

SERFF Tracking Number: LYLC-125752610 State: Arkansas  
Filing Company: Baptist Life Association State Tracking Number: 39764  
Company Tracking Number: BLASPUL08  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Heritage II Single Premium UL  
Project Name/Number: BLASPUL08/BLASPUL08

## Filing at a Glance

Company: Baptist Life Association

Product Name: Heritage II Single Premium UL SERFF Tr Num: LYLC-125752610 State: ArkansasLH  
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 39764  
Sub-TOI: L08.000 Life - Other Co Tr Num: BLASPUL08 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Rebecca Black Disposition Date: 09/03/2008  
Date Submitted: 07/30/2008 Disposition Status: Approved  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: BLASPUL08 Status of Filing in Domicile: Pending  
Project Number: BLASPUL08 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: 09/03/2008  
State Status Changed: 09/03/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
please see cover letter

## Company and Contact

### Filing Contact Information

Rebecca Black, Programmer/Analyst - State BlackB@lcba.com  
Filing Specialist  
P.O. Box 13005 (814) 453-4331 [Phone]

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Product Name: Heritage II Single Premium UL  
Project Name/Number: BLASPUL08/BLASPUL08

Erie, PA 16514-1305

(814) 453-3211[FAX]

**Filing Company Information**

Baptist Life Association  
8555 Main Street

CoCode: 57223  
Group Code:

State of Domicile: New York  
Company Type: Fraternal Life  
Insurance

Buffalo, NY 14221  
(716) 633-4393 ext. [Phone]

Group Name:  
FEIN Number: 16-0341875

State ID Number:

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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1354771	\$50.00	07/24/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/03/2008	09/03/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	08/07/2008	08/07/2008	Rebecca Black	09/02/2008	09/02/2008

Industry Response

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Regulation 34	Note To Filer	Linda Bird	08/25/2008	08/25/2008
Regulation 34	Note To Reviewer	Rebecca Black	08/21/2008	08/21/2008

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## Disposition

Disposition Date: 09/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LYLC-125752610 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document (revised)	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum	Withdrawn	No
Supporting Document	Cover Letter		Yes
Supporting Document	Illustration		Yes
Supporting Document	Flesch Score		Yes
Supporting Document	Underwriting Guidelines		Yes
Form (revised)	Single Premium UL Application		Yes
Form	Single Premium UL Application	Withdrawn	Yes
Form (revised)	Conditional Receipt		Yes
Form	Conditional Receipt	Withdrawn	Yes
Form	Single Premium UL		Yes
Form	Memorandum of Variable Material		Yes

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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Heritage II Single Premium UL  
Project Name/Number: BLASPUL08/BLASPUL08

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/07/2008

Submitted Date 08/07/2008

Respond By Date

Dear Rebecca Black,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

The application requires a fraud statement as outlined Ark. Code Ann. 23-66-502 (a).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/02/2008

Submitted Date 09/02/2008

Dear Linda Bird,

**Comments:**

### Response 1

Comments: A Certificate of Compliance and an updated Actuarial Memorandum has been submitted to comply with Regulation 34.

To comply with Ark. Code Ann. 23-66-502 (a) application A-095-0306 will replace A-086-0705.

**Related Objection 1**

SERFF Tracking Number: LYLC-125752610 State: Arkansas  
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 Company Tracking Number: BLASPUL08  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Heritage II Single Premium UL  
 Project Name/Number: BLASPUL08/BLASPUL08

**Applies To:**

- Certification/Notice (Supporting Document)

**Comment:**

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

The application requires a fraud statement as outlined Ark. Code Ann. 23-66-502 (a).

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Actuarial Memorandum

Comment: Updated Actuarial Memorandum and Certificate of Compliance with Regulation 34

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Single Premium UL Application	A-095-0306		Application/Enrollment Form	Initial		52	A-095-0306 Heritage Application.pdf
<b>Previous Version</b>							
Single Premium UL Application	A-086-0705		Application/Enrollment Form	Initial		52	A-086-0705 Application.pdf
Conditional Receipt	C-090-0705		Other	Initial		52	A-095-0306 Heritage Application.pdf
<b>Previous Version</b>							
Conditional Receipt	C-090-0705		Other	Initial		52	A-086-0705

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Application.pdf

*SERFF Tracking Number:*      *LYLC-125752610*                      *State:*                      *Arkansas*  
*Filing Company:*              *Baptist Life Association*                      *State Tracking Number:*      *39764*  
*Company Tracking Number:*      *BLASPUL08*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Heritage II Single Premium UL*  
*Project Name/Number:*      *BLASPUL08/BLASPUL08*

**No Rate/Rule Schedule items changed.**

Sincerely,  
Rebecca Black



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Product Name: Heritage II Single Premium UL  
Project Name/Number: BLASPUL08/BLASPUL08

**Note To Reviewer**

**Created By:**

Rebecca Black on 08/21/2008 08:57 AM

**Subject:**

Regulation 34

**Comments:**

Ms. Bird,

Could you please tell me where to find information on Regulation 34? I have checked the website and I am unable to locate the regulation.

Thank you,

Rebecca Black

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 Company Tracking Number: BLASPUL08  
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 Product Name: Heritage II Single Premium UL  
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## Form Schedule

**Lead Form Number:** S-062-0608

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A-095-0306	Application/ Enrollment Form	Single Premium UL Application	Initial		52	A-095-0306 Heritage Application.pdf
	C-090-0705	Other	Conditional Receipt	Initial		52	A-095-0306 Heritage Application.pdf
	S-062-0608	Policy/Contract Certificate	Single Premium UL Fraternal	Initial		52	S-062-0608.pdf
	S-062-0608	Other	Memorandum of Variable Material	Initial		0	MEMORANDUM OF VARIABLE MATERIAL S-062-0608.pdf

**Baptist Life Association**  
 8555 Main Street  
 Buffalo, NY 14221  
 A Fraternal Benefit Society Since 1883

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

**B** Application for  
 Life Insurance  
 Single Premium Universal Life

1. Is proposed insured already a member of Baptist Life Association?  Yes  No If "NO", complete membership form

2. NAME of Proposed Insured (PLEASE PRINT) Sex Birthday U.S. Citizen? Age Height Weight Social Security No.  
 LAST FIRST MI M/F MO DY YEAR  Yes (Current)  No

STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBERS ( ) ( )

3. Initial SINGLE PREMIUM \$ Initial INSURANCE FACE \$ Accelerated Death Benefit RIDER will be included unless checked here NO  Best time to call

4. OWNER (only if other than proposed insured) Relationship Social Security No.  
 Name: Address:

5. Primary BENEFICIARY(IES) Contingent BENEFICIARY(IES)  
 Name: % Name: %  
 Address: Relationship: Address: Relationship:  
 Name: % Name: %  
 Name/Address: Relationship: Name/Address: Relationship:

6. Will the proposed insurance REPLACE any existing insurance?  Yes  No  
 If YES, list company name and policy or certificate number:

7. Dividend Option: If declared:  purchase additional insurance  accumulate at interest  pay in cash

8. MEDICAL HISTORY of proposed insured. Circle items and give details to all "yes" answers in the space provided below.  
 Proposed Insured's PHYSICIAN'S Name, \_\_\_\_\_  
 Address, and Telephone Number \_\_\_\_\_  
 TELEPHONE: ( ) \_\_\_\_\_

**Has the proposed insured:**

a. been treated for internal cancer, malignant melanoma, leukemia, Alzheimer's disease or had an organ transplant, heart attack or heart surgery, stroke, aneurysm or kidney dialysis **in the past 24 months** ?.....  Yes  No

b. **ever been** diagnosed or treated by a medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or for AIDS Related Complex (ARC)?.....  Yes  No

c. **ever had** an application for life insurance or health insurance or a reinstatement of such insurance declined, rated, or modified in any way?.....  Yes  No

d. been hospitalized or consulted a physician for any reason **during the past 5 years** ?.....  Yes  No

e. **ever had or been told** he/she had, or been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, paralysis, fainting, chest pains, angina, disease of the heart or blood vessels, lung or liver disease, emphysema, bronchitis, stroke or high blood pressure, mental or nervous disorder or drug or alcohol abuse?.....  Yes  No

f. **ever used, or is currently using**, any form of tobacco, nicotine gum or patch?.....  Yes  No

g. Is the proposed insured contemplating or engaged in travel or residence outside of the United States?.....  Yes  No

A-095-0306 Detach Here

**Baptist Life Association - Conditional Receipt**

The total amount of insurance which may become effective under this Conditional Receipt shall not exceed \$250,000.

