

<i>SERFF Tracking Number:</i>	<i>MNNL-125963840</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41215</i>
<i>Company Tracking Number:</i>	<i>JAB-1837</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Single Premium AD&D</i>		
<i>Project Name/Number:</i>	<i>Single Premium AD&D/JAB-1837</i>		

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Single Premium AD&D SERFF Tr Num: MNNL-125963840 State: ArkansasLH

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 41215

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: JAB-1837 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Authors: Jeanine Berfeldt, Teresa Guindon Disposition Date: 01/12/2009

Date Submitted: 12/23/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Single Premium AD&D

Project Number: JAB-1837

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Corresponding Filing Tracking Number: JAB-1837

Filing Description:

Please see attached Cover Letter for filing description.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Discretionary

Deemer Date:

SERFF Tracking Number: MNNL-125963840 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 41215
Company Tracking Number: JAB-1837
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Product Name: Single Premium AD&D
Project Name/Number: Single Premium AD&D/JAB-1837

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/12/2009	01/12/2009

SERFF Tracking Number: MNNL-125963840 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 41215
Company Tracking Number: JAB-1837
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Single Premium AD&D
Project Name/Number: Single Premium AD&D/JAB-1837

Disposition

Disposition Date: 01/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-125963840 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 41215
 Company Tracking Number: JAB-1837
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: Single Premium AD&D
 Project Name/Number: Single Premium AD&D/JAB-1837

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Manual of Variable Text	Approved-Closed	Yes
Form	Group Accidental Death and Dismemberment Insurance Policy	Approved-Closed	Yes
Form	Group Accidental Death and Dismemberment Policy Amendment	Approved-Closed	Yes
Form	Group Accidental Death and Dismemberment Plan Sponsor's Application	Approved-Closed	Yes
Form	Group Accidental Death and Dismemberment Certificate of Insurance	Approved-Closed	Yes
Form	Accidental Death and Dismemberment Insurance Application	Approved-Closed	Yes

SERFF Tracking Number: MNNL-125963840 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 41215
 Company Tracking Number: JAB-1837
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Dismemberment
 Product Name: Single Premium AD&D
 Project Name/Number: Single Premium AD&D/JAB-1837

Form Schedule

Lead Form Number: 08-50539T

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	08-50539T	Policy/Cont	Group Accidental Death and Dismemberment Certificate Insurance Policy	Initial			08-50539T.pdf
Approved-Closed	08-50549T	Policy/Cont	Group Accidental Death and Dismemberment Certificate: Policy Amendment Amendment, Insert Page, Endorsement or Rider	Initial			08-50549T.pdf
Approved-Closed	08-50542	Application/Enrollment Form	Group Accidental Death and Dismemberment Plan Sponsor's Application	Initial			08-50542.pdf
Approved-Closed	08-50540T.3	Certificate	Group Accidental Death and Dismemberment Certificate of Insurance	Initial			08-50540T.3.pdf
Approved-Closed	08-50541	Application/Enrollment Form	Accidental Death and Dismemberment Insurance Application	Initial			08-50541.pdf

Group Insurance Policy

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

[Administrative Office:
P.O. Box 6097 • Macon, Georgia 31208-6097 • 1-800-849-4265]

POLICYHOLDER: [SunTrust Bank, Successor Trustee under the Group Insurance Trust for Financial Institutions]

POLICY NUMBER:

POLICY DATE:

FIRST POLICY ANNIVERSARY:

This policy was issued to the policyholder on the policy date shown above. We promise to pay the benefits provided by this policy, subject to the conditions, limitations and exceptions of this policy. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder and any participating plan sponsor are members of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.

Aennis E. Erdosy

Secretary

Robert L. Sander

President

This is accident only insurance and does not pay for loss from sickness or disease. [Limited Benefit, Please read this policy carefully.]

TABLE OF CONTENTS

Definitions.....	2	Payment of Benefits.....	4
General Information	2	Premiums.....	5
Accidental Death and Dismemberment Benefit	3	Termination	5
Exclusions	3	Additional Information	5

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE • SINGLE PREMIUM • NONRENEWABLE • NONPARTICIPATING

Definitions

When we use the following words this is what we mean:

age

The insured's age at the insured's last birthday.

dependent child

The insured's natural child, step-child or legally adopted child who is:

- (1) unmarried; and
- (2) living in the insured's home; and
- (3) dependent on the insured for financial support as evidenced by the insured's federal tax return; and
- (4) between and including the ages of birth and 19 years, or under age 25 if enrolled as a full-time student in an accredited college, university, vocational or technical school as evidenced by the insured's federal tax return.

effective date

The date coverage becomes effective under this policy for an insured.

eligible account

Any account held or serviced by the plan sponsor.

eligible accountholder

A natural person who has an eligible account with the plan sponsor.

insured

An insured may be defined as: (1) an eligible accountholder [under age 76 on the termination date]; (2) an eligible accountholder's lawful spouse [under age 76 on the termination date]; and (3) each unmarried dependent child of an eligible accountholder or eligible accountholder's spouse, who become insured under this policy.

maximum insurable amount

The maximum amount of insurance available under this policy for an eligible accountholder. The maximum insurable amount is shown on the plan sponsor's application.

plan sponsor

An entity which:

- (1) has been accepted to participate in the trust; and
- (2) makes insurance under this policy available to its eligible accountholders, including an accountholder's spouse and dependent children.

policy date

The date coverage under this policy becomes effective. The policy date is shown on page 1.

policy anniversary

The same day and month in each succeeding year as the first policy anniversary.

termination date

The date coverage terminates under this policy for an insured. The termination date is shown on the insured's application.

we, our, us

Minnesota Life Insurance Company

you, your

The trustee or successor trustee under the Group Insurance Trust for Financial Institutions.

