

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
 Company Tracking Number: CLI149  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-149-AR (8/09), SERFF Tr Num: GRJR-126308388 State: Arkansas  
 Termsetter ROP 2010

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 43798  
 Closed

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: CLI149 State Status: Approved-Closed  
 Fixed/Indeterminate Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah Naegele, Cindy Traurig, Karen Eichler  
 Disposition Date: 11/05/2009

Date Submitted: 10/15/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 12/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Number: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: Our domicile state, Ohio, was included in our IIPRC filing on September 15, 2009.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 11/05/2009

Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 10/16/2009  
 Created By: Jennifer Henley  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Karen Eichler  
 Filing Description:  
 FEIN: 31-1213778  
 NAIC: 0244-76236

*SERFF Tracking Number:* GRJR-126308388      *State:* Arkansas  
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**Subject:**

The Cincinnati Life Insurance Company  
Individual Life Form  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

Dear Sir or Madam:

We are submitting the above-captioned form for your review and approval. This form is new and does not replace any previously approved form. The implementation date for this policy form will be December 1, 2009, or upon your approval, if earlier.

This form will be marketed by an independent agency force to the general public for general life insurance purposes. There are no marketing or issue restrictions from our normal sales practices.

The policy form is sex-distinct and we confirm that it will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

This policy develops cash values which are paid at the end of the Guaranteed Term Period, resulting in a full return of premium benefit. The cash value is also paid upon a conversion or surrender that takes place prior to the end of the Guaranteed Term Period.

Nothing in this form has been previously disapproved by your Department. Please be assured that this filing contains no unusual or possibly controversial items from our normal Company practice of industry standards.

The policy form will not be marketed with an illustration.

Form CLI-1030, Application for Life Insurance, previously approved by your Department on 6/20/2008 will be used when applying for the submitted policy. We reserve the right to use other appropriate approved application forms in the future.

A Flesch Score Readability Analysis was done, and the test score is 50.4.

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

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Karen Eichler AIS, API  
 Analyst, Life Forms and Filing  
 Life Forms Administration  
 The Cincinnati Life Insurance Company  
 Phone: 513-870-2000 x-4386  
 Fax: 513-371-7264

## Company and Contact

### Filing Contact Information

Karen Eichler AIS, API, Analyst karen\_eichler@cinfin.com  
 P. O. Box 145496 513-870-2000 [Phone] 4386 [Ext]  
 Cincinnati, OH 45250-5496 513-881-8984 [FAX]

### Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio  
 6200 S. Gilmore Road Group Code: 244 Company Type:  
 Fairfield, OH 45014 Group Name: State ID Number:  
 (513) 870-2654 ext. [Phone] FEIN Number: 31-1213778

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 policy form X \$50.00 each  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	10/15/2009	31317457

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 Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2009	11/05/2009
Approved-Closed	Linda Bird	10/26/2009	10/26/2009
Approved-Closed	Linda Bird	10/16/2009	10/16/2009

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Jennifer Henley	11/04/2009	11/04/2009
Form	Level Term Insurance Policy with Return Of Policy Value	Karen Eichler	10/23/2009	10/23/2009
Supporting Document	Life & Annuity - Actuarial Memo	Karen Eichler	10/23/2009	10/23/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
11-3-09 Revised SOV	Note To Filer	Linda Bird	11/04/2009	11/04/2009
11-3-09 Revised SOV	Note To Reviewer	Deborah Naegele	11/03/2009	11/03/2009

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*Project Name/Number:* Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

Re-opening of filing	Note To Filer	Linda Bird	10/23/2009 10/23/2009
Re-opening of filing	Note To Reviewer	Cindy Traurig	10/22/2009 10/22/2009

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*Project Name/Number:* Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## **Disposition**

Disposition Date: 11/05/2009

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted revised Statement of Variability.