This Receipt is to be detached and left with the proposed insured, or owner if other than the proposed insured, only if payment is made at the time the application is signed. NO PAYMENT MAY BE ACCEPTED WITH THIS APPLICATION IF: within the last 24 months, any person proposed for insurance has been treated for, or diagnosed by a medical practitioner as having: AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or other immunological disorder, heart trouble, stroke, cancer, brain disorder, alcoholism, drug dependency, or insulin dependent diabetes.

No coverage will become effective prior to delivery of certificate of insurance applied for unless and until all conditions of the Receipt are met. No representative has the authority to alter the terms or conditions of this Receipt. This Receipt shall be void if altered or modified.

- The following conditions must be met before insurance may become effective prior to delivery of the certificate:
1. The premium indicated on the application must be submitted.
  2. All required parts of the Application, and medical examinations, and tests required by Baptist Life's procedural rules and practices have been completed and received at its Home Office within 60 days from the date of completion of the Application, and
  3. The proposed insureds are, on the Effective Date indicated below, risks acceptable for insurance exactly as applied for on a standard premium basis according to Baptist Life's rules and practices, without modification of plan, premium rate or amount, and
  4. On the Effective Date the state of health and all factors affecting the insurability of the persons proposed for coverage must be as in the Application and special questionnaires, if any, as required by Baptist Life.



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 LAST FIRST MI M/F MO DY YEAR  Yes (Current)  No

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 Name: Address:

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 Name: % Name: %  
 Address: Relationship: Address: Relationship:  
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 If YES, list company name and policy or certificate number:

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8. MEDICAL HISTORY of proposed insured. Circle items and give details to all "yes" answers in the space provided below.  
 Proposed Insured's PHYSICIAN'S Name, \_\_\_\_\_  
 Address, and Telephone Number \_\_\_\_\_

**Has the proposed insured:** TELEPHONE: ( )

a. been treated for internal cancer, malignant melanoma, leukemia, Alzheimer's disease or had an organ transplant, heart attack or heart surgery, stroke, aneurysm or kidney dialysis **in the past 24 months** ?.....  Yes  No

b. **ever been** diagnosed or treated by a medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or for AIDS Related Complex (ARC)?.....  Yes  No

c. **ever had** an application for life insurance or health insurance or a reinstatement of such insurance declined, rated, or modified in any way?.....  Yes  No

d. been hospitalized or consulted a physician for any reason **during the past 5 years** ?.....  Yes  No

e. **ever had or been told** he/she had, or been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, paralysis, fainting, chest pains, angina, disease of the heart or blood vessels, lung or liver disease, emphysema, bronchitis, stroke or high blood pressure, mental or nervous disorder or drug or alcohol abuse?.....  Yes  No

f. **ever used, or is currently using**, any form of tobacco, nicotine gum or patch?.....  Yes  No

g. Is the proposed insured contemplating or engaged in travel or residence outside of the United States?.....  Yes  No

A-095-0306 Detach Here

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  3. The proposed insureds are, on the Effective Date indicated below, risks acceptable for insurance exactly as applied for on a standard premium basis according to Baptist Life's rules and practices, without modification of plan, premium rate or amount, and
  4. On the Effective Date the state of health and all factors affecting the insurability of the persons proposed for coverage must be as in the Application and special questionnaires, if any, as required by Baptist Life.



B A P T I S T L I F E  
A S S O C I A T I O N

A FRATERNAL BENEFIT SOCIETY

[8555 MAIN STREET, BUFFALO, NEW YORK 14221-7494]

[Telephone: 1-800-227-8543]

The Baptist Life Association will pay a Death Benefit to the Beneficiary upon receipt, at its Home Office, of due proof that the Insured's death occurred while this Certificate was in full force and effect. Payment will be in accordance with the terms and provisions on this and the pages which follow.

Signed at our Home Office on the Certificate Date of Issue.



[President]



[Secretary]

LEGAL CONTRACT. This Certificate is a legal contract between its Owner and the Baptist Life Association. The rights and obligations of each are set forth herein. This Certificate is issued in consideration of: (1) the Application; and (2) payment of the premium as shown on Page 3.

READ THIS CERTIFICATE CAREFULLY. We have issued this Certificate in the belief the information shown in the Application is correct and complete. Please review the included copy of the Application and inform us of any errors or omissions. A Table of Contents for this Certificate is on Page 2.

We will answer any questions regarding this Certificate on request. The above telephone number may be used: (1) to obtain information; or (2) to present inquiries regarding this Certificate; or (3) for assistance in resolving complaints.

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R I G H T T O C A N C E L

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We want the Owner to be satisfied with this Certificate. If not, the Owner may return this Certificate for cancellation before midnight of the 30th day from the date of its receipt. Cancellation shall be by delivering or mailing a written notice to:

- (1) Us, at the address shown above; or
- (2) Our representative through whom this Certificate was purchased; or
- (3) any of Our authorized representatives.

We will return all amounts paid for this Certificate within ten days after Our receipt of notice and return of this Certificate. Cancellation will void this Certificate as if it had never been issued.

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S I N G L E P R E M I U M U N I V E R S A L L I F E I N S U R A N C E

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- Death Benefit payable at death of the Insured while this Certificate is in force.
- Maturity Benefit at Age 121 if Certificate then in force.
- Participating but no dividends anticipated.

T A B L E O F C O N T E N T S

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A copy of the Application and any rider, amendment or endorsement follow Page 13.

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SCHEDULE OF BENEFITS

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Insured: JOHN DOE, JR  
MALE AGE [50] [NON-SMOKER]

Certificate Number: 9999990  
Date of Issue: 06/01/2008

1. BASIC LIFE INSURANCE BENEFIT

Face Amount of Insurance on Date of Issue:	\$29,400
Minimum Face Amount After Withdrawals:	\$29,400
Single Premium:	[\$10,000]
Guaranteed Annual Interest Rate:	4.00%
Risk Amount Factor:	1.0032737398
Mortality Table:	[2001 CSO – MALE NON-SMOKER]
Loan Interest Rate:	6.00%
Maturity Date:	06/01/2079

2. [RIDER BENEFITS]

Description	----- First Year -----			Termination Date
	<u>Benefits</u>	<u>Premiums</u>	<u>Monthly Cost</u>	
TOTAL Premium:	\$10,000			Premium Class: [STANDARD] [NON-SMOKER]

3. EXPENSE CHARGES

- Premium Expense Charge:	4%	of premiums paid.
- Monthly Administrative Charge:	[\$0.00]	per Certificate.
- Maximum Partial Withdrawal Fee	\$25.00	per withdrawal

4. SURRENDER CHARGE

The Surrender Charge in the first Certificate month is 100.00% of \$1,023.71. This percentage decreases 1.00% per month to 0% after month 100.

Interest applied to any portion of the Fund Value used as security for a Loan will be at a rate not less than the Certificate Loan interest rate less 2%. The amount and frequency of any repayment may affect the duration of Certificate benefits. It is possible that this Certificate will terminate prior to maturity if Certificate Loans or Partial Withdrawals are taken.

Interest in excess of the Guaranteed Rate and declared monthly Cost of Insurance Rates are not guaranteed. We have the right to change these rates which may cause cash values to be less than those illustrated.

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MODIFIED ENDOWMENT CONTRACT

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This Certificate is a Modified Endowment Contract (MEC), and as such, gains in the contract are taxable as income when distributions, including Loans, are made. In addition, a 10% penalty tax is imposed if such distributions are made before the insured's attained age 59 1/2. For more detail on the tax implications of a MEC, you should consult with a legal or tax advisor.

**TABLE OF MAXIMUM MONTHLY COST OF INSURANCE RATES**

Insured: JOHN DOE, JR  
 MALE AGE 50 NON-SMOKER

Certificate Number: 9999990  
 Date of Issue: 06/01/2008

Maximum Monthly Cost of Insurance Rates, for each \$1,000 of risk amount, are shown in the following table. Age, as used in the table, refers to the Insured's Age, last birthday, as of the Certificate Anniversary.

