REPAYMENT.** Interest shall be at the rate of 7 1/4% per year, payable in advance. Unpaid interest shall be added to the existing debt and bear interest on the same terms.

A loan may be repaid in whole or in part during the Insured's life and before maturity of the Policy. However, a loan which exists at the end of the grace period may not be repaid unless the Policy is reinstated. Failure to repay a loan or to pay interest shall not void the Policy unless the total debt shall equal or exceed the loan value at the time of such failure. This is also subject to 31 days notice being mailed to the Owner and to an assignee of record at their respective last known addresses.

## POLICY PROCEEDS

On the Insured's death, we will pay the death proceeds to the rightful Beneficiary. The death proceeds shall equal:

- (1) the Amount of Insurance as shown on the Policy Schedule, plus
- (2) any dividend credits, dividend accumulations or paid-up additions; less
- (3) any Policy debt, less
- (4) the premium not paid if the Insured dies during the grace period

Premiums paid for any period beyond the end of the policy month in which death occurred will be paid to the beneficiary unless due to some other person pursuant to contract provisions.

Interest will be paid on the death proceeds and any unearned premium at the rate of eight percent (8%) per year from the date of the insured's death if payment is not made within 30 days after proof of the insured's death has been received by us.

## NONFORFEITURE VALUES

**BASIS OF NONFORFEITURE VALUES.** The cash value for each Policy year not shown on the Table of Nonforfeiture Values can be calculated using the mortality table, interest rate and standard nonforfeiture method shown below the Table of Nonforfeiture Values. Calculations assume the annual payment of premiums and that deaths occur at the end of the Policy year.

**TABLE OF NONFORFEITURE VALUES.** Cash values and paid-up insurance are shown on the Table of Nonforfeiture Values for the end of the Policy years indicated. These values assume that all premiums due have been paid for the number of years stated. They do not reflect paid-up additions, dividend accumulations or Policy indebtedness. Values during a Policy year will reflect any portion of the year's premium paid and the time elapsed in that year.

## NONFORFEITURE VALUES (cont.)

Values for Policy years not shown are calculated on the same basis as those on the Table of Nonforfeiture Values. A list of these values will be furnished on request. A detailed statement of the method of calculation of all values has been filed with the Insurance Department of the state in which this Policy is delivered. The Company will furnish this statement at the request of the Owner. All values are at least as great as those required by that state.

### NONFORFEITURE OPTIONS. If:

1. We receive a written request in our Home Office;
2. Not later than 60 days after the due date of any premium in default; and
3. Prior to the death of the Insured;

any of the following Nonforfeiture Options may be chosen:

- (a) **Cash Surrender Value.** The Cash Surrender Value of the Policy will be paid upon surrender of the Policy. The Cash Surrender Value is the sum of the Cash Value plus the present value of any Paid-up Additions plus the amount of any Dividend Accumulations less any Policy indebtedness. The Cash Surrender Value of this Policy, less any Dividend Accumulations, does not at any time exceed the net single premium, calculated on the guaranteed basis in this Policy, which would have to be paid at said time to fund future benefits under the Policy.
- (b) **Paid-Up Insurance.** This Policy will be continued from the due date of the premium in default for a reduced amount of participating paid-up life insurance. This is payable at the same time and subject to the same terms as this Policy. It is payable in the amount purchased by the Cash Surrender Value when used as a net single premium at the attained age, last birthday, of the Insured on the due date of the premium in default.
- (c) **Automatic Option.** If no choice is made within 60 days after the due date of a premium in default, Nonforfeiture Option (b) will automatically apply.

The paid-up insurance under which this Policy is continued may be surrendered at any time. It shall be surrendered for an amount equal to the net single premium at the attained age, last birthday, of the Insured for the remaining benefits under such benefits on each Policy anniversary, or the interpolated net single premiums for the last and next policy anniversaries, if surrendered on a date other than the anniversary. If the policy is surrendered for the Cash Surrender Value within 30 days after the policy anniversary, the Cash Surrender Value available will not be less than the anniversary value. The net single premium will be calculated using the mortality table and interest rate shown below the Table of Nonforfeiture Values on The Policy Schedule.

## SETTLEMENT OPTIONS

Any proceeds of this Policy due as a Death Benefit or Cash Surrender Value may be paid in one sum. However, if requested in writing by the Owner, or by a Beneficiary after the Insured's death, the whole or any part of the proceeds may be paid in accord with one or more of the following options to the person then entitled thereto. This person shall be called the Payee.

These options are not available if the proceeds retained are less than \$5,000 for any Payee or if the Payee is not a natural person.

## SETTLEMENT OPTIONS (cont.)

Monthly, quarterly, semi-annual or annual payments may be chosen. If any payment is less than \$100, the interval between payments may be increased to a quarter, half or full year as may be required to make the payments at least \$100.

Interest under any option will be fixed by us. It will not be less than 1 1/2%.

For settlement options involving life contingencies, the mortality table to be used is the Annuity 2000 Mortality Table, without projection, as published by the Society of Actuaries.

The whole or part of such proceeds may be:

**OPTION A-Interest:** left with us. Interest will be paid at the end of each period chosen.

**OPTION B-Fixed Payments:** paid in periodic installments of an agreed amount until such proceeds plus interest have been paid in full.

**OPTION C-Fixed Period:** paid in monthly installments for a period of years. Payments per \$1,000 of proceeds are shown on Page 8.

**OPTION D-Life Income:** paid in installments while the Payee lives. Each installment amount shall be fixed in accord with the gender and age nearest birthday of the Payee when the first installment is payable. Payments per \$1,000 of proceeds are shown on Page 8.

**OPTION E-Life Income With A Guaranteed Period:** paid in installments for a guaranteed period and thereafter while the Payee lives. The guaranteed period may be a fixed number of years or until the sum of the installments equals the amount applied under this option. Each installment amount shall be fixed in accord with the gender and age at nearest birthday of the Payee when the first installment is payable. Payments per \$1,000 of proceeds are shown on Page 8.

**OPTION F-Joint and Survivor Option:** paid in installments to two Payees during their joint lifetime and, upon the death of the first Payee, to the remaining Payee at the level initially elected. Each joint installment amount will be based upon the gender and age at nearest birthday of each Payee. Payments per \$1,000 of proceeds for Joint and 2/3 to the Survivor and Joint and 1/2 to the Survivor are shown on Page 9. Both Payees must be at least 40 years old to elect this option.

We will need adequate proof of the birth date of any Payee for whom lifetime payments are to be made.

Under Options A and B, the right of withdrawal, complete or partial, in sums not less than \$200, may be given to the Payee. Under Option C, the Payee may be given the right of complete withdrawal of the commuted value of any unpaid installments.

If Option A, B, or C is elected, the proceeds must be completely paid within 30 years after the Insured's death.

Unpaid installments under Option C and the Guaranteed Period of Option E shall be commuted at the greater of the interest rate used in deriving the installment payment or the guaranteed interest rate.

Unless expressly stated elsewhere, the first installment under Options B, C, D, E, and F will be payable on the date when the proceeds of this Policy become payable.

Upon the death of all Payees, any remaining guaranteed payments will be paid to any Beneficiary or, if none, to the estate of the last Payee to die.