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
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 Company Tracking Number: CLI149  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
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Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Certification of Compliance		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form (revised)	Level Term Insurance Policy with Return Of Policy Value		Yes
Form	Level Term Insurance Policy with Return Of Policy Value	Replaced	Yes

*SERFF Tracking Number:* GRJR-126308388      *State:* Arkansas  
*Filing Company:* The Cincinnati Life Insurance Company      *State Tracking Number:* 43798  
*Company Tracking Number:* CLI149  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.213 Specified Age or Duration -  
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*Project Name/Number:* Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## **Disposition**

Disposition Date: 10/26/2009

Implementation Date:

Status: Approved-Closed

Comment: Company has revised policy and act memo on the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
 Company Tracking Number: CLI149  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Certification of Compliance		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form (revised)	Level Term Insurance Policy with Return Of Policy Value		Yes
Form	Level Term Insurance Policy with Return Of Policy Value	Replaced	Yes

*SERFF Tracking Number:* GRJR-126308388      *State:* Arkansas  
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*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
*Product Name:* Form CLI-149-AR (8/09), Termsetter ROP 2010  
*Project Name/Number:* Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## **Disposition**

Disposition Date: 10/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
 Company Tracking Number: CLI149  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Certification of Compliance		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form (revised)	Level Term Insurance Policy with Return Of Policy Value		Yes
Form	Level Term Insurance Policy with Return Of Policy Value	Replaced	Yes

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
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Company Tracking Number: CLI149  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
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Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

**Amendment Letter**

Submitted Date: 11/04/2009

**Comments:**

Dear Ms Bird,

It has now been determined to revise the substandard language which appears when a policy is issued as rated. For table-rated cases, rather than show "150% Factor", for example, under the Rated premium class on the specifications pages, we will show a rate. In this example, "\$.86 per \$1,000 additional rating charge annually for life of policy" will appear.

As our previously submitted Statement of Variability included substandard language for each type of rating, we are revising the Statement of Variability to accurately reflect the rated language changes.

Thank you,  
Jenny Henley  
513-870-2251

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

AR CLI-149 REVISED 11-3-09 Statement of Variability with Ranges.pdf

*SERFF Tracking Number:* GRJR-126308388      *State:* Arkansas  
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Fixed/Indeterminate Premium - Single Life  
*Product Name:* Form CLI-149-AR (8/09), Termsetter ROP 2010  
*Project Name/Number:* Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

**Note To Filer**

**Created By:**

Linda Bird on 11/04/2009 09:18 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

11/04/2009 09:18 AM

**Subject:**

11-3-09 Revised SOV

**Comments:**

Filing has been reopened.

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
Company Tracking Number: CL1149  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

**Note To Reviewer**

**Created By:**

Deborah Naegele on 11/03/2009 02:50 PM

**Last Edited By:**

Deborah Naegele

**Submitted On:**

11/03/2009 02:50 PM

**Subject:**

11-3-09 Revised SOV

**Comments:**

Ms. Bird,

It has now been determined to revise the substandard language which appears when a policy is issued as rated. As our previously submitted Statement of Variability included substandard language for each type of rating, for compliance and correctness we would like to attach our Revised Statement of Variability that accurately reflects how rated policy language will appear.

I apologize in advance for any inconvenience this will cause and respectfully ask if this approved filing may be re-opened to allow this attachment. We assure we have not issued any policies (rated or non-rated) with the previously approved policy form.

Thank you sincerely for your trouble!

Deb Naegele

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
Company Tracking Number: CL1149  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## **Amendment Letter**

Submitted Date: 10/23/2009

### **Comments:**

Upon review, we would like to make a few changes to our policy form as listed below. Please find our revised policy form and revised actuarial memorandum attached.

We assure we have not issued any policies with this previously approved policy form.

1) We have determined we do not wish to include the rated portion of premiums within the return of premium benefit. Therefore, we have revised the second sentence of the policy language within the definition of Cash Value Premium to reflect this:

This does not include the rated portion of premiums and premiums paid for riders or endorsements attached to and made a part of this Policy.

2) The actuarial memorandum has also been revised accordingly to exclude the rated portion of premiums from the return of premium benefit.