AGE	MALE NON-SMOKER	MALE SMOKER	FEMALE NON-SMOKER	FEMALE SMOKER	AGE	MALE NON-SMOKER	MALE SMOKER	FEMALE NON-SMOKER	FEMALE SMOKER
50	0.28750	0.55833	0.24667	0.47500	85	9.98583	12.18667	6.33250	9.05000
51	0.31417	0.60917	0.27417	0.53000	86	11.04917	13.32917	7.01000	9.76750
52	0.34667	0.67083	0.30500	0.58917	87	12.19833	14.54333	7.84667	10.65750
53	0.38417	0.74500	0.33750	0.65333	88	13.42000	15.80917	8.72917	11.54833
54	0.43167	0.83333	0.37167	0.72167	89	14.70167	17.11083	9.60750	12.36333
55	0.48500	0.92750	0.41083	0.79417	90	15.97833	18.36833	10.25417	12.82667
56	0.54000	1.02500	0.45333	0.87167	91	17.23500	19.56500	10.87250	13.20667
57	0.59333	1.11500	0.49833	0.95000	92	18.55167	20.79333	11.89750	14.02750
58	0.64667	1.20083	0.54500	1.03167	93	19.94000	22.06333	13.28667	15.18917
59	0.70917	1.30167	0.59250	1.11917	94	21.40250	23.41833	15.01667	16.80833
60	0.78500	1.42583	0.64250	1.21000	95	22.85083	24.78250	16.89917	18.71833
61	0.87750	1.57750	0.69750	1.30833	96	24.26500	26.07750	18.75333	20.53750
62	0.98500	1.75167	0.75583	1.41250	97	25.77167	27.44250	19.95667	21.61667
63	1.10250	1.93833	0.81750	1.51917	98	27.37833	28.88333	20.61000	22.04917
64	1.22500	2.12500	0.88500	1.63417	99	29.09250	30.40417	21.96583	23.21417
65	1.35250	2.30750	0.96000	1.75833	100	30.73000	31.82667	23.72833	24.79000
66	1.48167	2.48417	1.04167	1.89333	101	32.18250	33.04250	25.64333	26.49333
67	1.61667	2.66250	1.13250	2.04333	102	33.72750	34.32083	27.75333	28.34417
68	1.75917	2.84500	1.23333	2.20750	103	35.37000	35.66333	30.05833	30.33667
69	1.91917	3.04583	1.34333	2.38833	104	37.10583	37.19417	32.57083	32.63583
70	2.10583	3.27583	1.46750	2.59250	105	38.93417	39.01667	35.22583	35.28667
71	2.33250	3.55833	1.60917	2.82083	106	40.87500	40.95167	37.94333	37.99917
72	2.59750	3.88667	1.76417	3.06917	107	42.93417	43.00583	40.70583	40.75833
73	2.87667	4.21750	1.93333	3.34000	108	45.11917	45.18417	43.51583	43.56417
74	3.17667	4.57583	2.12083	3.62333	109	47.43500	47.49500	46.41917	46.46333
75	3.50333	4.97417	2.32667	3.92083	110	49.88750	49.94167	49.32917	49.36917
76	3.87167	5.41583	2.55250	4.24250	111	52.48583	52.53417	52.13417	52.17083
77	4.30000	5.92667	2.80250	4.58917	112	55.23583	55.27917	54.81333	54.84583
78	4.79750	6.51250	3.07500	4.96333	113	58.14583	58.18250	57.56500	57.59333
79	5.35500	7.15750	3.37417	5.36583	114	61.22083	61.25250	61.00417	61.02833
80	5.97667	7.86250	3.74583	5.86750	115	64.46917	64.49583	64.27833	64.29917
81	6.65250	8.61167	4.20250	6.48083	116	67.89667	67.91833	67.69583	67.71167
82	7.36833	9.38250	4.68583	7.11250	117	71.51083	71.52667	71.32500	71.33667
83	8.15000	10.20417	5.19333	7.75750	118	75.31667	75.32667	74.71500	74.72333
84	9.01917	11.13333	5.75917	8.42917	119	79.30583	79.31167	78.25500	78.25917
					120	83.33333	83.33333	83.33333	83.33333

**TABLE OF GUARANTEED DEATH BENEFITS, CASH VALUES, AND PAID-UP INSURANCE AMOUNTS**

Insured: JOHN DOE, JR  
 MALE AGE 50 NON-SMOKER

Certificate Number: 9999990  
 Date of Issue: 6/01/2008

AGE	YEAR	SCHEDULED PREMIUMS	DEATH BENEFIT	GUARANTEED CASH VALUE	PAID-UP INSURANCE
51	1	\$10,000.00	\$29,400.00	\$10,345.00	\$29,400.00
52	2		\$29,400.00	\$10,688.00	\$29,400.00
53	3		\$29,400.00	\$11,040.00	\$29,400.00
54	4		\$29,400.00	\$11,398.00	\$29,400.00
55	5		\$29,400.00	\$11,763.00	\$29,400.00
56	6		\$29,400.00	\$12,133.00	\$29,400.00
57	7		\$29,400.00	\$12,509.00	\$29,400.00
58	8		\$29,400.00	\$12,891.00	\$29,400.00
59	9		\$29,400.00	\$13,282.00	\$29,400.00
60	10		\$29,400.00	\$13,680.00	\$29,400.00
61	11		\$29,400.00	\$14,082.00	\$29,400.00
62	12		\$29,400.00	\$14,489.00	\$29,400.00
63	13		\$29,400.00	\$14,897.00	\$29,400.00
64	14		\$29,400.00	\$15,306.00	\$29,400.00
65	15		\$29,400.00	\$15,717.00	\$29,400.00
66	16		\$29,400.00	\$16,131.00	\$29,400.00
67	17		\$29,400.00	\$16,547.00	\$29,400.00
68	18		\$29,400.00	\$16,968.00	\$29,400.00
69	19		\$29,400.00	\$17,393.00	\$29,400.00
70	20		\$29,400.00	\$17,823.00	\$29,400.00
71	21		\$29,400.00	\$18,254.00	\$29,400.00
72	22		\$29,400.00	\$18,684.00	\$29,400.00
73	23		\$29,400.00	\$19,111.00	\$29,400.00
74	24		\$29,400.00	\$19,534.00	\$29,400.00
75	25		\$29,400.00	\$19,956.00	\$29,400.00
80	30		\$29,400.00	\$21,984.00	\$29,400.00
90	40		\$29,400.00	\$25,067.00	\$29,400.00
100	50		\$29,400.00	\$26,683.00	\$29,400.00
110	60		\$29,400.00	\$27,608.00	\$29,400.00
120	70		\$29,400.00	\$28,269.00	\$29,400.00

Values shown in this table are Year End Values and have been calculated using the guaranteed assumptions for the Certificate (the most conservative). They assume interest will be credited only at the guaranteed yearly rate as shown on Page 3. They assume the Monthly Cost of Insurance charges will be calculated using the maximum rates shown in the Table of Maximum Monthly Cost of Insurance Rates on Page 4 in this Certificate. Expense Charges are as stated on Page 3. For these calculations, we have assumed there are no Dividends, Loans, Withdrawals, Riders or Certificate changes.

COMPLIANCE WITH FEDERAL LAW DEFINING LIFE INSURANCE

On its Date of Issue, this Certificate qualifies as a life insurance contract under section 7702 of the Internal Revenue Code. We may amend this Certificate to comply with any future changes in the Internal Revenue code, subject to prior approval of the state in which the Certificate is delivered. Any amendment will be sent, promptly, to the Owner for acceptance.

5. INSURANCE AMOUNT TO FUND VALUE RATIOS. The Insurance Amount is the then Face Amount of Insurance, or the then Fund Value multiplied by the Ratio shown below, whichever is greater.