General Information

What is your agreement with us?

This policy, your signed application, and the signed application of any plan sponsor contain the entire contract between you and us. Any statements you or a plan sponsor made in your/its signed application will, in the absence of fraud, be considered representations and not warranties. Also, any statement you or a plan sponsor made will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in your/its signed application. Terms or provisions contained in each plan sponsor's application will affect only those insureds described on the respective plan sponsor's signed application.

No change or waiver of any of the provisions of this policy, or of any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an assistant secretary. No agent or other person has the authority to change or waive any provision of this policy, or of any certificate issued under it.

Can this policy be amended?

This policy may be amended at any time you and we agree to amend it. The consent of the insureds and the participating plan sponsor is not required to amend this policy. Any amendment will be without prejudice to any claim for benefits incurred prior to the date of the amendment.

Accidental Death and Dismemberment Benefit

This policy provides limited coverage. This means we will provide benefits only when the insured's death or dismemberment results directly, and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen.

The bodily injury must be the sole cause of the insured's death or loss. The accidental injury must occur while the insured's coverage is in force. The insured's death or loss must occur within [90] days after the date of the accidental injury.

What is the amount of the accidental death benefit?

The amount of the accidental death benefit shall be equal to the amount of insurance shown on the insured's application subject to the maximum insurable amount.

"Principal Sum", as used in this policy, means the amount of the accidental death benefit.

What is the amount of the accidental dismemberment benefit?

The amount of the accidental dismemberment benefit is based on the following schedule:

Schedule of Loss:

One Eye.....[50%] of Principal Sum
One Hand or One Foot.....[50%] of Principal Sum

As used in this policy with reference to the accidental dismemberment benefit, "loss" shall mean:

- (1) With regard to the hand, loss of four entire fingers from one hand.
- (2) With regard to the foot, severance through or above the ankle joint without subsequent reattachment.

- (3) With regard to the eye, the entire and irrecoverable loss of sight of one eye.

Are there any limitations on the amount of the accidental dismemberment benefit payable?

Yes. If an insured suffers more than one accidental dismemberment loss, only one amount, the largest to which the insured is entitled, will be paid for all losses resulting from one accident.

If due to an accidental dismemberment loss the insured receives a percentage of the Principal Sum ([50%]), and if the insured suffers a subsequent loss, benefits will be limited to a percentage of the Principal Sum. If we paid [50%] of the Principal Sum on the first loss, the maximum benefit payable in the event of a second covered loss will be [50%] of the Principal Sum (determined as of the date of the second loss).

In no event will we pay more in total accidental dismemberment benefits under this policy than the Principal Sum, regardless of the number of the insured's accidental dismemberment losses.

When will the accidental death or accidental dismemberment benefit be payable?

We will pay the accidental death or accidental dismemberment benefit upon receipt of written proof satisfactory to us that the insured sustained an accidental injury resulting in death or dismemberment. All payments by us are payable at [our designated administrative office]. Proof of any claim under this policy is the responsibility of the claimant and must be submitted in writing to [our designated administrative office].

The accidental death or accidental dismemberment benefit will be paid in a single sum. We will pay interest on the accidental death or accidental dismemberment benefit from the date of the insured's death or loss until the date of payment. Interest will be at an annual rate determined by us, but never less than the greater of [4%] or the minimum percentage required by state law.

Exclusions

What are the exclusions?

In no event will we pay a benefit where the insured's death or loss is caused directly or indirectly by, results from, or there is contribution from, any of the following:

- (1) self-inflicted injury or self destruction, whether sane or insane;
- (2) suicide or attempted suicide, whether sane or insane;
- (3) the insured's participation in or his or her attempt to commit a crime, assault or felony;
- (4) bodily or mental infirmity, illness or disease;

- (5) the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
- (6) motor vehicle collision or accident where the insured is the operator of the motor vehicle and his or her blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto;
- (7) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury;
- (8) medical or surgical treatment or diagnostic procedures or any resulting complications;
- (9) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier;
- (10) war or any act of war, whether declared or undeclared;
- (11) repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

Payment of Benefits

To whom will we pay the accidental death benefit?

We will pay the accidental death benefit to the named beneficiary. The insured may name one or more beneficiaries. If there is more than one beneficiary, each will receive an equal share, unless the insured has requested another method in writing. In the event a beneficiary is not living at the time of the insured's accidental death, that beneficiary's portion of the accidental death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of simultaneous deaths of the insured and a beneficiary, the accidental death benefit will be paid as if the insured survived the beneficiary.