**MONTHLY PAYMENTS FOR EACH \$1,000 OF PROCEEDS APPLIED UNDER THE RESPECTIVE OPTIONS**

OPTION C –  
FIXED PERIOD

OPTION D – LIFE INCOME

OPTION E – LIFE INCOME WITH A GUARANTEED PERIOD

Number of Years	Amount of Payment	Age of Payee	OPTION D – LIFE INCOME						OPTION E – LIFE INCOME WITH A GUARANTEED PERIOD												
			Male	Female	Age of Payee	Male	Female	Age of Payee	Guaranteed Period												
									10 Years		20 Years		Installment Refund		Age of Payee	10 Years		20 Years		Installment Refund	
									Male	Female	Male	Female	Male	Female		Male	Female	Male	Female		
5	\$17.28	10*	\$1.91	\$1.85	50	\$3.24	\$3.00	10*	\$1.91	\$1.85	\$1.91	\$1.85	\$1.90	\$1.84	50	\$3.22	\$2.99	\$3.14	\$2.95	\$3.02	\$2.86
6	14.51	11	1.93	1.86	51	3.32	3.06	11	1.93	1.86	1.93	1.86	1.91	1.85	51	3.29	3.05	3.20	3.00	3.08	2.91
7	12.53	12	1.95	1.88	52	3.39	3.13	12	1.94	1.88	1.94	1.88	1.93	1.87	52	3.36	3.11	3.26	3.06	3.13	2.96
8	11.04	13	1.96	1.89	53	3.47	3.19	13	1.96	1.89	1.96	1.89	1.94	1.88	53	3.44	3.18	3.32	3.12	3.19	3.02
9	9.89	14	1.98	1.91	54	3.55	3.26	14	1.98	1.91	1.97	1.91	1.96	1.90	54	3.51	3.25	3.39	3.18	3.25	3.07
10	8.96	15	1.99	1.92	55	3.63	3.34	15	1.99	1.92	1.99	1.92	1.97	1.91	55	3.60	3.32	3.45	3.24	3.31	3.13
11	8.21	16	2.01	1.94	56	3.73	3.42	16	2.01	1.94	2.01	1.94	1.99	1.93	56	3.68	3.39	3.52	3.30	3.38	3.19
12	7.58	17	2.03	1.95	57	3.82	3.50	17	2.03	1.95	2.03	1.95	2.01	1.94	57	3.77	3.47	3.58	3.37	3.45	3.26
13	7.05	18	2.05	1.97	58	3.92	3.59	18	2.05	1.97	2.04	1.97	2.02	1.96	58	3.87	3.56	3.65	3.44	3.52	3.32
14	6.59	19	2.07	1.99	59	4.03	3.68	19	2.07	1.99	2.06	1.99	2.04	1.97	59	3.97	3.64	3.72	3.51	3.59	3.39
15	6.20	20	2.09	2.01	60	4.15	3.78	20	2.09	2.01	2.08	2.00	2.06	1.99	60	4.07	3.74	3.79	3.58	3.67	3.46
16	5.85	21	2.11	2.02	61	4.27	3.88	21	2.11	2.02	2.10	2.02	2.08	2.01	61	4.19	3.83	3.86	3.65	3.76	3.54
17	5.55	22	2.13	2.04	62	4.40	3.99	22	2.13	2.04	2.12	2.04	2.10	2.03	62	4.30	3.94	3.93	3.73	3.84	3.62
18	5.27	23	2.15	2.06	63	4.54	4.11	23	2.15	2.06	2.15	2.06	2.12	2.04	63	4.43	4.05	4.00	3.81	3.93	3.70
19	5.03	24	2.17	2.08	64	4.69	4.23	24	2.17	2.08	2.17	2.08	2.14	2.06	64	4.55	4.16	4.07	3.88	4.03	3.79
20	4.81	25	2.20	2.10	65	4.85	4.37	25	2.20	2.10	2.19	2.10	2.16	2.08	65	4.69	4.28	4.14	3.96	4.12	3.88
21	4.62	26	2.22	2.13	66	5.02	4.51	26	2.22	2.12	2.22	2.12	2.18	2.10	66	4.83	4.41	4.21	4.04	4.23	3.98
22	4.44	27	2.25	2.15	67	5.20	4.66	27	2.25	2.15	2.24	2.14	2.21	2.12	67	4.98	4.55	4.27	4.11	4.34	4.08
23	4.28	28	2.27	2.17	68	5.39	4.83	28	2.27	2.17	2.27	2.17	2.23	2.14	68	5.13	4.69	4.33	4.18	4.45	4.19
24	4.13	29	2.30	2.19	69	5.60	5.00	29	2.30	2.19	2.29	2.19	2.25	2.17	69	5.29	4.84	4.39	4.26	4.57	4.31
25	3.99	30	2.33	2.22	70	5.82	5.19	30	2.33	2.22	2.32	2.21	2.28	2.19	70	5.45	5.00	4.44	4.32	4.69	4.43
26	3.86	31	2.36	2.25	71	6.05	5.40	31	2.36	2.24	2.35	2.24	2.31	2.21	71	5.62	5.17	4.49	4.39	4.83	4.55
27	3.75	32	2.39	2.27	72	6.30	5.62	32	2.39	2.27	2.38	2.27	2.33	2.24	72	5.79	5.34	4.54	4.45	4.96	4.69
28	3.64	33	2.42	2.30	73	6.57	5.85	33	2.42	2.30	2.41	2.29	2.36	2.26	73	5.96	5.52	4.58	4.50	5.11	4.83
29	3.54	34	2.46	2.33	74	6.85	6.11	34	2.45	2.33	2.44	2.32	2.39	2.29	74	6.14	5.71	4.62	4.55	5.26	4.98
30	3.44	35	2.49	2.36	75	7.15	6.39	35	2.49	2.36	2.47	2.35	2.42	2.32	75	6.32	5.91	4.65	4.60	5.42	5.13
		36	2.53	2.39	76	7.48	6.69	36	2.52	2.39	2.51	2.38	2.45	2.34	76	6.51	6.11	4.68	4.64	5.59	5.30
		37	2.56	2.42	77	7.82	7.01	37	2.56	2.42	2.54	2.41	2.48	2.37	77	6.69	6.31	4.71	4.67	5.76	5.48
		38	2.60	2.46	78	8.19	7.37	38	2.60	2.45	2.58	2.44	2.52	2.40	78	6.87	6.52	4.73	4.70	5.95	5.66
		39	2.65	2.49	79	8.59	7.75	39	2.64	2.49	2.62	2.48	2.55	2.43	79	7.05	6.73	4.75	4.73	6.14	5.86
		40	2.69	2.53	80**	9.02	8.16	40	2.68	2.53	2.66	2.51	2.59	2.47	80**	7.22	6.93	4.76	4.75	6.34	6.06
		41	2.73	2.57				41	2.73	2.56	2.70	2.55	2.62	2.50							
		42	2.78	2.61				42	2.77	2.60	2.74	2.59	2.66	2.53							
		43	2.83	2.65				43	2.82	2.64	2.79	2.63	2.70	2.57							
		44	2.88	2.69				44	2.87	2.69	2.83	2.67	2.74	2.61							
		45	2.94	2.74				45	2.93	2.73	2.88	2.71	2.78	2.65							
		46	2.99	2.79				46	2.98	2.78	2.93	2.76	2.83	2.69							
		47	3.05	2.84				47	3.04	2.83	2.98	2.80	2.87	2.73							
		48	3.11	2.89				48	3.10	2.88	3.03	2.85	2.92	2.77							
		49	3.18	2.94				49	3.16	2.93	3.09	2.90	2.97	2.82							