AGE	MALE NON-SMOKER	MALE SMOKER	FEMALE NON-SMOKER	FEMALE SMOKER	AGE	MALE NON-SMOKER	MALE SMOKER	FEMALE NON-SMOKER	FEMALE SMOKER
50	284.19%	243.23%	318.56%	262.75%	85	122.33%	119.80%	130.60%	125.78%
51	275.06%	236.20%	308.41%	255.13%	86	120.89%	118.63%	128.60%	124.41%
52	266.31%	229.48%	298.70%	247.88%	87	119.57%	117.56%	126.77%	123.16%
53	257.94%	223.09%	289.42%	240.99%	88	118.37%	116.60%	125.10%	122.05%
54	249.94%	217.02%	280.53%	234.41%	89	117.29%	115.74%	123.55%	121.01%
55	242.32%	211.25%	272.02%	228.15%	90	116.30%	114.95%	122.02%	119.92%
56	235.04%	205.77%	263.89%	222.18%	91	115.38%	114.22%	120.46%	118.73%
57	228.06%	200.52%	256.11%	216.47%	92	114.54%	113.54%	118.96%	117.54%
58	221.35%	195.46%	248.66%	211.01%	93	113.76%	112.90%	117.59%	116.39%
59	214.92%	190.60%	241.50%	205.77%	94	113.04%	112.31%	116.42%	115.39%
60	208.77%	185.96%	234.62%	200.75%	95	112.39%	111.78%	115.44%	114.59%
61	202.92%	181.57%	228.01%	195.94%	96	111.77%	111.27%	114.67%	113.97%
62	197.36%	177.43%	221.66%	191.32%	97	111.19%	110.79%	113.94%	113.40%
63	192.08%	173.52%	215.55%	186.87%	98	110.66%	110.35%	113.10%	112.70%
64	187.05%	169.82%	209.68%	182.60%	99	110.18%	109.95%	112.27%	111.98%
65	182.26%	166.29%	204.03%	178.48%	100	109.76%	109.60%	111.48%	111.30%
66	177.67%	162.89%	198.60%	174.52%	101	109.34%	109.25%	110.73%	110.63%
67	173.27%	159.61%	193.38%	170.72%	102	108.94%	108.90%	110.03%	109.99%
68	169.03%	156.42%	188.38%	167.07%	103	108.55%	108.54%	109.38%	109.37%
69	164.96%	153.34%	183.57%	163.57%	104	108.18%	108.17%	108.78%	108.77%
70	161.06%	150.36%	178.97%	160.23%	105	107.82%	107.81%	108.25%	108.24%
71	157.36%	147.51%	174.56%	157.04%	106	107.47%	107.46%	107.76%	107.75%
72	153.84%	144.80%	170.35%	154.00%	107	107.13%	107.12%	107.32%	107.31%
73	150.50%	142.21%	166.32%	151.11%	108	106.81%	106.80%	106.91%	106.91%
74	147.33%	139.72%	162.46%	148.35%	109	106.49%	106.49%	106.55%	106.55%
75	144.30%	137.34%	158.78%	145.72%	110	106.19%	106.19%	106.23%	106.23%
76	141.42%	135.07%	155.25%	143.19%	111	105.90%	105.90%	105.95%	105.94%
77	138.69%	132.91%	151.89%	140.78%	112	105.62%	105.62%	105.67%	105.67%
78	136.13%	130.88%	148.67%	138.46%	113	105.36%	105.36%	105.38%	105.37%
79	133.73%	128.98%	145.59%	136.25%	114	105.10%	105.10%	105.12%	105.12%
80	131.50%	127.20%	142.67%	134.16%	115	104.86%	104.86%	104.87%	104.87%
81	129.41%	125.54%	139.95%	132.23%	116	104.63%	104.63%	104.64%	104.64%
82	127.45%	123.97%	137.40%	130.45%	117	104.41%	104.40%	104.44%	104.44%
83	125.62%	122.48%	134.99%	128.79%	118	104.19%	104.19%	104.25%	104.25%
84	123.91%	121.09%	132.74%	127.25%	119	104.00%	104.00%	104.00%	104.00%
					120	100.00%	100.00%	100.00%	100.00%

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## D E F I N I T I O N S

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**AGE.** In this Certificate, Age means last birthday. The Insured's Age on the Date of Issue is shown on Page 3. During any Certificate year, Age is the Insured's Age on the anniversary at the start of that year.

**ANNIVERSARY.** Each annual interval from the Date of Issue.

**APPLICATION.** The forms we received which resulted in the issue of this Certificate. A copy of the Application is included in this Certificate.

**BENEFICIARY.** The person(s) or entity named in the Application to receive the Death Benefit. The Beneficiary may be changed as provided in this Certificate.

**DATE OF ISSUE.** The effective date of this Certificate. Certificate years and anniversaries are measured from this date. All periods of insurance begin and end at 12:01 AM, standard time, at the place where this Certificate was delivered.

**RIDER.** A form, captioned as such, which: (1) provides additional insurance benefits; and (2) may be included in this Certificate.

**WE, US, OUR, BAPTIST LIFE.** Baptist Life Association, a Fraternal Benefit Society which: (1) is organized under the law of the State of New York; (2) has no capital stock and is not for profit; (3) has a representative form of government and; (4) functions for the mutual benefit of its members and their Beneficiaries.

**WRITTEN, IN WRITING.** A written form, dated and signed by the Owner, which is filed at our Home Office.

**YOU, YOUR(S).** The Owner of this Certificate.

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## P R E M I U M

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The Single Premium is due on the Date of Issue; it may be paid with the Application or on the Owner's receipt of this Certificate. Except as provided in the conditional receipt, no insurance will be effective until the Premium is paid and the Certificate is delivered during the lifetime and continued insurability of the proposed Insured. The Premium shall be payable either at the Home Office of Baptist Life, or to an authorized representative of Baptist Life. Upon request, delivery of a receipt signed by one or more officers designated in the Certificate shall be provided.

6. **SINGLE PREMIUM.** The Single Premium shown on Page 3 is sufficient: (1) to continue this Certificate to the maturity date shown on the same page; and (2) to continue any included Rider to its termination date.
7. **NET PREMIUM.** The amount remaining after deduction of the Premium Expense Charge from the Single Premium. The Premium Expense Charge will be a percentage, shown on Page 3, of the Single Premium.

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## C O N T I N U A T I O N O F I N S U R A N C E

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8. **MONTHLY CHARGE DAY.** The Date of Issue is the first Monthly Charge Day. Each subsequent Monthly Charge Day shall be the like day of each month after the first.
9. **MONTHLY CHARGE.** We will deduct a Monthly Charge from the Fund Value each month on the Monthly Charge Day. The Monthly Charge will be the Cost of Insurance for the month that starts on that day, plus any Monthly Administrative Charge. Monthly Charge deductions will continue, during the lifetime of the Insured, to the first to occur of: (1) the Maturity Date shown on Page 3; or (2) the Monthly Charge Day the Fund Value net of any Loan is less than the then Monthly Charge.

10. **COST OF INSURANCE.** The Cost of Insurance for each month will be the sum of: (1) the Monthly Cost of Insurance for the basic benefits provided by this Certificate; plus (2) the Monthly Cost of Insurance for any Rider included in this Certificate.  
The Monthly Cost of Insurance for the basic benefits provided by this Certificate will be the amount determined as a result of multiplying: (1) our then declared Monthly Cost of Insurance rate per \$1,000 of Risk Amount for the Insured's sex and Age in the then current Certificate year and Premium Class shown on Page 3; by (2) the then Risk Amount divided by \$1,000. The Monthly

Cost of Insurance for any included Rider shall be as stated on Page 3.

We may declare Monthly Cost of Insurance Rates for the basic benefits provided by this Certificate less than but never greater than the rates included in the Table of Maximum Monthly Cost of Insurance Rates on Page 4. Any change in our table of declared rates will be based on a change in our future expectations for mortality. A change will be made on a like basis for all certificates issued: (1) on this Certificate form; and (2) to insureds of the same sex and Premium Class. Any change will be effective for this Certificate on the Anniversary first following the date of the change. Any change will be in accordance with the law, and any procedures and standards on file with the insurance regulatory authority of the State in which this Certificate was delivered. Such costs shall be reviewed annually to determine if adjustments are necessary.

11. **RISK AMOUNT.** On each Monthly Charge Day, the Risk Amount will be the result of subtracting: (1) the then Fund Value; from (2) the result of dividing the then Insurance Amount by the Risk Amount Factor shown on Page 3.

12. **GRACE PERIOD.** If, on any Monthly Charge Day, the Fund Value net of any Loan is less than the Monthly Charge for the month that starts on that day, we will provide a Grace Period of 61 days for the payment of the amount due. We will send notice to the Owner and any assignee of record, at our last address of record, 31 days prior to the end of the Grace Period. This Certificate will: (1) continue in force during the Grace Period; and (2) lapse, without value, at the end of the Grace Period. Any amount paid during a Grace Period may not: (1) be less than the amount required to continue this Certificate for a period of three months; or (2) be more than the amount required to repay any outstanding Loan.

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## DEATH BENEFIT

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The amount paid as a Death Benefit will be the Insurance Amount, plus:

- a) the amount of any life insurance benefit provided for the Insured by a Rider; plus
- b) any paid additions purchased by dividends; less
- c) any Loan; less
- d) when the Insured's death occurs during a Grace Period, the Monthly Charge for each Certificate month from the start of the Grace Period through the Certificate month in which such death occurs.

permitted by law, payment will not be subject to the claims of creditors.

13. **PAYMENT OF PROCEEDS.** The Death Benefit will be paid in not more than 30 days from the date we receive due proof of the death of the Insured. Payment will be in one sum or on such other basis as we may agree to. A statement of claim from the Beneficiary will be required. We may require return of this Certificate. Payment will be in equal shares when the designation of Beneficiary does not state the share of each of two or more Beneficiaries. To the extent

14. **SETTLEMENT.** Baptist Life will allow settlement of any amount payable under this contract using any settlement option then being offered by Baptist Life. Baptist Life will prepare a written agreement for any amount settled under a settlement option. The agreement will: 1) state the terms and conditions under which the payments will be made; 2) include the rights of the payee regarding withdrawal and any other options available; and 3) name the person and method of payment for any remaining amount to be paid at the death of the payee.