If there is no beneficiary, or if the insured does not name one, we will pay the accidental death benefit to the insured's lawful spouse; otherwise to the duly appointed representative of the insured's estate.

To whom will we pay accidental dismemberment benefits?

We will pay accidental dismemberment benefits to the insured if living at time of our payment; otherwise to the insured's named beneficiary, subject to the provisions in the above accidental death benefit section.

Can the insured change the beneficiary?

Yes. The insured can file a written request with us to change the beneficiary. The insured's written request will not be effective until it is recorded in [our designated administrative office] records. After it has been so recorded, it will take effect as of the date the insured signs the request. If the insured dies before the request has been so recorded, the request will not be effective as to those benefits we have paid before the insured's request was so recorded.

The insured may also choose to name a beneficiary that the insured cannot change without the beneficiary's consent. This is known as an irrevocable beneficiary.

When must a notice of claim be given?

Notice of claim must be given within 60 days after the occurrence or commencement of the accidental death or accidental dismemberment under this policy. The notice of claim must be in writing and contain enough information for us to identify the insured. The notice of claim must be given to our authorized agent or sent to [our designated administrative office].

Our investigation of a claim, our furnishing of claim forms, or our acceptance of the notice of claim and proof of loss will not operate as a waiver of any of our rights to defend any claim arising under this policy.

What claim forms are required?

When we receive the notice of claim we will furnish the forms needed to file the proof of loss within 15 days of the date we receive the notice of claim. The proof of loss must be in writing and cover the occurrence, character, and extent of the loss. We will also advise if additional information beyond the claim forms is necessary to satisfy the proof of loss requirements under this policy.

When must proof of loss be given?

Written proof of loss must be given within one year after the occurrence or commencement of the accidental death or accidental dismemberment covered by this policy. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible to give proof within that time. However, proof of loss must be furnished as soon as reasonably possible.

No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Premiums

When and how often are premiums due?

Premiums are due under this policy on a monthly basis based on the payment method selected by the plan sponsor. Each premium will pay for the insurance then in effect under this policy.

What is the premium due under this policy?

The premium due is the sum of the premiums paid by the insureds.

How are premiums calculated for an insured's coverage under this policy?

The premium for an insured's coverage is calculated on a single premium basis using the premium rate in effect under this policy on the effective date of the insured's coverage.

How are premium contributions from insureds to be paid?

The plan sponsor will either pay premium contributions directly to us, or collect premium contributions from the insureds and remit them to us. Such premium contributions are to be paid in United States dollars. The insured and we may agree to an alternative premium contribution payment method.

Can we change the premium rates?

Yes. We have the right to change the premium rate. Any premium rate change will only affect individuals becoming insured on or after the effective date of the rate change.

Does this policy have a grace period?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31-day period following the due date. The premium payment, however, must be received in our home office within the 31-day grace period. This policy will remain in effect during the 31-day grace period. This grace period does not apply to the first premium payment.

Will any unearned premium be refunded?

Yes. Unearned premium will be refunded if: (1) an insured's coverage is cancelled or terminated prior to the termination date of his or her coverage; or (2) an insured dies prior to the termination date of his or her coverage and no benefit is payable under the terms of this policy. If the insured is deceased, we will issue the premium refund to the insured's spouse. If no spouse, then the premium refund will be issued to the insured's estate. If no estate has been established, we reserve the right to issue the premium refund to any person we deem appropriate, i.e.,

children, parent, sibling. Payment of the premium refund will release us from any further liability.

Is there a limit on the total amount of insurance an insured can have with us?

The total indemnity of this and all other accidental death policies in force with us on an insured shall not exceed [\$300,000]. Any excess insurance shall be void and all premiums paid returned to the insured.

Termination

When does this policy terminate?

You may terminate this policy by giving us 31 days prior written notice. No individual may become insured under this policy after the effective date of your notice of termination. We may terminate this policy by giving you 31 days prior written notice. We may terminate a plan sponsor's participation under this policy by giving the plan sponsor 31 days prior written notice.

When does an insured's coverage under this policy terminate?

An insured's coverage will terminate on the earliest of:

- (1) the last day for which premiums have been paid following: (i) your notice of termination of the group policy; or (ii) notice of termination of participation in the Group Insurance Trust for Financial Institutions by the plan sponsor;
- (2) the date we receive the insured's written request to terminate his or her insurance;
- (3) the termination date for the insured's coverage;
- (4) [the insured's attainment of age 76];
- (5) the date we have paid an amount equal to the Principal Sum for an insured's coverage.

Additional Information

What if an insured's age is misstated?

If an insured's age has been misstated, the amount of the benefit payable under this policy will be that amount which the premiums paid would have purchased based on that insured's correct age. If we determine that the insured was not eligible for coverage under this policy, due to the insured's age, our liability under this policy is limited to an amount equal to the premiums paid by the insured.

When does an insured's coverage become incontestable?