\* and under

\*\* and over

**MONTHLY PAYMENTS FOR EACH \$1,000 OF PROCEEDS APPLIED UNDER THE RESPECTIVE OPTIONS**

**OPTION F - JOINT INCOME WITH TWO-THIRDS  
TO THE SURVIVOR**

**OPTION F - JOINT INCOME WITH ONE-HALF  
TO THE SURVIVOR**

Age of Female Payee	Age of Male Payee										Age of Male Payee										Age of Female Payee
	40	45	50	55	60	62	65	70	75	80*	40	45	50	55	60	62	65	70	75	80*	
40	\$2.50	\$2.59	\$2.68	\$2.77	\$2.87	\$2.91	\$2.98	\$3.09	\$3.20	\$3.30	\$2.61	\$2.72	\$2.84	\$2.98	\$3.14	\$3.21	\$3.32	\$3.52	\$3.74	\$3.95	40
41	2.52	2.61	2.71	2.80	2.90	2.95	3.01	3.12	3.24	3.35	2.63	2.74	2.87	3.01	3.17	3.24	3.36	3.56	3.78	4.00	41
42	2.54	2.63	2.73	2.83	2.94	2.98	3.05	3.16	3.28	3.39	2.65	2.76	2.89	3.04	3.20	3.27	3.39	3.60	3.82	4.04	42
43	2.56	2.66	2.76	2.86	2.97	3.01	3.08	3.20	3.32	3.44	2.67	2.79	2.92	3.06	3.23	3.31	3.43	3.64	3.87	4.09	43
44	2.58	2.68	2.79	2.89	3.00	3.05	3.12	3.25	3.37	3.49	2.69	2.81	2.94	3.09	3.27	3.34	3.46	3.68	3.91	4.15	44
45	2.60	2.71	2.81	2.92	3.04	3.09	3.16	3.29	3.42	3.54	2.71	2.83	2.97	3.12	3.30	3.38	3.50	3.72	3.96	4.20	45
46	2.62	2.73	2.84	2.96	3.08	3.12	3.20	3.33	3.46	3.59	2.74	2.86	3.00	3.15	3.33	3.41	3.54	3.77	4.01	4.26	46
47	2.64	2.75	2.87	2.99	3.11	3.16	3.24	3.38	3.52	3.65	2.76	2.89	3.03	3.19	3.37	3.45	3.58	3.81	4.06	4.31	47
48	2.66	2.78	2.90	3.02	3.15	3.20	3.29	3.43	3.57	3.70	2.79	2.91	3.06	3.22	3.41	3.49	3.62	3.86	4.12	4.38	48
49	2.69	2.80	2.93	3.06	3.19	3.25	3.33	3.48	3.62	3.76	2.81	2.94	3.09	3.25	3.44	3.53	3.66	3.91	4.17	4.44	49
50	2.71	2.83	2.96	3.09	3.23	3.29	3.38	3.53	3.68	3.82	2.84	2.97	3.12	3.29	3.48	3.57	3.71	3.96	4.23	4.50	50
51	2.73	2.86	2.99	3.13	3.27	3.33	3.43	3.58	3.74	3.89	2.86	3.00	3.15	3.32	3.52	3.61	3.75	4.01	4.29	4.57	51
52	2.75	2.88	3.02	3.17	3.32	3.38	3.47	3.64	3.80	3.96	2.89	3.03	3.18	3.36	3.57	3.66	3.80	4.07	4.35	4.64	52
53	2.77	2.91	3.05	3.20	3.36	3.43	3.53	3.70	3.86	4.03	2.92	3.06	3.22	3.40	3.61	3.70	3.85	4.12	4.41	4.71	53
54	2.79	2.94	3.08	3.24	3.41	3.47	3.58	3.75	3.93	4.10	2.95	3.09	3.25	3.44	3.65	3.75	3.90	4.18	4.48	4.79	54
55	2.82	2.96	3.12	3.28	3.45	3.52	3.63	3.82	4.00	4.18	2.98	3.12	3.29	3.48	3.70	3.80	3.95	4.24	4.55	4.87	55
56	2.84	2.99	3.15	3.32	3.50	3.57	3.69	3.88	4.07	4.26	3.01	3.16	3.33	3.52	3.75	3.85	4.01	4.30	4.62	4.95	56
57	2.86	3.02	3.18	3.36	3.55	3.62	3.74	3.95	4.15	4.34	3.04	3.19	3.37	3.56	3.80	3.90	4.06	4.37	4.70	5.04	57
58	2.89	3.04	3.22	3.40	3.60	3.68	3.80	4.01	4.22	4.43	3.07	3.23	3.41	3.61	3.85	3.95	4.12	4.44	4.78	5.13	58
59	2.91	3.07	3.25	3.44	3.65	3.73	3.86	4.09	4.31	4.52	3.11	3.27	3.45	3.66	3.90	4.01	4.18	4.51	4.86	5.22	59
60	2.93	3.10	3.29	3.49	3.70	3.79	3.93	4.16	4.39	4.61	3.14	3.30	3.49	3.70	3.95	4.07	4.25	4.58	4.94	5.32	60
61	2.96	3.13	3.32	3.53	3.75	3.84	3.99	4.24	4.48	4.71	3.18	3.34	3.53	3.75	4.01	4.12	4.31	4.66	5.03	5.43	61
62	2.98	3.16	3.36	3.57	3.80	3.90	4.05	4.31	4.57	4.82	3.21	3.38	3.58	3.80	4.07	4.19	4.38	4.73	5.12	5.53	62
63	3.01	3.19	3.39	3.62	3.86	3.96	4.12	4.39	4.67	4.93	3.25	3.43	3.63	3.86	4.13	4.25	4.45	4.82	5.22	5.64	63
64	3.03	3.22	3.43	3.66	3.91	4.02	4.19	4.48	4.76	5.04	3.29	3.47	3.67	3.91	4.19	4.32	4.52	4.90	5.32	5.76	64
65	3.06	3.25	3.46	3.70	3.97	4.08	4.26	4.56	4.87	5.16	3.33	3.51	3.72	3.97	4.26	4.38	4.60	4.99	5.42	5.88	65
66	3.08	3.28	3.50	3.75	4.03	4.15	4.33	4.65	4.97	5.29	3.37	3.56	3.77	4.03	4.32	4.46	4.67	5.08	5.53	6.01	66
67	3.11	3.31	3.54	3.80	4.09	4.21	4.41	4.74	5.09	5.42	3.41	3.60	3.83	4.08	4.39	4.53	4.75	5.18	5.64	6.15	67
68	3.13	3.34	3.57	3.84	4.14	4.27	4.48	4.84	5.20	5.55	3.45	3.65	3.88	4.15	4.46	4.60	4.84	5.28	5.76	6.29	68
69	3.16	3.37	3.61	3.89	4.20	4.34	4.56	4.94	5.32	5.70	3.50	3.70	3.94	4.21	4.54	4.68	4.93	5.38	5.89	6.43	69
70	3.19	3.40	3.65	3.94	4.26	4.41	4.63	5.03	5.44	5.85	3.54	3.75	3.99	4.28	4.61	4.76	5.02	5.49	6.02	6.59	70
71	3.21	3.43	3.69	3.98	4.32	4.47	4.71	5.14	5.57	6.00	3.59	3.80	4.05	4.34	4.69	4.85	5.11	5.60	6.15	6.75	71
72	3.24	3.46	3.73	4.03	4.39	4.54	4.79	5.24	5.71	6.17	3.64	3.86	4.11	4.41	4.77	4.94	5.21	5.72	6.29	6.92	72
73	3.27	3.50	3.76	4.08	4.45	4.61	4.87	5.35	5.84	6.34	3.69	3.91	4.18	4.48	4.86	5.03	5.31	5.84	6.44	7.10	73
74	3.29	3.53	3.80	4.13	4.51	4.68	4.96	5.45	5.98	6.51	3.73	3.97	4.24	4.56	4.94	5.12	5.41	5.96	6.59	7.28	74
75	3.32	3.56	3.84	4.18	4.57	4.75	5.04	5.56	6.13	6.69	3.79	4.02	4.30	4.63	5.03	5.21	5.51	6.09	6.75	7.48	75
76	3.35	3.59	3.88	4.22	4.63	4.82	5.12	5.67	6.27	6.88	3.84	4.08	4.37	4.71	5.12	5.31	5.62	6.22	6.91	7.68	76
77	3.38	3.62	3.92	4.27	4.70	4.89	5.20	5.79	6.42	7.08	3.89	4.14	4.44	4.79	5.21	5.41	5.74	6.36	7.08	7.89	77
78	3.40	3.66	3.96	4.32	4.76	4.96	5.29	5.90	6.57	7.28	3.94	4.20	4.50	4.87	5.31	5.51	5.85	6.50	7.26	8.11	78
79	3.43	3.69	4.00	4.37	4.82	5.03	5.37	6.01	6.73	7.48	3.99	4.26	4.57	4.95	5.40	5.61	5.97	6.65	7.44	8.33	79
80*	3.46	3.72	4.04	4.42	4.88	5.09	5.45	6.12	6.88	7.69	4.05	4.32	4.64	5.03	5.50	5.72	6.08	6.79	7.62	8.57	80*

\* and over

A Pro Rata Allowance will be made in the Monthly Payment for any intermediate age not shown. We will furnish the amount of such payment on request.

**ANNUAL MEETING**

We shall hold our Annual Meeting of policyholders at our Home Office. Such meeting shall be held on the third Tuesday of July each year. However, if said day falls on a legal holiday, it shall be held on the following Wednesday.

**Whole Life Insurance Policy  
Non-Level Premium  
Participating**

**Illinois Mutual Life Insurance Company**

Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255

*SERFF Tracking Number:*      *LLNS-125811345*                      *State:*                      *Arkansas*  
*Filing Company:*              *Illinois Mutual Life Insurance Company*              *State Tracking Number:*      *40226*  
*Company Tracking Number:*      *619*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.101 Fixed/Indeterminate Premium - Single*  
*Product Name:*              *ChildGuard*                      *Life*  
*Project Name/Number:*      *ChildGuard/619*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LLNS-125811345 State: Arkansas  
Filing Company: Illinois Mutual Life Insurance Company State Tracking Number: 40226  
Company Tracking Number: 619  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: ChildGuard  
Project Name/Number: ChildGuard/619

## Supporting Document Schedules

**Review Status:** 09/10/2008

**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachments:**  
Readability.pdf  
AR Certification Code 23-79-138 with Form 3101.pdf  
AR Certification Reg 49.pdf

**Review Status:** 09/10/2008

**Satisfied -Name:** Application  
**Comments:**  
Application Form 5446, approved on 10-04-1999  
**Attachment:**  
5446 (AR).pdf

## READABILITY CERTIFICATION

RE: Form 619, Whole Life Insurance Policy

On behalf of Illinois Mutual Life Insurance Company, I hereby certify that we have carefully analyzed and scored the forms submitted with this certification in accord with the Flesch score analysis readability procedures and we certify that the forms have a Flesch score as follows:

Form 619

52.5

ILLINOIS MUTUAL LIFE INSURANCE COMPANY



By:

David C. Storlie  
Vice President  
General Counsel

Dated: September 10, 2008

**CERTIFICATION**

**Company:** Illinois Mutual Life Insurance Company

**Form:** 3101

**Date:** September 10, 2008

I hereby certify that the above form complies with of Arkansas Code 23-79-138, which is given to each policyowner.