15. **INTEREST ON DEATH BENEFIT.** We will pay interest on the Death Benefit at the rate we then pay from the date of the Insured's death to the date of payment. The rate will not be less than the greater of: (1) 2.0% per year; or (2) such rate currently paid on proceeds left under the interest settlement option; or (3) the rate that may be required by law in the State where this Certificate was delivered.

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## CERTIFICATE VALUES

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The values provided by this Certificate are not less than as may be required by law in the State where this Certificate was delivered.

16. **FUND VALUE.** On the Date of Issue, the Fund Value will be the Net Premium paid, less the Monthly Charge on that day. On any day after the Date of Issue, the Fund Value will be the Fund Value on the just prior Monthly Charge Day:

- less 1. the Monthly Charge, if that day is a Monthly Charge Day;
- less 2. any partial withdrawals since that day;
- plus 3. interest credits from that day.

17. **CASH VALUE.** The Cash Value is the greater of the Guaranteed Cash Value as shown on Page 5, less any Partial Withdrawal(s); or the Fund Value less any then Surrender Charge. The

Cash Value will be adjusted for any outstanding Loan. The Owner may withdraw the Cash Value at any time by written request. We may require return of this Certificate for withdrawal of the entire Cash Value.

18. **PARTIAL WITHDRAWAL.** After the first Certificate year, the Owner may withdraw part of the Cash Value, in \$1,000 increments, at any time, by written request. A partial Withdrawal will reduce the Fund Value and the Cash Value by the amount withdrawn plus any Partial Surrender Charge. We will reduce the Face Amount of Insurance by (1) an amount equal to the Face Amount immediately preceding the Partial Withdrawal; times (2) the amount of the Partial Withdrawal and any Partial Withdrawal fee divided by (3) the Cash Value. A Partial Withdrawal will not be allowed if the Face Amount remaining after the reduction would be less than the Minimum Face Amount shown on Page 3.

19. **SURRENDER CHARGE.** The maximum Surrender Charge for withdrawal of the Cash Value is stated on Page 3. The Surrender Charge for a Partial Withdrawal will be a percentage of the maximum determined by dividing: (1) the amount of the Partial Withdrawal and any Partial Withdrawal fee by (2) the Cash Value. The maximum Surrender Charge will be reduced by the amount of any partial charge.

20. **INTEREST.** We will add interest to the Fund Value each month on the Monthly Charge Day. The Guaranteed Annual Rate for interest credits is shown on Page 3. Interest may be credited at a rate in excess of the guaranteed rate. The rate

for such excess credits: (1) is not guaranteed; and (2) will be as we, from time to time, declare. We may express the guaranteed and any excess rate as a combined rate. Once excess interest is credited it becomes non-forfeitable except for any surrender charges imposed. Interest at a different rate will be applied to any portion of the Fund Value used as security for a Loan. Such different rate will never be less than the Certificate Loan interest rate less 2%.

21. **DEFERRAL OF CASH VALUE.** We may defer payment of the Cash Value or the Partial Withdrawal for a period of the lesser of (1) 6 months; or (2) as may be provided by law in the state where this Certificate was delivered. When payment is deferred for more than 10 days, interest credits will continue on the deferred amount.

22. **ACTUARIAL BASIS.** Calculations for this Certificate are based on: (1) the Mortality Tables shown on Page 3; (2) compound interest at the guaranteed interest rate shown on Page 3; and (3) Age at last birthday. The method of computation of the values and benefits in this Certificate has been filed with the Insurance Commissioner in the state in which this Certificate is delivered.

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## PAID - UP INSURANCE OPTION

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After the first Certificate year, the Owner may elect to continue this Certificate as paid-up life insurance. The election must be in writing. The paid-up insurance will be effective on the Monthly Charge Day on or first following our receipt of the Owner's request.

23. **AMOUNT.** The face amount of paid-up insurance will be as provided by the Cash Value on the Monthly Charge Day when applied as a single premium at: (1) the sex and then Age of the Insured; and (2) the Premium Class for this Certificate. Single premiums will be based on: (1) the Mortality Table and Guaranteed Fund Value Interest Rate shown on Page 3; (2) Age at last birthday; and (3) an assumption that all deaths occur at the end of certificate years. The face

amount may not exceed the Insurance Amount on the Monthly Charge Day. Any Cash Value in excess of the net single premium for the maximum amount of paid-up insurance will be paid to the Owner in one sum.

24. **CASH VALUE.** At any time, the cash value of the paid-up insurance will be the then single premium for the paid-up insurance. In the 30 days following an Anniversary, the cash value will not be less than it was on that day. The Owner may, at any time: (1) surrender the paid-up insurance for its cash value; or (2) make a Loan using the cash value as the sole security for the Loan. We will provide cash or Loan values on request.

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## D I V I D E N D S

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Dividends have not been anticipated in the development of this Certificate; any dividend will result from our experience. Each year we will review our experience to determine any dividend for this Certificate.

A dividend may be applied under one of the following Options:

1. CASH. The dividend will be paid to the Owner in cash; or
2. ADD TO FUND VALUE. The dividend will be added to the Fund Value and become a part thereof. The Owner may withdraw any dividend then included in the Fund Value, with interest thereon, without a Surrender Charge; or
3. PAID ADDITIONS. The dividend will be applied to purchase paid-up, participating, whole life insurance for the Insured. The

amount will be as purchased by the dividend when applied as a net single premium: (1) at the Insured's sex and then Age; and (2) at the Premium Class shown on Page 3. Net single premiums will be based on the Mortality Table and Guaranteed Fund Value Interest Rate for this Certificate. The Owner may, by written request, withdraw the cash value of the paid additions at any time. The cash value will be the then net single premium for the paid additions.

The Owner may elect or change an option, at any time, by written notice. If an option is not elected within 31 days after we send notice of dividend, any dividend will be automatically applied under Option 3.

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## M A T U R I T Y   D A T E

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The expected Maturity Date is the Anniversary following the Insured's 121st birthday. Provided this Certificate is then in force, We will pay any then Cash Value to the Owner on this date.

**Under federal tax law, this Certificate may not qualify as life insurance after the Insured's attained Age 121 and may be subject to adverse tax consequences. A legal or tax advisor should be consulted before continuing this Certificate beyond Age 121.**

On the Anniversary following the Insured's 121st birthday, provided this Certificate is then in force, You may change the Maturity Date to any Anniversary following the Insured's 121st birthday. The Face Amount as of the Anniversary following the Insured's 121st birthday will continue unchanged. There are no Monthly Charge deductions on or after the Anniversary following the Insured's 121st birthday. The Cash Value will continue to accumulate at interest until the termination of the Certificate. Any Loan will continue to bear interest, and payments on Loans and Loan interest may be made. Loans and Partial Withdrawals will be allowed.

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## L O A N S

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After the first Certificate year, the Owner may make a Loan by assigning this Certificate to us. This Certificate will be the sole security for a Loan. The amount of a Loan may not exceed the Cash Value at the end of the current Certificate Year, less interest on such loan to the end of that year. Any prior Loan will be included in and made a part of a new Loan. Any portion of the Fund Value used as security for a Loan may not be used for Monthly Charge deductions.

25. DEFERRAL. We may defer the granting of a Loan for a period not to exceed 6 months. The period begins on the day we receive the Owner's request for a loan. Loan interest will not be charged during a deferral period. We will not defer a Loan made solely for payment of a premium for any Certificate then in force with us.

26. INTEREST. Loans will bear interest on a daily basis. Accrual interest, at the rate shown on Page 3, will be due each year on the Certificate Anniversary. The interest due on the Anniversary that first follows the date of a Loan will be determined from the Loan date. If not paid when due, the interest will be added to the Loan and bear interest on the same basis.
27. TERMINATION. We may terminate this Certificate when the Loan equals or exceeds the greater of the Fund Value less any then Surrender Charge, or the Guaranteed Cash Value. We will send written notice of termination to the Owner and any assignee, at our last address of record, 31 days prior to termination.

28. REPAYMENT. Loans may be repaid at any time: (1) during the lifetime of the Insured; and (2) provided this Certificate is then in full force and effect. When in part, a payment may not be less than \$25. Loans will be automatically repaid: (1)

as a part of the determination of the Death Benefit; (2) upon surrender of this Certificate for its entire Cash Value; (3) upon the lapse of this Certificate; or (4) upon continuation of this Certificate as paid-up insurance.

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## C E R T I F I C A T E   R E P O R T S

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29. ANNUAL REPORT. The Owner will receive a report each year. The report will include for the just ended year:

- a) the Fund Value at the start and end of the year;
- b) the Cash Value at the end of the year;
- c) the type and amount of each item added to the Fund Value;
- d) the type and amount of each item deducted from the Fund Value;
- e) the Face Amount of Insurance at the end of the year; and
- f) the amount of any Loan and the Loan interest paid in that year.