Except for the nonpayment of premiums, after an insured's coverage has been in force during the insured's lifetime for two years from the effective date of the insured's coverage, we cannot contest the insured's coverage for any loss that is incurred more than two years after the effective date.

Are insurance and related records open for inspection?

Yes. Your records shall be open to inspection by us, at all reasonable times for any purpose relating to the provisions of this policy.

Will the insured receive a certificate of insurance?

Yes. Within 30 days of the effective date of coverage we will either furnish a certificate of insurance to the plan sponsor for delivery to each insured or deliver a certificate of insurance directly to each insured. If the terms of this policy and the certificate issued to the insured differ, the language of this policy will govern.

Is the policyholder or plan sponsor our agent?

No. For all purposes of this policy, the policyholder, plan sponsor, or any employee thereof acts on its own behalf or as agent of the insured. The policyholder, plan sponsor or any employee thereof will not be deemed to be our agent.

Do we have the right to examine the insured?

Yes. We retain the right to have the insured medically examined at our own expense. We have the right and opportunity to examine the insured as often as it may reasonably be required while a claim is being considered or paid.

MINNESOTA LIFE

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE • SINGLE PREMIUM • NONRENEWABLE •
NONPARTICIPATING**

Policy Amendment

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Administrative Office:
P.O. Box 6097 • Macon, Georgia 31208-6097 • 1-800-849-4265]

MINNESOTA LIFE

This agreement, entered into this [first] day of [May, 2009], between Minnesota Life Insurance Company and [SunTrust Bank, Successor trustee under the Group Insurance Trust for Financial Institutions].

The following amendment amends policy number 08-50539T. However, this amendment shall only affect coverage evidenced by a Certificate of Insurance which reflects this change and which is issued to residents of the State of **Arkansas**. This amendment is subject to every term, condition, exclusion and provision of the policy unless otherwise expressly provided for herein.

The following notice has been added to the face page of the policy:

NOTICE

This is to advise you of the addresses and telephone numbers of the Insurance Department and of the Company's office where the policy is serviced.

[Service Office: Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101-2098. Our business hours are 7 a.m. – 5 p.m. Central Standard Time, toll-free number 1-800-328-9343.]

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, Arkansas 72201-1904. Telephone: (800) 832-5494 or (501) 371-2640.

Agreed to by Minnesota Life Insurance Company.


Secretary

Plan Sponsor's Application

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

[Administrative Office:
P.O. Box 6097 • Macon, Georgia 31208-6097 • 1-800-849-4265]

Application is hereby made to Minnesota Life Insurance Company for the Single Premium Accidental Death and Dismemberment Insurance plan described below, based on the following statements and representations:

NAME OF PLAN SPONSOR/POLICYHOLDER

ADDRESS (STREET, CITY, STATE & ZIP)

Effective Date:

Eligibility: Accountholders [under age 76 on the termination date]; an eligible accountholder's lawful spouse [under age 76 on the termination date]; and each dependent child of an eligible accountholder, as defined in the group policy, or eligible accountholder's spouse are eligible for coverage under this plan.

Plan Description: This single premium accidental death and dismemberment insurance plan is designed to pay a benefit in the event of an insured's death or dismemberment due to a covered accident.

Term of Coverage: The term of coverage is selected by the insured. The minimum term is [12] months and the maximum term is [60] months.

Maximum Insurable Amount: [\$100,000.00]

Premium Collection Facility: Premiums will either be collected by the plan sponsor for remittance to Minnesota Life, or the insured will pay premiums directly to Minnesota Life.

The premium contribution rates are determined in accordance with the "Underwriting Instructions" used in conjunction with the group policy.

Any payments made to us by insureds for their coverage under this insurance program are funds of Minnesota Life Insurance Company. Such records as are necessary for the efficient administration of the program will be made available to the insurance company.

DATE	REPRESENTATIVE SIGNATURE
PLAN SPONSOR/POLICYHOLDER	
PLAN SPONSOR/POLICYHOLDER SIGNATURE	TITLE

Certificate of Insurance

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

[Administrative Office:
P.O. Box 6097 • Macon, Georgia 31208-6097 • 1-800-849-4265]

NOTICE

This is to advise you of the addresses and telephone numbers of the Insurance Department and of the Company's office where the policy is serviced.

[Service Office: Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101-2098. Our business hours are 7 a.m. – 5 p.m. Central Standard Time, toll-free number 1-800-328-9343.]

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, Arkansas 72201-1904. Telephone: (800) 832-5494 or (501) 371-2640.

Read Your Certificate Carefully

This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the plan sponsor during regular working hours.

Right to Cancel

It is important to us that you are satisfied with your coverage under this certificate and that it meets your insurance goals. If you are not satisfied, you may return the certificate to us within 30 days of its receipt and receive a full refund of any premiums paid within 10 days after we receive the notice of cancellation. Upon our cancellation of your certificate, your certificate will be void from the beginning as if it never had been issued.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the effective date.



Secretary



President

This is accident only insurance and does not pay for loss from sickness or disease.