---

David C. Storlie  
Vice President and General Counsel



300 S.W. Adams Street Peoria, IL 61634  
Phone 309.674.8255

## ARKANSAS IMPORTANT NOTICE

The following information is provided as required by Arkansas Act 197 of 1987:

Illinois Mutual Life Insurance Company  
Policy Service Department  
300 S.W. Adams Street  
Peoria, IL 61634  
Phone: (309) 674-8255

Agent \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Arkansas Insurance Department  
Consumer Services Division  
1200 W. 3rd Street  
Little Rock, AR 72201-1904  
Phone: (501) 371-2640 or  
In-state (800) 852-5494

## CERTIFICATION

Re: Form 619, Whole Life Insurance Policy

Date: September 10, 2008

I hereby certify that the filing on the above policy form meets the provision of Arkansas Regulation 49 and all applicable requirements of the Department.



---

David C. Storlie  
Vice President  
General Counsel  
Extension 426

## Limitations and Exclusions under the Arkansas Life and Health Insurance Guaranty Association Act

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of this Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). On the back of this page is a brief summary of this Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(please turn to back of page)

## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract, or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **NOT** protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy or contract was issued by a nonprofit hospital or medical service organization, and HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals).
- unallocated annuity contracts issued to/in connection with benefits plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- portion of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



**Agreement:** I represent and agree that: (1) all statements and answers herein are true and correctly recorded to the best of my knowledge and belief; (2) I received a Medical Information Bureau Notice; (3) this application will be a part of any contract issued; and (4) no policy issued on this application shall be effective until received and accepted by me and the first full premium paid. However, if the first premium has been paid, then the liability of the Company shall be as stated in the receipt that I hold.

**Authorization:** I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, Medical Information Bureau, Inc., or insurance company who possess medical information on the proposed insured to furnish such information to Illinois Mutual Life Insurance Company, hereinafter called the Company, or its legal representative upon presenting this Authorization or a photocopy. The Company may obtain medical information in order to evaluate this application for insurance or my eligibility for benefits under an existing policy. This Authorization shall include information concerning drugs, alcoholism, AIDS, or mental illness. I understand that the Company may make a brief report concerning the proposed insured to other insurance companies to whom I have applied or may apply for coverage.

I have read this Authorization and understand that I may receive a copy upon request. I understand and agree that this Authorization shall be valid for two years from the date signed below.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE, IF OTHER THAN PROPOSED INSURED

\_\_\_\_\_  
PROPOSED INSURED'S SIGNATURE OR PARENT'S SIGNATURE IF PROPOSED INSURED UNDER AGE 18.

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

**For Agent:** To the best of my knowledge, the answers and information on the above application are correct and the insurance applied for  will  will not replace any existing life insurance or annuity.

\_\_\_\_\_  
PRINT AGENT'S NAME

\_\_\_\_\_  
LICENSED AGENT'S SIGNATURE

\_\_\_\_\_  
CODE #

**Proxy**

Having made application for policy in Illinois Mutual Life Insurance Company and if same is issued; KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, holder of said policy, do hereby constitute and appoint M. A. McCord, K. M. Jenkins, M. E. Martin, J. K. McCord, and T. P. Jenkins, or a majority of them in attendance, my proxy for me and in my name, place and stead to vote for me and cast the number of votes to which I am or may be entitled at all regular and special meetings of the policyholders of the Company, at which I am not personally present, upon all matters coming before any such meeting with like effect as if I had been personally present and voting. I hereby waive notice of any regular or special meeting of the policyholders of the Company, unless further request in writing is made that notice be given to me. This proxy shall remain in force until revoked in writing or superseded by written proxy of later date given to any other policyholder or policyholders of the Company. I agree to notify the Secretary of the Company of such change in proxy, and to abide by the by-laws of the Company governing proxy voting.

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

Address \_\_\_\_\_

Form 561-K (1/06)



DETACH AND LEAVE THIS WITH THE APPLICANT.

**Life Receipt** (Do not complete receipt unless payment is made.)

Received from \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_ the sum of \$\_\_\_\_\_ toward the premium for life insurance with the application to Illinois Mutual Life Insurance Company which contains the same date as this receipt. No coverage will become effective prior to delivery of the policy unless and until all the conditions of this receipt have been exactly fulfilled. If the full first premium in accord with the Company's published rates for the policy applied for is paid at the time of application, the policy applied for shall take effect on the date of this receipt, provided:

- (1) the application and any medical examinations, tests and personal history interviews required are completed, and
- (2) the person to be insured is on this date a risk acceptable to the Company under its rules, limits and standards without modifications, on the plan and in the amount applied for and at the premium declared paid; otherwise the amount shown shall be returned upon surrender of this receipt.

However, the Company's liability hereunder for life insurance, including any accidental death benefit applied for, shall not exceed \$100,000. If a life policy different than applied for, in coverage, amount or premium, is offered, the life insurance shall not be effective unless and until the full first premium is paid and the policy is delivered to and accepted by the applicant.

Agent \_\_\_\_\_

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO ILLINOIS MUTUAL. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK. VOID UNLESS PAYMENT IS MADE AND RECEIPT IS SIGNED BY AGENT.

Form 5403

**Medical Information Bureau Notice**

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

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866.692.6901 (TTY 866.346.3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Illinois Mutual Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Form 2826

(7/08)

*SERFF Tracking Number:* LLNS-125811345      *State:* Arkansas  
*Filing Company:* Illinois Mutual Life Insurance Company      *State Tracking Number:* 40226  
*Company Tracking Number:* 619  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* ChildGuard  
*Project Name/Number:* ChildGuard/619

## Superseded Attachments

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

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Whole Life Insurance Policy	09/10/2008	619.pdf



A Mutual Life Insurance Company

WE AGREE TO PAY the Amount of Insurance shown in the Policy Schedule to the rightful Beneficiary upon receipt of due proof of death of the Insured. This is subject to the provisions of this Policy.

THE CONSIDERATION for this Policy is the application and the payment in advance of the Initial Premium shown in the Policy Schedule and is due on the Date of Policy. Later premiums are due as stated in the Policy Schedule. A copy of the application is attached to and made a part of this Policy.

#### NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY

Within 10 days after delivery to the Owner, this Policy may be surrendered by mailing or bringing it to our Home Office or to the agent who sold this Policy. We shall then return to the Owner the premium that the Owner paid. This Policy will then be deemed void from the Date of Policy.

Signed and issued at the Home Office in Peoria, Illinois as of the Date of Policy.

  
Secretary

  
President

Whole Life Insurance Policy  
Non-Level Premium  
Participating

Illinois Mutual Life Insurance Company  
Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255

**WHOLE LIFE INSURANCE POLICY**  
**Form 619**

This Policy is a legal contract between the Policyowner and Illinois Mutual Life Insurance Company.

**READ YOUR POLICY CAREFULLY**

This LIFE INSURANCE Policy provides death protection for as long as the Insured lives. Premiums for this contract are payable as shown on the Schedule page.

**ALPHABETIC GUIDE TO YOUR POLICY**

	<b>Page</b>		<b>Page</b>
Age at Issue Date	Schedule Page	Loans	4
Automatic Premium Loan	4	Misstatement of Age or Sex	2
Beneficiary	3	Nonforfeiture Values	5
Cash Values	5	Ownership and Control	3
Change of Beneficiary	3	Paid-Up Insurance	6
Date of Policy	Schedule Page	Premium Default	2
Deferment	2	Premium Payments	2
Dividends	4	Reinstatement	2
Face Amount	Schedule Page	Right to Examine Policy	1
Grace Period	2	Settlement Options	6
Incontestability	2	Suicide	2
Insured	Schedule Page	Surrender Value and Nonforfeiture Provisions	5

**ADDITIONAL BENEFITS**

The additional benefits, if any, listed on the Schedule of Benefits are described in the additional benefit agreements that follow the last page of the Policy.