The report will also show:

- g) if the Fund Value, net of any Loan, at the end of the report year is sufficient to continue this Certificate through the just beginning year

based on: (1) interest credits at the Guaranteed Rate; and (2) the maximum Cost of Insurance Rate.

- h) our declared Monthly Cost of Insurance Rate for the just beginning year; and
- i) our then declared interest rate, guaranteed plus any excess, for Fund Value interest credits; and
- j) other information as required by the Superintendent of Insurance of the state in which the Certificate is delivered.

30. ILLUSTRATIVE REPORT. The Owner may request a projection of Certificate benefits and values. The report will include the information contained in the Annual Report and a projection of Certificate benefits and values based on current and guaranteed assumptions. The Owner's request must be in writing. We may charge a fee, not to exceed \$25, for this report.

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## GENERAL PROVISIONS

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31. **THE ENTIRE CONTRACT.** This is a contract between Baptist Life and the Owner, effective when issued or delivered. The following items are all part of the contract: a) this Certificate; and b) the Application, which is attached; and c) any attached endorsements or Riders; and d) Our Articles of Association and By-Laws; and e) any amendment to any item in this list.
- Changes may be made in item d) above. If a change is made, it becomes part of the Certificate. No change will reduce any benefit this Certificate provides.
- Statements made in the Application are considered representations and not warranties. No statement will void this Certificate or be used in defense of a claim unless made in the Application.
32. **MODIFICATION OR CHANGE.** This Certificate may be modified or changed only with our written consent. No agent or person other than an executive officer of Baptist Life has authority: (1) to change this Certificate; or (2) to waive any of the Certificate terms or provisions.
33. **INCONTESTABLE.** This Certificate shall not be contestable after it has been in force for a period of two years, during the Insured's lifetime, except for nonpayment of premium. Any contest will be based on material misrepresentations made in the Application. This provision will not apply to any included Rider which has its own incontestable provision.
34. **SUICIDE.** In the event of the death of the Insured by suicide within a period of two years from the Date of Issue, the Death Benefit will be: (1) the Premium paid for this Certificate; less (2) any outstanding Loan balance; and less (3) any prior Partial Withdrawals, including applicable Partial Withdrawal charges.
35. **MISSTATEMENTS.** If the sex or date of birth of the Insured is not correctly stated in the Application, all benefits under this Contract will be adjusted to the amount that would have been provided for the correct Age or sex. The adjusted Death Benefit will be that which the Cost of Insurance charged on the most recent Monthly Charge Day prior to the death of the Insured would have purchased using the correct Age or sex of the Insured.
36. **MAINTENANCE OF SOLVENCY.** We may not change the Certificate benefits without the consent of the Owner. In the event an emergency should arise which will impair our solvency, we will determine, in accordance with applicable law, an equitable share, if any, of the deficiency for this Certificate. The Owner will not be personally responsible for the share; the share shall be against the equity of this Certificate. The Owner may pay the share in cash. If not so paid, the share will: (1) stand as a lien against the Certificate; (2) bear interest at a compound rate of 5.0% per year; and (3) be deducted from any benefit payable. In lieu of or in combination with the lien, the Owner may request a reduction in benefits proportionate to the amount of the lien.
37. **GOVERNING LAW.** This Certificate is subject to the law of the State in which it was delivered. If part of it does not follow such law, it will be amended to so conform, subject to the prior approval of the Insurance Department of the state in which the Certificate is delivered. Such law shall, at all times, govern our rights and obligations and those of: (1) the Owner; and (2) all others who may make a claim against this Certificate.

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## OWNER AND BENEFICIARY PROVISIONS

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38. **MEMBERSHIP.** The rights and privileges of our members are set forth in our Articles of Association and By-Laws. Such rights and privileges are: 1) personal to the Insured member; 2) not subject to transfer or assignment; and 3) separate from the ownership of this Certificate.
39. **EXPULSION.** If the Insured is expelled from Baptist Life, this Certificate may be kept in force. This may not apply if expulsion is due to false statements, material to the risk, in the Application during the contestability period.
40. **OWNER.** The Owner on the Date of Issue is the person named as Owner in the Application. The Owner may exercise the rights and options in this Certificate, unless such rights or options are reserved by assignment. Unless the Owner is the Insured, the Owner has no membership rights.
41. **CHANGE OF OWNER.** The Owner may: (1) name a new Owner; or (2) when the Owner is other than the Insured, name or change a designee to become Owner in the event of the death of the Owner. A change in Owner or the naming or change of a designee may be made: (1) during the lifetime of the Insured; and (2) by written notice. Upon our receipt of notice, a change will be effective on the date requested in the notice. We will not be liable for payment made or action taken by Us before the notice was acknowledged.
42. **BENEFICIARY.** A Beneficiary is either a primary or contingent beneficiary. Proceeds will be paid to the primary beneficiaries living at the time of the insured's death. If no primary beneficiary survives the insured, then any proceeds are payable to the contingent beneficiaries. All beneficiaries in the same class will share equally unless otherwise noted.
43. **CHANGE OF BENEFICIARY.** The Owner may change a revocable beneficiary at any time while the insured is living by delivering to our Home Office written notice satisfactory to Us. An irrevocable beneficiary may be changed only upon the written authorization of such beneficiary. A Beneficiary change will take effect on the date the notice of change was signed, subject to our receipt of this notice. We will not be liable for payment made or action taken by us before the notice was acknowledged.
44. **DEATH OF BENEFICIARY.** Unless the Owner provides otherwise, the interest of a Beneficiary in this Certificate ends at death when such death occurs: (1) prior to the death of the Insured; or (2) within 15 days after the date of the Insured's death and prior to payment of the Death Benefit. Only those Beneficiaries who survive the Insured, as provided above, will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured, the Death Benefit will be paid to the Owner. If the Owner is the Insured, and no beneficiary survives him/her, the death benefit will be paid to the estate of the Insured.
45. **ASSIGNMENT.** This Certificate may be assigned by the owner. No assignment will be recognized until it has been filed with Baptist Life. We will not be responsible for the validity of any assignment of the Certificate.

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S I N G L E P R E M I U M U N I V E R S A L L I F E I N S U R A N C E

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- Death Benefit payable at death of the Insured while this Certificate is in force.
- Maturity Benefit at Age 121 if Certificate then in force.
- Participating but no dividends anticipated.

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B A P T I S T L I F E  
A S S O C I A T I O N  
A F R A T E R N A L B E N E F I T S O C I E T Y  
8555 MAIN STREET, BUFFALO, NEW YORK 14221-7494  
Telephone: 1-800-227-8543

**MEMORANDUM OF VARIABLE MATERIAL**  
**FOR SUBMITTED FORM**  
**S-062-0608**

The following narrative describes the variable material contained in form S-062-0608 which is submitted herein for approval:

- a. ASSOCIATION ADDRESS and TELEPHONE NUMBER
  - This information is bracketed to allow for any future relocations.
- b. OFFICER SIGNATURES
  - This information is bracketed to allow for future personnel changes.
- c. ISSUE AGE
  - Certificated may be issued to insureds between the ages of 50 and 85 years of age.
- d. TOBACCO USAGE
  - Classification options are Non-Smoker or Smoker.
- e. SINGLE PREMIUM
  - Minimum single premium is \$10,000.
- f. MORTALITY TABLE
  - The mortality table options available are 2001 CSO - MALE NON-SMOKER, 2001 - CSO MALE SMOKER, 2001 CSO - FEMALE NON-SMOKER, and 2001 CSO - FEMALE SMOKER.
- g. RIDER BENEFITS
  - An Accelerated Death Benefit Rider (ADB) is expected to be offered in the future.
- h. PREMIUM CLASS
  - Product designed for risk classes through Table F to be issued using the standard rate schedule. The standard rates are based on an expected average risk for all business of Table B.
- i. MONTHLY ADMINISTRATIVE CHARGE
  - We will deduct a Monthly Administrative Charge from the Fund Value on the Monthly Charge Day. Presently this charge is \$0.00 per month, but in the future could be reestablished within the range of \$0.00 to \$5.00 per month.