TABLE OF CONTENTS

Definitions.....	2	Payment of Benefits	4
General Information	2	Premiums	4
Accidental Death and Dismemberment Benefit	3	Termination.....	5
Exclusions	3	Additional Information.....	5

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE • SINGLE PREMIUM • NONRENEWABLE • NONPARTICIPATING

Definitions

When we use the following words this is what we mean:

age

Your age at your last birthday.

certificate anniversary

The same day and month in each succeeding year as the certificate effective date.

certificate effective date

The date your insurance becomes effective under this certificate.

dependent child

Your natural child, step-child or legally adopted child who is:

- (1) unmarried; and
- (2) living in your home; and
- (3) dependent on you for financial support as evidenced by your federal tax return; and
- (4) between and including the ages of birth and 19 years, or under age 25 if enrolled as a full-time student in an accredited college, university, vocational or technical school as evidenced by your federal tax return.

eligible account

Any account held or serviced by the plan sponsor.

eligible accountholder

A natural person who has an eligible account with the plan sponsor.

insured

An insured may be defined as: (1) an eligible accountholder [under age 76 on the termination date]; (2) an eligible accountholder's lawful spouse [under age 76 on the termination date]; and (3) each unmarried dependent child of an eligible accountholder or eligible accountholder's spouse, who become insured under this certificate.

maximum insurable amount

The maximum amount of insurance available under this certificate for an eligible accountholder. The maximum insurable amount is shown on your application.

plan sponsor

An entity which:

- (1) has been accepted to participate in the trust; and
- (2) makes insurance under this certificate available to its eligible accountholders, including an accountholder's spouse and dependent children.

policyholder

The trustee or successor trustees under the Group Insurance Trust for Financial Institutions.

termination date

The date your insurance terminates under this certificate. The termination date is shown on your application.

you, your

The persons named on the accidental death and dismemberment insurance application who are approved for coverage under this certificate.

we, our, us

Minnesota Life Insurance Company

General Information

This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Any statement made in your signed application, in the absence of fraud, will be considered representations and not warranties. Also, any statement you made will not be used to void this certificate nor defend against a claim unless the statement is contained in your signed application.

This certificate is issued in consideration of your application and the payment of the required premiums.

What is the effective date of your coverage?

The effective date of your coverage will be the later of:

- (1) the date we approve your application; or
- (2) the date your premium is paid.

This certificate replaces all prior certificates that may have been issued to you under the group policy.

Accidental Death and Dismemberment Benefit

This certificate provides limited coverage. This means we will provide benefits only when your death or dismemberment results directly, and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen.

The bodily injury must be the sole cause of your death or loss. The accidental injury must occur while your coverage is in force. Your death or loss must occur within [90] days after the date of the accidental injury.

What is the amount of the accidental death benefit?

The amount of the accidental death benefit shall be equal to the amount of insurance shown on your application, subject to the maximum insurable amount .

“Principal Sum”, as used in this certificate, means the amount of the accidental death benefit.

Are there any limitations on the amount of the accidental dismemberment benefit payable?

Yes. If you suffer more than one accidental dismemberment loss, only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

If due to an accidental dismemberment loss you receive a percentage of the Principal Sum ([50%]), and if you suffer a subsequent loss, benefits will be limited to a percentage of the Principal Sum. If we paid [50%] of the Principal Sum on the first loss, the maximum benefit payable in the event of a second covered loss will be [50%] of the Principal Sum (determined as of the date of the second loss).

In no event will we pay more in total accidental dismemberment benefits under this certificate than the Principal Sum, regardless of the number of your accidental dismemberment losses.

What is the amount of the accidental dismemberment benefit?

The amount of the accidental dismemberment benefit is based on the following schedule:

Schedule of Loss :

One Eye.....[50%] of Principal Sum
One Hand or One Foot.....[50%] of Principal Sum

As used in this certificate with reference to the accidental dismemberment benefit, “loss” shall mean:

- (1) With regard to the hand, loss of four entire fingers from one hand.
- (2) With regard to the foot, severance through or above the ankle joint without subsequent reattachment.
- (3) With regard to the eye, the entire and irrecoverable loss of sight of one eye.

When will the accidental death or accidental dismemberment benefit be payable?

We will pay the accidental death or accidental dismemberment benefit upon receipt of written proof satisfactory to us that you sustained an accidental injury resulting in death or dismemberment. All payments by us are payable at [our designated administrative office]. Proof of any claim under this certificate is the responsibility of the claimant and must be submitted in writing to [our designated administrative office].

The accidental death or accidental dismemberment benefit will be paid in a single sum. We will pay interest on the accidental death or accidental dismemberment benefit from the date of your death or loss until the date of payment. Interest will be at an annual rate determined by us, but never less than the greater of [4%] or the minimum percentage required by state law.

Exclusions

What are the exclusions?

In no event will we pay a benefit where your death or loss is caused directly or indirectly by, results from, or there is contribution from, any of the following:

- (1) self-inflicted injury or self destruction, whether sane or insane;
- (2) suicide or attempted suicide, whether sane or insane;
- (3) your participation in or your attempt to commit a crime, assault or felony;
- (4) bodily or mental infirmity, illness or disease; or
- (5) the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
- (6) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto;

- (7) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury;
- (8) medical or surgical treatment or diagnostic procedures or any resulting complications;
- (9) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier;
- (10) war or any act of war, whether declared or undeclared;
- (11) repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

Payment of Benefits

To whom will we pay the accidental death benefit?