**POLICY SCHEDULE**

**INSURED'S AGE - 10**

**INSURED - JOHN J. DOE**

**OWNER - MARY B. DOE**

**POLICY NUMBER - 0000001**

**INSURANCE CLASS - NON-TOBACCO**

**DATE OF POLICY - 01/01/2009**

**PREMIUMS PAYABLE - TO AGE 121**

**PREMIUM -**

**INITIAL PREMIUM - \$300**

**ONCE THE INITIAL PREMIUM OF \$300.00 IS PAID, NO FURTHER PREMIUMS ARE PAYABLE UNTIL 01/01/2023**

**PREMIUM DUE 01/01/2023 AND THEREAFTER TO INSURED'S AGE 121 - \$320 ANNUALLY; \$166.40; SEMI-ANNUALLY; \$84.80; QUARTERLY; OR \$28.16 A/C MONTHLY AS MAY BE SELECTED BY THE OWNER.**

**THE AMOUNT OF INSURANCE INCREASES ON THE DATE OF THE INSURED'S BIRTHDAY WHEN INSURED BECOMES AGE 13, AGE 18 AND AGE 23 TO THE AMOUNTS STATED BELOW.**

<b>AMOUNT OF INSURANCE FROM AGE 0 UP TO AGE 13:</b>	<b>\$5,000.00</b>
<b>AMOUNT OF INSURANCE FROM AGE 13 UP TO AGE 18:</b>	<b>\$10,000.00</b>
<b>AMOUNT OF INSURANCE FROM AGE 18 UP TO AGE 23:</b>	<b>\$15,000.00</b>
<b>AMOUNT OF INSURANCE FROM AGE 23 AND THEREAFTER:</b>	<b>\$25,000.00</b>

**FORM 619**

## GENERAL PROVISIONS

**THE CONTRACT.** This Policy and its application, a copy of which is attached hereto and made a part hereof, form the entire contract between the parties. All statements made by the Insured or the Applicant shall, in the absence of fraud, be deemed representations and not warranties. No such statement shall avoid the Policy or be used in defense of a claim hereunder unless it is contained in such application. No changes in the Policy and no waiver of any of its terms shall be valid unless made in writing by us and signed by our Secretary or by one of our Vice Presidents.

**INCONTESTABILITY.** This Policy shall not be contestable if it has been in force during the lifetime of the Insured for 2 years from the Date of Policy. This provision shall not apply to nonpayment of premiums or to any provisions granting extra benefits in case of accidental death or total disability.

**PREMIUM PAYMENTS.** All premiums shall be payable in advance either at our Home Office or to our agent upon delivery of a receipt signed by our President or Secretary and countersigned by our agent. If any premium is not paid when due such premium shall be in default. At the expiration of the grace period provided herein, this Policy shall lapse as of the date to which premiums have been paid. It shall then become of no value except for nonforfeiture benefits as provided herein.

After the Initial Premium has been paid, subsequent premiums may be paid in monthly, quarterly, semi-annual or annual intervals as selected by the Policy Owner.

**GRACE PERIOD.** A grace period of 31 days, with no interest, will be allowed for the payment of any premium due after the first. During this period the Policy will continue in force. If the Insured dies during said period, the premium not paid shall be deducted from the amount payable hereunder.

**REINSTATEMENT.** If this Policy lapses because of nonpayment of premium and has not been surrendered for its cash surrender value, it may be reinstated at any time within 3 years after default in premium payment. The terms of reinstatement are as follows:

1. We must be presented with evidence of insurability satisfactory to us.
2. All past due premiums must be paid to us with interest at the rate of 5% per year, compounded annually.
3. Any indebtedness existing at the date of default must be paid to us or reinstated with interest at the rate of 7 1/4% per year, compounded annually.

**AGE AT ISSUE.** This Policy is issued at the Insured's Age shown on the Policy Schedule. This is the Insured's age at last birthday on the Date of Policy, according to the date of birth given in the application for this Policy.

**MISSTATEMENT OF AGE OR SEX.** If the age or sex of the Insured has been misstated, the amount payable hereunder shall be such as the premiums paid would have purchased based on correct information at our published rate at Date of Policy.

**SUICIDE.** If the Insured, whether sane or insane, shall die by his own hand or act within 2 years after the Date of Policy, our liability under this Policy shall be limited to the premiums paid hereon.

**SETTLEMENT, INDEBTEDNESS AND DEFERMENT.** Any sums due under this Policy shall be payable at our Home Office. Any sums owed to us because of this Policy shall be deducted from any settlement. We may defer the granting of a cash surrender value or of a loan, except a loan to pay premiums, for the period allowed by law, up to 6 months after receipt of the application therefor.

## GENERAL PROVISIONS (cont.)

**ASSIGNMENT.** No assignment of this Policy shall bind us until it is filed at our Home Office. We are not responsible for the validity or sufficiency of any assignment. Any claim of assignment shall be subject to proof of interest and extent thereof.

### OWNERSHIP AND CONTROL OF POLICY

The Owner of this Policy is the Applicant. However, when the Insured becomes age 21, ownership of this Policy and the right to exercise all privileges and control of this Policy shall be vested solely in the Insured.

The rights granted in this Policy to the Owner may be exercised only while the Insured is living.

### BENEFICIARY

The Beneficiary(ies) shall be as shown in the application for this Policy, subject to this provision. By writing to us, the Owner may, from time to time, prior to the death of the Insured, change the Beneficiary. If this Policy is assigned by a writing on file with us, any such change may be made only with the assignee's written consent. A Beneficiary's interest shall be subject to the right of any assignee on record with us.

A change of a Beneficiary shall not take effect until recorded by us. When so recorded, the change will take effect as of the date of the written request. Such a change is effective whether or not the Insured is living when the change is recorded. There shall be no further liability on our part with respect to any proceeds paid by us or applied under any option in this Policy prior to such recording.

If 2 or more persons are shown as Beneficiary, any proceeds due to them upon the Insured's death shall be payable, unless shown otherwise in such designation, in equal shares to such persons as survive the Insured. Such survivor(s) shall be deemed the Beneficiary for the whole of the proceeds so payable.

Unless otherwise provided, the proceeds of this Policy payable at death shall be paid equally to such Beneficiaries as may be living in the following order:

- (a) the primary Beneficiaries;
- (b) the contingent Beneficiaries, if any, provided none of the primary Beneficiaries are living;
- (c) the executors or administrators of the Insured if none of the primary or contingent Beneficiaries are living.

### DIVIDEND PROVISIONS

**DIVIDENDS.** Each year that this Policy stays in force, our Board of Directors shall decide what the divisible surplus will be, if any. We will credit this Policy with its fair share, if any, of such surplus accruing as a dividend. This credit will occur on each Policy anniversary while the Policy is in force.

**DIVIDEND OPTIONS.** At the Owner's option, dividends may be either:

1. paid in cash;
2. applied to payment of current premium or installment thereof, provided the remainder due is paid within the grace period;
3. left to accumulate at 1 1/2% per year compounded yearly, or at such higher rate of interest as our Board of Directors may set; or

## DIVIDEND PROVISIONS (cont.)

4. used to purchase an additional amount of participating paid-up insurance, the value of which shall at no time be less than the dividend applied to purchase it.

If no option is selected or if Option 2 has been selected but the Policy is payable on a monthly basis, dividends will be applied in accordance with Option 4.

Any paid-up additions not required as security for a debt may be surrendered at any time for the then present value thereof. Any dividend accumulations not required as security for a debt may be withdrawn at any time. If not withdrawn, they will be included in any settlement under this Policy.

## OPTION TO PURCHASE ADDITIONAL INSURANCE

A new policy on the life of the Insured may be purchased without evidence of insurability on the first Policy anniversary following the Insured's 23rd birthday. The Policy must be in force to exercise this option.

The following conditions apply to this option:

1. A written application and payment of the first premium for the new policy must be received in the Home Office within 30 days prior to or within 30 days after the first Policy Anniversary following the Insured's 23rd birthday.
2. The effective date of the new policy shall be the date of application for the new policy.
3. The amount of the new policy shall not be more than 3 times the Amount of Insurance at the Insured's age 23 for this Policy. It shall not be less than the published minimum for the plan applied for.
4. The new policy may be any life plan then offered by us except for term insurance. The premium will be at our premium rates then in use for the plan chosen. It will be based on the attained age of the Insured and on his/her underwriting classification on the Date of Policy of this Policy.
5. If the Insured wishes to add any Supplemental Benefits to the new policy, it will require our consent. It shall also be subject to any other conditions we may require.