**(NOTE: Variability is denoted by the use of bracketing)**

<i>SERFF Tracking Number:</i>	<i>LYLC-125752610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Baptist Life Association</i>	<i>State Tracking Number:</i>	<i>39764</i>
<i>Company Tracking Number:</i>	<i>BLASPUL08</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Heritage II Single Premium UL</i>		
<i>Project Name/Number:</i>	<i>BLASPUL08/BLASPUL08</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LYLC-125752610

State: Arkansas

Filing Company: Baptist Life Association

State Tracking Number: 39764

Company Tracking Number: BLASPUL08

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Heritage II Single Premium UL

Project Name/Number: BLASPUL08/BLASPUL08

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 07/29/2008  
**Comments:**  
**Attachment:**  
AR Certification.pdf

**Review Status:**  
**Satisfied -Name:** Cover Letter 07/29/2008  
**Comments:**  
**Attachment:**  
AR Cover Letter.pdf

**Review Status:**  
**Satisfied -Name:** Illustration 07/29/2008  
**Comments:**  
**Attachment:**  
Illustration.pdf

**Review Status:**  
**Satisfied -Name:** Flesch Score 07/29/2008  
**Comments:**  
**Attachment:**  
FLESCH SCORE S-062-0608.pdf

**Review Status:**  
**Satisfied -Name:** Underwriting Guidelines 07/29/2008  
**Comments:**  
**Attachment:**  
Underwriting Guidelines.pdf



**BAPTIST LIFE**  
SUPPORTING AND INSURING  
YOUR CHRISTIAN GROWTH

## ARKANSAS COMPLIANCE CERTIFICATION

I, John Q. Curtin, certify that Baptist Life Association is in compliance with the following:

- Rule & Regulation 19
- ACA 23-79-138

As a Fraternal Benefit Society, we are excluded from compliance with Rule & Regulation 49.

Sincerely,

John Q. Curtin  
Secretary-Treasurer  
Baptist Life Association



**BAPTIST LIFE**  
SUPPORTING AND INSURING  
YOUR CHRISTIAN GROWTH

July 30, 2008

Arkansas Insurance Department  
Attn: Life And Health  
1200 W 3rd St  
Little Rock, AR 72201-1904

RE: **Baptist Life Association – NAIC #57223, FEIN 16-0341875**  
Form S-062-0608 (Individual Universal Life Certificate)  
Form S-062-0608 (Individual Universal Life Memorandum of Variable Material)  
Form A-086-0705 (Individual Universal Life Application)  
Form C-090-0705 (Conditional Receipt)

Dear Sir or Madam:

Baptist Life Association, a fraternal benefit society domiciled in New York, submits the above referenced forms for approval. The submission covers our form S-062-0608, an individual universal life certificate.

The following narrative briefly describes the key features of the forms included in this submittal package:

**Form S-062-0608 Individual Universal Life Certificate**

- a. This is a single premium universal life certificate with issue ages from 50 to 85 and a minimum single premium amount of \$10,000.
- b. The certificate is sex-distinct. It is not unisex and will NOT be issued in any employer-employee situation subject to the Norris decision and/or Title VII of the 1964 Civil Rights Act.
- c. The certificate incorporates a minimum cash value floor feature that will always provide the owner with a surrender value greater than or equal to their original single premium.
- d. This new Certificate will be offered to all Christian applicants who become members of Baptist Life Association.
- e. The certificate has no secondary guarantees.

**Form S-062-0608 Individual Universal Life Memorandum of Variable Material**

- a. Variable data areas in the submitted form S-062-0608 are bracketed and explained in the Memorandum of Variable Material.

**Form A-086-0705 Individual Universal Life Application**

- a. This is the application that will be used with certificate S-062-0608. It was specifically designed for use with a single premium product.
- b. The application form also includes a "tear-off" conditional receipt (form C-090-0705).
- c. A simplified telephone interview underwriting process will be utilized for this product. Detailed underwriting guidelines are included.
- d. This application is not intended for Internet use and will not employ electronic commerce or electronic signature procedures.

I trust you will find this submission complete and sufficient to approve the subject forms. Should you need any further information please contact Rebecca Black, Programmer/Analyst - State Filing Specialist, at 800-234-5222 ext. 265, fax 814-454-8600 or by e-mail at [blackb@lcbalife.org](mailto:blackb@lcbalife.org)

Sincerely,

A handwritten signature in cursive script that reads "Kit F. Burr". The signature is written in black ink and includes a long horizontal flourish extending to the right.

Mr. Kit F. Burr  
President  
Baptist Life Association

*SERFF Tracking Number:*      *LYLC-125752610*                      *State:*                      *Arkansas*  
*Filing Company:*              *Baptist Life Association*                      *State Tracking Number:*      *39764*  
*Company Tracking Number:*      *BLASPUL08*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Heritage II Single Premium UL*  
*Project Name/Number:*      *BLASPUL08/BLASPUL08*

**Attachment "Illustration.pdf" is larger than 3MB and cannot be reproduced here.**



**BAPTIST LIFE  
ASSOCIATION**

A FRATERNAL BENEFIT SOCIETY - SINCE 1883  
8555 MAIN STREET, BUFFALO, NEW YORK 14221-7494 • TELEPHONE 1-800-227-8543

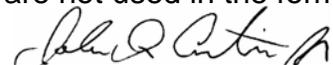
FLESCH READABILITY CERTIFICATION

FORM NUMBER: S-062-0608 & A-086-0705 & C-090-0705 NAIC NO.: 57223

DESCRIPTION: SINGLE PREMIUM INDIVIDUAL UNIVERSAL LIFE  
CERTIFICATE & APPLICATION FOR LIFE INSURANCE

I, John Q. Curtin, Secretary-Treasurer for the Baptist Life Association, do hereby certify to the accuracy of the following information pertaining to the form described hereon:

1. The Flesch reading test score is 52.4;
2. It is printed, except for specification pages, schedules, and tables, in not less than ten point type with one point leading;
3. The arrangement and overall appearance of the form give no undue prominence to any portion of the form;
4. Titles, captions and lists are not included in the determination of the test score;
5. The entire form was analyzed, with the exceptions noted above:  
Number of sentences: 268      Ratio of words to sentences: 20.2  
Number of words: 5,948      Ratio of syllables to words: 1.58  
Number of syllables: 9,417
6. The layout and spacing of the form separates the paragraphs from each other and from the border of the paper;
7. The section titles are captioned to stand out significantly from the text;
8. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

  
\_\_\_\_\_  
John Q. Curtin - Secretary-Treasurer

07/29/2008  
\_\_\_\_\_  
Date

# Baptist Life Association

## Product Underwriting Guidelines

Heritage Single Premium UL Product

June 2008

**Issue Age limitations:** issued between ages 50 to 85 only.

**Minimum initial premium permitted:** \$10,000

**Anticipated average premium:** \$35,000

**Simplified underwriting guidelines:** Application Form A-086-0705 (see attached) will be used with this product. All completed applications will be mailed or faxed to the Home Office where our full time staff underwriter will review the medical information contained on the application.

There are seven general medical underwriting questions on the application. Answers to these questions will be evaluated as follows:

1. **An affirmative response to either of questions a) or b)** – application will be deemed an automatic decline.
2. **No affirmative responses to questions a) through g)** – at least one-third of these applications will be faxed to a qualified vendor where a trained tele-underwriter will conduct an in-depth follow-up telephone interview in an attempt to provide enough additional information for them to render an underwriting decision. Should the tele-underwriter recommend obtaining body fluid samples, para-medical examinations, or attending physician statements in order to confirm a proposed insured's risk class that could exceed Table F, the application will be returned to the home office where a decision on further action will be made. Upon receipt of all additional required documentation, an underwriting decision will be rendered by our staff underwriter.
3. **An affirmative response to one or more questions c) through g)** – all applications will be faxed to a qualified vendor for tele-underwriting as above. In addition, any case may be submitted facultatively for additional underwriting assistance.

**Rates Applied at Issue:** This product is designed for all risk classes through Table F to be issued using the Standard Rates. The standard rates are actuarially based on an expected average risk for all business of Table B. The Select Rates will not be utilized at this time.

### **Existing Retention Criteria:**

#### **Baptist Life Association Retention Limits**

Age	Issue Classification	
	Std - Class C	Class D - L
0 - 50	\$50,000	\$35,000
51 - 60	\$50,000	\$25,000
61 and older	\$25,000	\$10,000

Retention for this new product will follow the LH column (Std – Class C) for all average cases (assumed to be Class B). For facultative cases, retention will follow whichever column is indicated by the underwriting decision for that case. No case will be written above Class F.