We will pay the accidental death benefit to your named beneficiary. You may name one or more beneficiaries. If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. In the event a beneficiary is not living at the time of your accidental death, that beneficiary's portion of the accidental death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of simultaneous deaths of you and a beneficiary, the accidental death benefit will be paid as if you survived the beneficiary.

If there is no beneficiary, or if you do not name one, we will pay the accidental death benefit to your lawful spouse; otherwise to the duly appointed representative of your estate.

To whom will we pay accidental dismemberment benefits?

We will pay accidental dismemberment benefits to you, if living at time of our payment; otherwise to your named beneficiary, subject to the provisions in the above accidental death benefit section.

Can you change the beneficiary?

Yes. You can file a written request with us to change the beneficiary. Your written request will not be effective until it is recorded in [our designated administrative office] records. After it has been so recorded, it will take effect as of the date you sign the request. If you die before the request has been so recorded, the request will not be effective as to those benefits we have paid before your request was so recorded.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is known as an irrevocable beneficiary.

When must a notice of claim be given?

Notice of claim must be given within 60 days after the occurrence or commencement of the accidental death or accidental dismemberment under this certificate. The notice of claim must be in writing and contain enough information for us to identify you. The notice of claim must be given to our authorized agent or sent to [our designated administrative office].

Our investigation of a claim, our furnishing of claim forms, or our acceptance of the notice of claim and proof of loss will not operate as a waiver of any of our rights to defend any claim arising under this certificate.

What claim forms are required?

When we receive the notice of claim we will furnish the forms needed to file the proof of loss within 15 days of the date we receive the notice of claim. The proof of loss must be in writing and cover the occurrence, character, and extent of the loss. We will also advise if additional information beyond the claim forms is necessary to satisfy the proof of loss requirements under this certificate.

When must proof of loss be given?

Written proof of loss must be given within one year after the occurrence or commencement of the accidental death or accidental dismemberment covered by this certificate. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible to give proof within that time. However, proof of loss must be furnished as soon as reasonably possible.

No action at law or in equity will be brought to recover on this certificate prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this certificate. No such action will be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Premiums

How are you to pay premiums?

The plan sponsor will make the initial determination whether you will pay premiums directly to us, or whether the plan sponsor will collect the premiums from you and remit them to us. Such premiums are to be paid in United States dollars. You and we may agree to an alternative premium contribution payment method.

How are premiums calculated?

The premium for your insurance is calculated on a single premium basis using the premium rate in effect under the group policy on the effective date of your coverage.

Can the premium rates be changed?

Yes. We have the right to change the premium rates. Any premium rate change will only affect individuals becoming insured on or after the effective date of the rate change.

Will any unearned premium be refunded?

Yes. Unearned premium will be refunded if: (1) your coverage is cancelled or terminated prior to the termination date of your coverage; or (2) you die prior to the termination date of your coverage and no benefit is payable under the terms of this certificate. If you are deceased, we will issue the premium refund to your spouse. If no spouse, then the premium refund will be issued to your estate. If no estate has been established, we reserve the right to issue the premium refund to any person we deem appropriate, i.e., children, parent, sibling. Payment of the premium refund will release us from any further liability.

Is there a limit on the total amount of insurance you can have with us?

The total indemnity of this and all accidental death certificates you have in force with us shall not exceed **[\$300,000]**. Any excess insurance shall be void and all premiums paid returned to you.

Termination

When does your coverage terminate?

Your accidental death and dismemberment insurance will terminate on the earliest of:

- (1) the last day for which premiums have been paid following notice of termination of the group policy;
- (2) the date we receive your written request to terminate your insurance;
- (3) the termination date for your coverage;
- (4) **[your attainment of age 76]**.

Additional Information

What if your age is misstated?

If your age has been misstated, the amount of the benefit payable under this certificate will be that amount which the premiums paid would have purchased based on your correct age. If we determine that you were not eligible for coverage under this certificate, due to your age, our liability under this certificate is limited to an amount equal to the premiums you paid.

When does your coverage become incontestable?

Except for the nonpayment of premiums, after your coverage has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage for any loss that is incurred more than two years after the effective date.

Do we have the right to examine you?

Yes. We retain the right to have you medically examined at our own expense. We have the right and opportunity to examine you as often as it may reasonably be required while a claim is being considered or paid.