## POLICY LOANS

**CASH LOANS.** While this Policy is in force and has a cash value, we will lend money on the sole security and upon written assignment of this Policy. Such loan shall be a sum not exceeding the cash value at the end of the current Policy year as indicated in the Table of Nonforfeiture Values, less any existing debt on account of this Policy and accrued interest thereon. There shall be deducted from such loan interest to the end of the current Policy year and any unpaid premium for such year.

**AUTOMATIC PREMIUM LOANS.** We will automatically lend the amount of premium remaining unpaid at the end of a grace period in the following cases:

1. A request for such a loan privilege has been made in the application for this Policy.
2. A later written request is received by us prior to the expiration of the grace period.
3. No written revocation of either request in 1. or 2. above has been received by us at our Home Office.
4. The resulting total debt plus interest does not exceed the loan value of this Policy.

## POLICY LOANS (cont.)

Such a loan is subject to the following conditions:

- (a) If premiums are being paid monthly, we will change the mode to quarterly and pay the premium.
- (b) If:
  - (1) premiums are being paid on an annual or semi-annual basis;
  - (2) there is not enough loan value to pay such premium; and
  - (3) there is enough for a quarterly premium;we will change the mode to quarterly and pay the premium.
- (c) If any condition stated above precludes the use of this provision, the Nonforfeiture provisions of this Policy shall take effect.

**INTEREST AND REPAYMENT.** Interest shall be at the rate of 7 1/4% per year, payable in advance. Unpaid interest shall be added to the existing debt and bear interest on the same terms.

A loan may be repaid in whole or in part during the Insured's life and before maturity of the Policy. However, a loan which exists at the end of the grace period may not be repaid unless the Policy is reinstated. Failure to repay a loan or to pay interest shall not void the Policy unless the total debt shall equal or exceed the loan value at the time of such failure. This is also subject to 31 days notice being mailed to the Owner and to an assignee of record at their respective last known addresses.

## POLICY PROCEEDS

On the Insured's death, we will pay the death proceeds to the rightful Beneficiary. The death proceeds shall equal:

- (1) the Amount of Insurance as shown on the Policy Schedule, plus
- (2) any dividend credits, dividend accumulations or paid-up additions; less
- (3) any Policy debt, less
- (4) the premium not paid if the Insured dies during the grace period

## NONFORFEITURE VALUES

**BASIS OF NONFORFEITURE VALUES.** The cash value for each Policy year not shown on the Table of Nonforfeiture Values can be calculated using the mortality table, interest rate and standard nonforfeiture method shown below the Table of Nonforfeiture Values. Calculations assume the annual payment of premiums and that deaths occur at the end of the Policy year.

**TABLE OF NONFORFEITURE VALUES.** Cash values and paid-up insurance are shown on the Table of Nonforfeiture Values for the end of the Policy years indicated. These values assume that all premiums due have been paid for the number of years stated. They do not reflect paid-up additions, dividend accumulations or Policy indebtedness. Values during a Policy year will reflect any portion of the year's premium paid and the time elapsed in that year.

Values for Policy years not shown are calculated on the same basis as those on the Table of Nonforfeiture Values. A list of these values will be furnished on request. A detailed statement of the method of calculation of all values has been filed with the Insurance Department of the state in which this Policy is delivered. The Company will furnish this statement at the request of the Owner. All values are at least as great as those required by that state.

## NONFORFEITURE VALUES (cont.)

### NONFORFEITURE OPTIONS. If:

1. We receive a written request in our Home Office;
2. Not later than 60 days after the due date of any premium in default; and
3. Prior to the death of the Insured;

any of the following Nonforfeiture Options may be chosen:

- (a) **Cash Surrender Value.** The Cash Surrender Value of the Policy will be paid upon surrender of the Policy. The Cash Surrender Value is the sum of the Cash Value plus the present value of any Paid-up Additions plus the amount of any Dividend Accumulations less any Policy indebtedness. The Cash Surrender Value of this Policy, less any Dividend Accumulations, does not at any time exceed the net single premium, calculated on the guaranteed basis in this Policy, which would have to be paid at said time to fund future benefits under the Policy.
- (b) **Paid-Up Insurance.** This Policy will be continued from the due date of the premium in default for a reduced amount of participating paid-up life insurance. This is payable at the same time and subject to the same terms as this Policy. It is payable in the amount purchased by the Cash Surrender Value when used as a net single premium at the attained age, last birthday, of the Insured on the due date of the premium in default.
- (c) **Automatic Option.** If no choice is made within 60 days after the due date of a premium in default, Nonforfeiture Option (b) will automatically apply.

The paid-up insurance under which this Policy is continued may be surrendered at any time. It shall be surrendered for an amount equal to the net single premium at the attained age, last birthday, of the Insured for the remaining benefits under such benefits on each Policy anniversary, or the interpolated net single premiums for the last and next policy anniversaries, if surrendered on a date other than the anniversary. If the policy is surrendered for the Cash Surrender Value within 30 days after the policy anniversary, the Cash Surrender Value available will not be less than the anniversary value. The net single premium will be calculated using the mortality table and interest rate shown below the Table of Nonforfeiture Values on The Policy Schedule.

## SETTLEMENT OPTIONS

Any proceeds of this Policy due as a Death Benefit or Cash Surrender Value may be paid in one sum. However, if requested in writing by the Owner, or by a Beneficiary after the Insured's death, the whole or any part of the proceeds may be paid in accord with one or more of the following options to the person then entitled thereto. This person shall be called the Payee.

These options are not available if the proceeds retained are less than \$5,000 for any Payee or if the Payee is not a natural person.

Monthly, quarterly, semi-annual or annual payments may be chosen. If any payment is less than \$100, the interval between payments may be increased to a quarter, half or full year as may be required to make the payments at least \$100.

Interest under any option will be fixed by us. It will not be less than 1 1/2%.

For settlement options involving life contingencies, the mortality table to be used is the Annuity 2000 Mortality Table, without projection, as published by the Society of Actuaries.

## SETTLEMENT OPTIONS (cont.)

The whole or part of such proceeds may be:

**OPTION A-Interest:** left with us. Interest will be paid at the end of each period chosen.

**OPTION B-Fixed Payments:** paid in periodic installments of an agreed amount until such proceeds plus interest have been paid in full.

**OPTION C-Fixed Period:** paid in monthly installments for a period of years. Payments per \$1,000 of proceeds are shown on Page 8.

**OPTION D-Life Income:** paid in installments while the Payee lives. Each installment amount shall be fixed in accord with the gender and age nearest birthday of the Payee when the first installment is payable. Payments per \$1,000 of proceeds are shown on Page 8.

**OPTION E-Life Income With A Guaranteed Period:** paid in installments for a guaranteed period and thereafter while the Payee lives. The guaranteed period may be a fixed number of years or until the sum of the installments equals the amount applied under this option. Each installment amount shall be fixed in accord with the gender and age at nearest birthday of the Payee when the first installment is payable. Payments per \$1,000 of proceeds are shown on Page 8.

**OPTION F-Joint and Survivor Option:** paid in installments to two Payees during their joint lifetime and, upon the death of the first Payee, to the remaining Payee at the level initially elected. Each joint installment amount will be based upon the gender and age at nearest birthday of each Payee. Payments per \$1,000 of proceeds for Joint and 2/3 to the Survivor and Joint and 1/2 to the Survivor are shown on Page 9. Both Payees must be at least 40 years old to elect this option.

We will need adequate proof of the birth date of any Payee for whom lifetime payments are to be made.

Under Options A and B, the right of withdrawal, complete or partial, in sums not less than \$200, may be given to the Payee. Under Option C, the Payee may be given the right of complete withdrawal of the commuted value of any unpaid installments.

If Option A, B, or C is elected, the proceeds must be completely paid within 30 years after the Insured's death.

Unpaid installments under Option C and the Guaranteed Period of Option E shall be commuted at the greater of the interest rate used in deriving the installment payment or the guaranteed interest rate.

Unless expressly stated elsewhere, the first installment under Options B, C, D, E, and F will be payable on the date when the proceeds of this Policy become payable.

Upon the death of all Payees, any remaining guaranteed payments will be paid to any Beneficiary or, if none, to the estate of the last Payee to die.