<i>SERFF Tracking Number:</i>	<i>LYLC-125752610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Baptist Life Association</i>	<i>State Tracking Number:</i>	<i>39764</i>
<i>Company Tracking Number:</i>	<i>BLASPUL08</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Heritage II Single Premium UL</i>		
<i>Project Name/Number:</i>	<i>BLASPUL08/BLASPUL08</i>		

## Superseded Attachments

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

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Single Premium UL Application	07/29/2008	A-086-0705 Application.pdf
No original date	Form	Conditional Receipt	07/29/2008	A-086-0705 Application.pdf



1. Is proposed insured already a member of Baptist Life Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO", complete membership form											
2. <b>NAME</b> of Proposed Insured (PLEASE PRINT)			Sex	Birthday			U.S. Citizen?	Age	Height	Weight	Social Security No.
LAST FIRST MI			M/F	MO	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Current)			
STREET ADDRESS				CITY			STATE	ZIP CODE	TELEPHONE NUMBERS		
3. Initial <b>SINGLE PREMIUM</b> \$			Initial <b>INSURANCE FACE</b> \$			Accelerated Death Benefit <b>RIDER</b> will be			Best time to call		
\$ _____			\$ _____			included unless checked here <b>NO</b> <input type="checkbox"/>			( )		
4. <b>OWNER</b> (only if other than proposed insured)								Relationship	Social Security No.		
Name: _____ Address: _____											
5. Primary <b>BENEFICIARY(IES)</b>						Contingent <b>BENEFICIARY(IES)</b>					
Name: _____ %						Name: _____ %					
Address: _____ Relationship: _____						Address: _____ Relationship: _____					
Name: _____ %						Name: _____ %					
Name/Address: _____ Relationship: _____						Name/Address: _____ Relationship: _____					
6. Will the proposed insurance <b>REPLACE</b> any existing insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If <b>YES</b> , list company name and policy or certificate number: _____											
7. Dividend Option: If declared: <input type="checkbox"/> purchase additional insurance <input type="checkbox"/> accumulate at interest <input type="checkbox"/> pay in cash											
8. <b>MEDICAL HISTORY</b> of proposed insured. <b>Circle</b> items and give <b>details</b> to all "yes" answers in the space provided below.											
Proposed Insured's <b>PHYSICIAN'S</b> Name, _____											
Address, and Telephone Number _____											
<b>Has the proposed insured:</b> TELEPHONE: ( _____ )											
a. been treated for internal cancer, malignant melanoma, leukemia, Alzheimer's disease or had an organ transplant, heart attack or heart surgery, stroke, aneurysm or kidney dialysis <b>in the past 24 months</b> ?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
b. <b>ever been</b> diagnosed or treated by a medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or for AIDS Related Complex (ARC)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
c. <b>ever had</b> an application for life insurance or health insurance or a reinstatement of such insurance declined, rated, or modified in any way?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
d. been hospitalized or consulted a physician for any reason <b>during the past 5 years</b> ?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
e. <b>ever had or been told</b> he/she had, or been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, paralysis, fainting, chest pains, angina, disease of the heart or blood vessels, lung or liver disease, emphysema, bronchitis, stroke or high blood pressure, mental or nervous disorder or drug or alcohol abuse?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
f. <b>ever used, or is currently using</b> , any form of tobacco, nicotine gum or patch?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
g. Is the proposed insured contemplating or engaged in travel or residence outside of the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											

A-086-0705 \_\_\_\_\_ Detach Here \_\_\_\_\_

**Baptist Life Association - Conditional Receipt**

**The total amount of insurance which may become effective under this Conditional Receipt shall not exceed \$250,000.**

**This Receipt is to be detached and left with the proposed insured, or owner if other than the proposed insured, only if payment is made at the time the application is signed. NO PAYMENT MAY BE ACCEPTED WITH THIS APPLICATION IF:** within the last 24 months, any person proposed for insurance has been treated for, or diagnosed by a medical practitioner as having: AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or other immunological disorder, heart trouble, stroke, cancer, brain disorder, alcoholism, drug dependency, or insulin dependent diabetes.

No coverage will become effective prior to delivery of certificate of insurance applied for unless and until all conditions of the Receipt are met. No representative has the authority to alter the terms or conditions of this Receipt. This Receipt shall be void if altered or modified.

- The following conditions must be met before insurance may become effective prior to delivery of the certificate:**
1. The premium indicated on the application must be submitted.
  2. All required parts of the Application, and medical examinations, and tests required by Baptist Life's procedural rules and practices have been completed and received at its Home Office within 60 days from the date of completion of the Application, and
  3. The proposed insureds are, on the Effective Date indicated below, risks acceptable for insurance exactly as applied for on a standard premium basis according to Baptist Life's rules and practices, without modification of plan, premium rate or amount, and
  4. On the Effective Date the state of health and all factors affecting the insurability of the persons proposed for coverage must be as in the Application and special questionnaires, if any, as required by Baptist Life.





1. Is proposed insured already a member of Baptist Life Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO", complete membership form											
2. <b>NAME</b> of Proposed Insured (PLEASE PRINT)			Sex	Birthday			U.S. Citizen?	Age	Height	Weight	Social Security No.
LAST	FIRST	MI	M/F	MO	DAY	YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Current)			
STREET ADDRESS				CITY			STATE	ZIP CODE	TELEPHONE NUMBERS		
3. Initial <b>SINGLE PREMIUM</b> \$			Initial <b>INSURANCE FACE</b> \$			Accelerated Death Benefit <b>RIDER</b> will be			Best time to call		
\$ _____			\$ _____			included unless checked here <b>NO</b> <input type="checkbox"/>			( )		
4. <b>OWNER</b> (only if other than proposed insured)								Relationship	Social Security No.		
Name: _____				Address: _____							
5. Primary <b>BENEFICIARY(IES)</b>						Contingent <b>BENEFICIARY(IES)</b>					
Name: _____			Relationship: _____			Name: _____			Relationship: _____		
Address: _____			Relationship: _____			Address: _____			Relationship: _____		
Name: _____			Relationship: _____			Name: _____			Relationship: _____		
Name/Address: _____			Relationship: _____			Name/Address: _____			Relationship: _____		
6. Will the proposed insurance <b>REPLACE</b> any existing insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If <b>YES</b> , list company name and policy or certificate number: _____											
7. Dividend Option: If declared: <input type="checkbox"/> purchase additional insurance <input type="checkbox"/> accumulate at interest <input type="checkbox"/> pay in cash											
8. <b>MEDICAL HISTORY</b> of proposed insured. <b>Circle</b> items and give <b>details</b> to all "yes" answers in the space provided below.											
Proposed Insured's <b>PHYSICIAN'S</b> Name, _____											
Address, and Telephone Number _____											
<b>Has the proposed insured:</b> TELEPHONE: ( _____ )											
a. been treated for internal cancer, malignant melanoma, leukemia, Alzheimer's disease or had an organ transplant, heart attack or heart surgery, stroke, aneurysm or kidney dialysis <b>in the past 24 months</b> ?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
b. <b>ever been</b> diagnosed or treated by a medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or for AIDS Related Complex (ARC)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
c. <b>ever had</b> an application for life insurance or health insurance or a reinstatement of such insurance declined, rated, or modified in any way?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
d. been hospitalized or consulted a physician for any reason <b>during the past 5 years</b> ?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
e. <b>ever had or been told</b> he/she had, or been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, paralysis, fainting, chest pains, angina, disease of the heart or blood vessels, lung or liver disease, emphysema, bronchitis, stroke or high blood pressure, mental or nervous disorder or drug or alcohol abuse?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
f. <b>ever used, or is currently using</b> , any form of tobacco, nicotine gum or patch?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
g. Is the proposed insured contemplating or engaged in travel or residence outside of the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No											

A-086-0705 \_\_\_\_\_ Detach Here \_\_\_\_\_

**Baptist Life Association - Conditional Receipt**

**The total amount of insurance which may become effective under this Conditional Receipt shall not exceed \$250,000.**

**This Receipt is to be detached and left with the proposed insured, or owner if other than the proposed insured, only if payment is made at the time the application is signed. NO PAYMENT MAY BE ACCEPTED WITH THIS APPLICATION IF:** within the last 24 months, any person proposed for insurance has been treated for, or diagnosed by a medical practitioner as having: AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or other immunological disorder, heart trouble, stroke, cancer, brain disorder, alcoholism, drug dependency, or insulin dependent diabetes.

No coverage will become effective prior to delivery of certificate of insurance applied for unless and until all conditions of the Receipt are met. No representative has the authority to alter the terms or conditions of this Receipt. This Receipt shall be void if altered or modified.

- The following conditions must be met before insurance may become effective prior to delivery of the certificate:**
1. The premium indicated on the application must be submitted.
  2. All required parts of the Application, and medical examinations, and tests required by Baptist Life's procedural rules and practices have been completed and received at its Home Office within 60 days from the date of completion of the Application, and
  3. The proposed insureds are, on the Effective Date indicated below, risks acceptable for insurance exactly as applied for on a standard premium basis according to Baptist Life's rules and practices, without modification of plan, premium rate or amount, and
  4. On the Effective Date the state of health and all factors affecting the insurability of the persons proposed for coverage must be as in the Application and special questionnaires, if any, as required by Baptist Life.