MINNESOTA LIFE

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE • SINGLE PREMIUM • NONRENEWABLE •
NONPARTICIPATING**

Accidental Death and Dismemberment Insurance Application

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

[Administrative Office:
P.O. Box 6097 • Macon, Georgia 31208-6097 • 1-800-849-4265]

PLEASE PRINT	Name of Eligible Accountholder		[Customer Number]	[Agency Code]
	Address (No. Street)		Date of Birth	
	City, State, Zip Code		[Term of Insurance (In Years) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5]	
	Phone Number		Effective Date	
	Email Address		Termination Date	
		Mo Day Year	Mo Day Year	
		Maximum Insurable Amount \$ _____		
		[Plan Sponsor] Name		
Persons To Be Covered	Date of Birth	Beneficiary's Name and Relationship	Amount of Insurance	Premium
The Eligible Accountholder Designated Above			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Premium Paid				\$

I acknowledge and declare that I wish to apply for and purchase this accidental death and dismemberment insurance coverage, and that said application /purchase has not been compulsory. I also acknowledge that this insurance is offered neither as a condition nor as part of a bank /credit transaction. I have read, understand and agree to all disclosures provided. I understand that coverage begins after this application has been approved and the premium has been paid and received by Minnesota Life Insurance Company.

Fraud Warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR:** Any person who knowingly presents a false or fraudulent claim for payment for 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. **CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information was provided to the applicant. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage. Not applicable to residents of **CT, FL, KS, NC, OR, SC, TX, WA** and **WI**.

Signature of Eligible Accountholder	Date
Signature of Licensed Resident Agent	Date

Consumer Protection Disclosures: Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.

SERFF Tracking Number: MNNL-125963840 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 41215
Company Tracking Number: JAB-1837
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Single Premium AD&D
Project Name/Number: Single Premium AD&D/JAB-1837

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 01/12/2009
Comments:
Attachment:
Certification.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 01/12/2009
Comments:
This form is also attached under the Form Schedule tab.
Attachment:
08-50541.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 01/12/2009
Comments:
Attachment:
CoverLetter.pdf

Satisfied -Name: Manual of Variable Text **Review Status:** Approved-Closed 01/12/2009
Comments:
Attachment:
AR_MVT.pdf

CERTIFICATION OF READABILITY

This is to certify that the attached Group Accidental Death and Dismemberment Insurance Policy
Form Number 08-50539T has achieved a Flesch Reading Ease Score of 45.0
and complies with the requirements of Ark. Stat. Ann. §66-3251 through 66-3258, cited as the
Life and Disability Insurance Policy Language Simplification Act.



Signature (Must be an Officer)

Name: Jeanine A. Berfeldt

Title: Assistant Secretary

Date: December 23, 2008

If an insurer chooses to score certain forms as separate from the policy with which they may be used, this information must be contained in the certificate.

If a policy is scored by a method other than the Flesch reading ease score, use of the alternate method shall be explained in detail.

Accidental Death and Dismemberment Insurance Application

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

[Administrative Office:
P.O. Box 6097 • Macon, Georgia 31208-6097 • 1-800-849-4265]

PLEASE PRINT	Name of Eligible Accountholder		[Customer Number]	[Agency Code]
	Address (No. Street)		Date of Birth	
	City, State, Zip Code		[Term of Insurance (In Years) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5]	
	Phone Number		Effective Date Mo Day Year	
	Email Address		Termination Date Mo Day Year	
			Maximum Insurable Amount \$ _____	
			[Plan Sponsor] Name	
Persons To Be Covered	Date of Birth	Beneficiary's Name and Relationship	Amount of Insurance	Premium
The Eligible Accountholder Designated Above			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Premium Paid				\$

I acknowledge and declare that I wish to apply for and purchase this accidental death and dismemberment insurance coverage, and that said application /purchase has not been compulsory. I also acknowledge that this insurance is offered neither as a condition nor as part of a bank /credit transaction. I have read, understand and agree to all disclosures provided. I understand that coverage begins after this application has been approved and the premium has been paid and received by Minnesota Life Insurance Company.

Fraud Warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR:** Any person who knowingly presents a false or fraudulent claim for payment for 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. **CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information was provided to the applicant. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage. Not applicable to residents of **CT, FL, KS, NC, OR, SC, TX, WA** and **WI**.

Signature of Eligible Accountholder	Date
Signature of Licensed Resident Agent	Date

Consumer Protection Disclosures: Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.

Minnesota Life Insurance Company
A Securian Financial Group Affiliate
400 Robert Street North
St. Paul, MN 55101-2098

December 23, 2008

MINNESOTA LIFE

Mr. Dan Honey, Deputy Commissioner
Life and Health Division
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #: 66168
Group #: 869

RE: MINNESOTA LIFE FILE NO.: JAB-1837

08-50539T	Group Accidental Death and Dismemberment Policy
08-50549T	Group Accidental Death and Dismemberment Policy Amendment
08-50542	Group Accidental Death and Dismemberment Plan Sponsor's Application
08-50540T.3	Group Accidental Death and Dismemberment Certificate of Insurance
08-50541	Accidental Death and Dismemberment Insurance Application

Dear Mr. Honey:

We are submitting the above-captioned forms for your consideration and approval. These forms are new and do not replace any existing forms on file with your Department.

These forms provide Group Accidental Death and Dismemberment coverage under a Group Trust. The Trust is situated in the District of Columbia. The policy will be issued to SunTrust Bank, Successor Trustee under the Group Insurance Trust for Financial Institutions.