**MONTHLY PAYMENTS FOR EACH \$1,000 OF PROCEEDS APPLIED UNDER THE RESPECTIVE OPTIONS**

OPTION C –  
FIXED PERIOD

OPTION D – LIFE INCOME

OPTION E – LIFE INCOME WITH A GUARANTEED PERIOD

Number of Years	Amount of Payment	Age of Payee	OPTION D – LIFE INCOME						OPTION E – LIFE INCOME WITH A GUARANTEED PERIOD												
			Male	Female	Age of Payee	Male	Female	Age of Payee	Guaranteed Period												
									10 Years		20 Years		Installment Refund		Age of Payee	10 Years		20 Years		Installment Refund	
									Male	Female	Male	Female	Male	Female		Male	Female	Male	Female		
5	\$17.28	10*	\$1.91	\$1.85	50	\$3.24	\$3.00	10*	\$1.91	\$1.85	\$1.91	\$1.85	\$1.90	\$1.84	50	\$3.22	\$2.99	\$3.14	\$2.95	\$3.02	\$2.86
6	14.51	11	1.93	1.86	51	3.32	3.06	11	1.93	1.86	1.93	1.86	1.91	1.85	51	3.29	3.05	3.20	3.00	3.08	2.91
7	12.53	12	1.95	1.88	52	3.39	3.13	12	1.94	1.88	1.94	1.88	1.93	1.87	52	3.36	3.11	3.26	3.06	3.13	2.96
8	11.04	13	1.96	1.89	53	3.47	3.19	13	1.96	1.89	1.96	1.89	1.94	1.88	53	3.44	3.18	3.32	3.12	3.19	3.02
9	9.89	14	1.98	1.91	54	3.55	3.26	14	1.98	1.91	1.97	1.91	1.96	1.90	54	3.51	3.25	3.39	3.18	3.25	3.07
10	8.96	15	1.99	1.92	55	3.63	3.34	15	1.99	1.92	1.99	1.92	1.97	1.91	55	3.60	3.32	3.45	3.24	3.31	3.13
11	8.21	16	2.01	1.94	56	3.73	3.42	16	2.01	1.94	2.01	1.94	1.99	1.93	56	3.68	3.39	3.52	3.30	3.38	3.19
12	7.58	17	2.03	1.95	57	3.82	3.50	17	2.03	1.95	2.03	1.95	2.01	1.94	57	3.77	3.47	3.58	3.37	3.45	3.26
13	7.05	18	2.05	1.97	58	3.92	3.59	18	2.05	1.97	2.04	1.97	2.02	1.96	58	3.87	3.56	3.65	3.44	3.52	3.32
14	6.59	19	2.07	1.99	59	4.03	3.68	19	2.07	1.99	2.06	1.99	2.04	1.97	59	3.97	3.64	3.72	3.51	3.59	3.39
15	6.20	20	2.09	2.01	60	4.15	3.78	20	2.09	2.01	2.08	2.00	2.06	1.99	60	4.07	3.74	3.79	3.58	3.67	3.46
16	5.85	21	2.11	2.02	61	4.27	3.88	21	2.11	2.02	2.10	2.02	2.08	2.01	61	4.19	3.83	3.86	3.65	3.76	3.54
17	5.55	22	2.13	2.04	62	4.40	3.99	22	2.13	2.04	2.12	2.04	2.10	2.03	62	4.30	3.94	3.93	3.73	3.84	3.62
18	5.27	23	2.15	2.06	63	4.54	4.11	23	2.15	2.06	2.15	2.06	2.12	2.04	63	4.43	4.05	4.00	3.81	3.93	3.70
19	5.03	24	2.17	2.08	64	4.69	4.23	24	2.17	2.08	2.17	2.08	2.14	2.06	64	4.55	4.16	4.07	3.88	4.03	3.79
20	4.81	25	2.20	2.10	65	4.85	4.37	25	2.20	2.10	2.19	2.10	2.16	2.08	65	4.69	4.28	4.14	3.96	4.12	3.88
21	4.62	26	2.22	2.13	66	5.02	4.51	26	2.22	2.12	2.22	2.12	2.18	2.10	66	4.83	4.41	4.21	4.04	4.23	3.98
22	4.44	27	2.25	2.15	67	5.20	4.66	27	2.25	2.15	2.24	2.14	2.21	2.12	67	4.98	4.55	4.27	4.11	4.34	4.08
23	4.28	28	2.27	2.17	68	5.39	4.83	28	2.27	2.17	2.27	2.17	2.23	2.14	68	5.13	4.69	4.33	4.18	4.45	4.19
24	4.13	29	2.30	2.19	69	5.60	5.00	29	2.30	2.19	2.29	2.19	2.25	2.17	69	5.29	4.84	4.39	4.26	4.57	4.31
25	3.99	30	2.33	2.22	70	5.82	5.19	30	2.33	2.22	2.32	2.21	2.28	2.19	70	5.45	5.00	4.44	4.32	4.69	4.43
26	3.86	31	2.36	2.25	71	6.05	5.40	31	2.36	2.24	2.35	2.24	2.31	2.21	71	5.62	5.17	4.49	4.39	4.83	4.55
27	3.75	32	2.39	2.27	72	6.30	5.62	32	2.39	2.27	2.38	2.27	2.33	2.24	72	5.79	5.34	4.54	4.45	4.96	4.69
28	3.64	33	2.42	2.30	73	6.57	5.85	33	2.42	2.30	2.41	2.29	2.36	2.26	73	5.96	5.52	4.58	4.50	5.11	4.83
29	3.54	34	2.46	2.33	74	6.85	6.11	34	2.45	2.33	2.44	2.32	2.39	2.29	74	6.14	5.71	4.62	4.55	5.26	4.98
30	3.44	35	2.49	2.36	75	7.15	6.39	35	2.49	2.36	2.47	2.35	2.42	2.32	75	6.32	5.91	4.65	4.60	5.42	5.13
		36	2.53	2.39	76	7.48	6.69	36	2.52	2.39	2.51	2.38	2.45	2.34	76	6.51	6.11	4.68	4.64	5.59	5.30
		37	2.56	2.42	77	7.82	7.01	37	2.56	2.42	2.54	2.41	2.48	2.37	77	6.69	6.31	4.71	4.67	5.76	5.48
		38	2.60	2.46	78	8.19	7.37	38	2.60	2.45	2.58	2.44	2.52	2.40	78	6.87	6.52	4.73	4.70	5.95	5.66
		39	2.65	2.49	79	8.59	7.75	39	2.64	2.49	2.62	2.48	2.55	2.43	79	7.05	6.73	4.75	4.73	6.14	5.86
		40	2.69	2.53	80**	9.02	8.16	40	2.68	2.53	2.66	2.51	2.59	2.47	80**	7.22	6.93	4.76	4.75	6.34	6.06
		41	2.73	2.57				41	2.73	2.56	2.70	2.55	2.62	2.50							
		42	2.78	2.61				42	2.77	2.60	2.74	2.59	2.66	2.53							
		43	2.83	2.65				43	2.82	2.64	2.79	2.63	2.70	2.57							
		44	2.88	2.69				44	2.87	2.69	2.83	2.67	2.74	2.61							
		45	2.94	2.74				45	2.93	2.73	2.88	2.71	2.78	2.65							
		46	2.99	2.79				46	2.98	2.78	2.93	2.76	2.83	2.69							
		47	3.05	2.84				47	3.04	2.83	2.98	2.80	2.87	2.73							
		48	3.11	2.89				48	3.10	2.88	3.03	2.85	2.92	2.77							
		49	3.18	2.94				49	3.16	2.93	3.09	2.90	2.97	2.82							