Variable language has been marked with brackets which generally indicate optional benefits or provisions. If language is changed, it will never be less favorable than your state's laws allow. A Manual of Variable Text is also enclosed describing the bracketed material. Minnesota Life Insurance Company also reserves the right to change the color, font, sequential order and layout of the enclosed forms.

I look forward to your approval for use of the above-referenced forms in the State of Arkansas. Please contact me if you have any questions regarding this filing.

Thank you.

Sincerely,



Jeanine A. Berfeldt
Product Compliance Analyst
Tel: 651.665.4460
Fax: 651.665.5424
Email: jeanine.berfeldt@securian.com

Manual of Variable Text

Single Premium Accidental Death and Dismemberment Insurance Forms 08-50539T, 08-50542, 08-50540T.3 and 08-50541

GROUP SINGLE PREMIUM ACCIDENTAL DEATH AND DISMEMBERMENT POLICY 08-50539T:

1. Page 1 - [Administrative Office] may be changed to reflect a change in our administrative office, or it may be removed entirely if an administrative office will not be used.
2. Page 1 – the name of the policyholder [SunTrust Bank] may be changed if the trustee changes its name or a new trustee is named.
3. Page 2 - The reference to [under age 76 on the termination date] within the definition of “insured” may be changed to reflect a different termination age, or removed entirely if there is no termination age .
4. Page 2 - The reference to [90] days within the “Accidental Death and Dismemberment Benefit” section has a numeric value of 90 or 180 days.
5. Page 3 - The reference to [50%] within the “What is the amount of the accidental dismemberment benefit?” provision will have a numeric value ranging from 25% to 100%.
6. Page 3 - The reference to [our designated administrative office] within the “When will the accidental death or accidental dismemberment benefit be payable?” provision may be changed to reflect a change in our administrative office, or it may be removed entirely if an administrative office will not be used.
7. Page 3 - The [4%] can either increase or decrease, but will always meet all state mandated requirements (i.e. statutory maximums and minimums).
8. Page 4 – The reference to [our designated administrative office] within the “Can the insured change the beneficiary?” provision will vary depending on whether an administrative office has been designated, or whether our home office will be used.
9. Page 4 - The reference to [our designated administrative office] within the “When must notice of claim be given?” provision will vary depending on whether an administrative office has been designated, or whether our home office will be used.
10. Page 5 – The reference to [\$300,000] may be increased or decreased.
11. Page 5 - The reference to [the insured’s attainment of age 76] within the “Termination” section may be changed, or removed entirely if there is no termination age.

PLAN SPONSOR’S APPLICATION 08-50542

1. [Administrative Office] may be changed to reflect a change in our administrative office, or it may be removed entirely if an administrative office will not be used.
2. The reference to [under age 76 on the termination date] within the Eligibility section may be changed, or removed entirely if there is no termination age.
3. The term of coverage amounts may vary by client.
4. The reference to [\$100,000] may vary by client.

GROUP SINGLE PREMIUM ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE 08-50540T.3

1. Page 1 - [Administrative Office] may be changed to reflect a change in our administrative office, or it may be removed entirely if an administrative office will not be used.
2. Page 1 – The reference to [Customer Assistance: For customer assistance, please call 1-800-849-4265] may be changed to reflect a different toll-free number, or it may be removed entirely.
3. Page 2 - The reference to [under age 76 on the termination date] within the definition of “insured” may be changed, or removed entirely if there is no termination date .
4. Page 3 - The reference to [90] days within the “Accidental Death and Dismemberment Benefit” section will have a numeric value of 90 or 180 days.
5. Page 3 - The reference to [50%] within the “What is the amount of the accidental dismemberment benefit?” provision will have a numeric value ranging from 25% to 100%.
6. Page 3 - The reference to [our designated administrative office] within the “When will the accidental death or accidental dismemberment benefit be payable?” provision may be changed to reflect a change in our administrative office, or it may be removed entirely if an administrative office will not be used.
7. Page 3 - The [4%] can either increase or decrease, but will always meet state mandated requirements (i.e. statutory maximums and minimums).
8. Page 4 – The reference to [our designated administrative office] within the “Can you change the beneficiary?” provision will vary depending on whether an administrative office has been designated, or whether our home office will be used.
9. Page 4 - The reference to [our designated administrative office] within the “When must notice of claim be given?” provision will vary depending on whether an administrative office has been designated, or whether our home office will be used.
10. Page 5 – The reference to [\$300,000] may be increased or decreased.
11. Page 5 - The reference to [your attainment of age 76] within the “Termination” section may be changed, or removed entirely if there is no termination age .

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE APPLICATION 08-50541

1. [Administrative Office] may be changed to reflect a change in our administrative office, or it may be removed entirely if an administrative office will not be used.
2. [Customer Number] may be changed to “Policy Number”, “Loan Number”, or something similar.
3. [Agency Code] may be changed to “Branch Code”, or something similar.
4. [Term of Insurance] may change to show different term options.
5. [Plan Sponsor] may be changed to “Policyholder” or something similar.
6. The placement and format of information may vary depending on marketing and client needs (i.e. paper size, organization of information, method of distribution or production, color, etc.). Graphics or images may also be added depending on marketing and client needs.