\* and under

\*\* and over

**MONTHLY PAYMENTS FOR EACH \$1,000 OF PROCEEDS APPLIED UNDER THE RESPECTIVE OPTIONS**

**OPTION F - JOINT INCOME WITH TWO-THIRDS  
TO THE SURVIVOR**

**OPTION F - JOINT INCOME WITH ONE-HALF  
TO THE SURVIVOR**

Age of Female Payee	Age of Male Payee										Age of Male Payee										Age of Female Payee
	40	45	50	55	60	62	65	70	75	80*	40	45	50	55	60	62	65	70	75	80*	
40	\$2.50	\$2.59	\$2.68	\$2.77	\$2.87	\$2.91	\$2.98	\$3.09	\$3.20	\$3.30	\$2.61	\$2.72	\$2.84	\$2.98	\$3.14	\$3.21	\$3.32	\$3.52	\$3.74	\$3.95	40
41	2.52	2.61	2.71	2.80	2.90	2.95	3.01	3.12	3.24	3.35	2.63	2.74	2.87	3.01	3.17	3.24	3.36	3.56	3.78	4.00	41
42	2.54	2.63	2.73	2.83	2.94	2.98	3.05	3.16	3.28	3.39	2.65	2.76	2.89	3.04	3.20	3.27	3.39	3.60	3.82	4.04	42
43	2.56	2.66	2.76	2.86	2.97	3.01	3.08	3.20	3.32	3.44	2.67	2.79	2.92	3.06	3.23	3.31	3.43	3.64	3.87	4.09	43
44	2.58	2.68	2.79	2.89	3.00	3.05	3.12	3.25	3.37	3.49	2.69	2.81	2.94	3.09	3.27	3.34	3.46	3.68	3.91	4.15	44
45	2.60	2.71	2.81	2.92	3.04	3.09	3.16	3.29	3.42	3.54	2.71	2.83	2.97	3.12	3.30	3.38	3.50	3.72	3.96	4.20	45
46	2.62	2.73	2.84	2.96	3.08	3.12	3.20	3.33	3.46	3.59	2.74	2.86	3.00	3.15	3.33	3.41	3.54	3.77	4.01	4.26	46
47	2.64	2.75	2.87	2.99	3.11	3.16	3.24	3.38	3.52	3.65	2.76	2.89	3.03	3.19	3.37	3.45	3.58	3.81	4.06	4.31	47
48	2.66	2.78	2.90	3.02	3.15	3.20	3.29	3.43	3.57	3.70	2.79	2.91	3.06	3.22	3.41	3.49	3.62	3.86	4.12	4.38	48
49	2.69	2.80	2.93	3.06	3.19	3.25	3.33	3.48	3.62	3.76	2.81	2.94	3.09	3.25	3.44	3.53	3.66	3.91	4.17	4.44	49
50	2.71	2.83	2.96	3.09	3.23	3.29	3.38	3.53	3.68	3.82	2.84	2.97	3.12	3.29	3.48	3.57	3.71	3.96	4.23	4.50	50
51	2.73	2.86	2.99	3.13	3.27	3.33	3.43	3.58	3.74	3.89	2.86	3.00	3.15	3.32	3.52	3.61	3.75	4.01	4.29	4.57	51
52	2.75	2.88	3.02	3.17	3.32	3.38	3.47	3.64	3.80	3.96	2.89	3.03	3.18	3.36	3.57	3.66	3.80	4.07	4.35	4.64	52
53	2.77	2.91	3.05	3.20	3.36	3.43	3.53	3.70	3.86	4.03	2.92	3.06	3.22	3.40	3.61	3.70	3.85	4.12	4.41	4.71	53
54	2.79	2.94	3.08	3.24	3.41	3.47	3.58	3.75	3.93	4.10	2.95	3.09	3.25	3.44	3.65	3.75	3.90	4.18	4.48	4.79	54
55	2.82	2.96	3.12	3.28	3.45	3.52	3.63	3.82	4.00	4.18	2.98	3.12	3.29	3.48	3.70	3.80	3.95	4.24	4.55	4.87	55
56	2.84	2.99	3.15	3.32	3.50	3.57	3.69	3.88	4.07	4.26	3.01	3.16	3.33	3.52	3.75	3.85	4.01	4.30	4.62	4.95	56
57	2.86	3.02	3.18	3.36	3.55	3.62	3.74	3.95	4.15	4.34	3.04	3.19	3.37	3.56	3.80	3.90	4.06	4.37	4.70	5.04	57
58	2.89	3.04	3.22	3.40	3.60	3.68	3.80	4.01	4.22	4.43	3.07	3.23	3.41	3.61	3.85	3.95	4.12	4.44	4.78	5.13	58
59	2.91	3.07	3.25	3.44	3.65	3.73	3.86	4.09	4.31	4.52	3.11	3.27	3.45	3.66	3.90	4.01	4.18	4.51	4.86	5.22	59
60	2.93	3.10	3.29	3.49	3.70	3.79	3.93	4.16	4.39	4.61	3.14	3.30	3.49	3.70	3.95	4.07	4.25	4.58	4.94	5.32	60
61	2.96	3.13	3.32	3.53	3.75	3.84	3.99	4.24	4.48	4.71	3.18	3.34	3.53	3.75	4.01	4.12	4.31	4.66	5.03	5.43	61
62	2.98	3.16	3.36	3.57	3.80	3.90	4.05	4.31	4.57	4.82	3.21	3.38	3.58	3.80	4.07	4.19	4.38	4.73	5.12	5.53	62
63	3.01	3.19	3.39	3.62	3.86	3.96	4.12	4.39	4.67	4.93	3.25	3.43	3.63	3.86	4.13	4.25	4.45	4.82	5.22	5.64	63
64	3.03	3.22	3.43	3.66	3.91	4.02	4.19	4.48	4.76	5.04	3.29	3.47	3.67	3.91	4.19	4.32	4.52	4.90	5.32	5.76	64
65	3.06	3.25	3.46	3.70	3.97	4.08	4.26	4.56	4.87	5.16	3.33	3.51	3.72	3.97	4.26	4.38	4.60	4.99	5.42	5.88	65
66	3.08	3.28	3.50	3.75	4.03	4.15	4.33	4.65	4.97	5.29	3.37	3.56	3.77	4.03	4.32	4.46	4.67	5.08	5.53	6.01	66
67	3.11	3.31	3.54	3.80	4.09	4.21	4.41	4.74	5.09	5.42	3.41	3.60	3.83	4.08	4.39	4.53	4.75	5.18	5.64	6.15	67
68	3.13	3.34	3.57	3.84	4.14	4.27	4.48	4.84	5.20	5.55	3.45	3.65	3.88	4.15	4.46	4.60	4.84	5.28	5.76	6.29	68
69	3.16	3.37	3.61	3.89	4.20	4.34	4.56	4.94	5.32	5.70	3.50	3.70	3.94	4.21	4.54	4.68	4.93	5.38	5.89	6.43	69
70	3.19	3.40	3.65	3.94	4.26	4.41	4.63	5.03	5.44	5.85	3.54	3.75	3.99	4.28	4.61	4.76	5.02	5.49	6.02	6.59	70
71	3.21	3.43	3.69	3.98	4.32	4.47	4.71	5.14	5.57	6.00	3.59	3.80	4.05	4.34	4.69	4.85	5.11	5.60	6.15	6.75	71
72	3.24	3.46	3.73	4.03	4.39	4.54	4.79	5.24	5.71	6.17	3.64	3.86	4.11	4.41	4.77	4.94	5.21	5.72	6.29	6.92	72
73	3.27	3.50	3.76	4.08	4.45	4.61	4.87	5.35	5.84	6.34	3.69	3.91	4.18	4.48	4.86	5.03	5.31	5.84	6.44	7.10	73
74	3.29	3.53	3.80	4.13	4.51	4.68	4.96	5.45	5.98	6.51	3.73	3.97	4.24	4.56	4.94	5.12	5.41	5.96	6.59	7.28	74
75	3.32	3.56	3.84	4.18	4.57	4.75	5.04	5.56	6.13	6.69	3.79	4.02	4.30	4.63	5.03	5.21	5.51	6.09	6.75	7.48	75
76	3.35	3.59	3.88	4.22	4.63	4.82	5.12	5.67	6.27	6.88	3.84	4.08	4.37	4.71	5.12	5.31	5.62	6.22	6.91	7.68	76
77	3.38	3.62	3.92	4.27	4.70	4.89	5.20	5.79	6.42	7.08	3.89	4.14	4.44	4.79	5.21	5.41	5.74	6.36	7.08	7.89	77
78	3.40	3.66	3.96	4.32	4.76	4.96	5.29	5.90	6.57	7.28	3.94	4.20	4.50	4.87	5.31	5.51	5.85	6.50	7.26	8.11	78
79	3.43	3.69	4.00	4.37	4.82	5.03	5.37	6.01	6.73	7.48	3.99	4.26	4.57	4.95	5.40	5.61	5.97	6.65	7.44	8.33	79
80*	3.46	3.72	4.04	4.42	4.88	5.09	5.45	6.12	6.88	7.69	4.05	4.32	4.64	5.03	5.50	5.72	6.08	6.79	7.62	8.57	80*

\* and over

A Pro Rata Allowance will be made in the Monthly Payment for any intermediate age not shown. We will furnish the amount of such payment on request.

**ANNUAL MEETING**

We shall hold our Annual Meeting of policyholders at our Home Office. Such meeting shall be held on the third Tuesday of July each year. However, if said day falls on a legal holiday, it shall be held on the following Wednesday.

**Whole Life Insurance Policy  
Non-Level Premium  
Participating**

**Illinois Mutual Life Insurance Company**

Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255