3) Due to an internal procedural change, we have revised the Assignment provision to consistently correspond with the effective date now being the date the owner signs the form, rather than the date we received it. This provision now reads as:

The owner may assign this Policy by requesting, completing and returning our Conditional Assignment of Policy form to our Home Office or our authorized agent. In lieu of our Conditional Assignment of Policy form, at the owner's request, we may accept an assignment form from a financial institution if signed by the owner.

Assignments, unless otherwise specified by the owner, shall take effect on the date our Conditional Assignment of Policy form (or other accepted assignment form) is signed by the owner, subject to any payments made or actions taken by us prior to receipt of such form.

We are not responsible for the validity of any assignment. The rights of the owner and beneficiary will be subject to the rights of any assignee.

Thank you for your assistance and continued review.

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 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Form CLI-149-AR (8/09)	Policy/Contract/Certificate	Level Term Insurance Policy with Return Of Policy Value	Initial				50.400	Form CLI-149-AR 8-09, REVISED Level Term Insurance Policy with Return of Policy Value.pdf

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Life & Annuity - Actuarial Memo**

Comment:  
 CLI-149 REVISED Act Memo & Appendices.pdf

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*Project Name/Number:* Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

**Note To Filer**

**Created By:**

Linda Bird on 10/23/2009 09:01 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

10/23/2009 09:01 AM

**Subject:**

Re-opening of filing

**Comments:**

Filing has been re-opened in order for revisions to be submitted.

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Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

**Note To Reviewer**

**Created By:**

Cindy Traurig on 10/22/2009 02:14 PM

**Last Edited By:**

Cindy Traurig

**Submitted On:**

10/22/2009 02:14 PM

**Subject:**

Re-opening of filing

**Comments:**

Dear Ms. Bird,

As I indicated in our phone conversation, we are requesting that this filing be re-opened. We would like to make the following revisions:

- 1) Change the Assignment provision due to an internal procedural change. The assignment will not be effective on the date the owners signs the assignment form, rather than the date we receive it.
- 2) On the return benefit, we do not wish to return the substandard (rated) premium amounts. Note: a revised Act Memo will also be filed.

Thanks,

Cindy Traurig

Senior Filings Specialist

The Cincinnati Life Insurance Company

Phone: 513-870-2000 ext 4016

Fax: 513-881-8885

E-mail: cindy\_traurig@cinfin.com

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
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## Form Schedule

### Lead Form Number: Form CLI-149 (8/09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-149-AR (8/09)	Policy/Cont ract/Fraternal Certificate	Level Term Insurance Policy with Return Of Policy Value	Initial		50.400	Form CLI-149-AR 8-09, REVISED Level Term Insurance Policy with Return of Policy Value.pdf

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
Home Office: FAIRFIELD, OHIO 45014-5141  
(513) 870-2000

**RIGHT TO EXAMINE POLICY**

**We want you to be satisfied with this Policy you have purchased. We urge you to examine it closely. If, for any reason, you are not satisfied, you may return this Policy to us or to any of our agents within twenty days after you have received it. If this Policy is a replacement policy, you may return it within thirty days after you have received it in the same manner. We will cancel it and refund all of the premium you paid.**

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We will pay the Death Benefit to your Beneficiary upon receipt at our Home Office of due proof, as provided by this Policy, that your death occurred while this Policy was in force. Any premium paid in advance for any period beyond the end of the policy month in which death occurred will be refunded. If the proceeds are not paid within 30 days from the date due proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until the proceeds are paid. We will require surrender of this Policy in the course of any settlement.

Executed at our Home Office in Cincinnati, Ohio.



**Secretary**



**President**

**Level Term Life Insurance Policy with Return of Policy Value**

Renews Each Policy Anniversary Until the Expiry Date

Stated on the Policy Specifications Page

Indeterminate Premium

Policy Value Paid at End of Guaranteed Term Period

Convertible to the Policy Anniversary

Stated on the Policy Specifications Page

Premiums Payable to Expiry Date

Nonparticipating

INSURED: [JOHN DOE]  
POLICY NUMBER: [1234567]



THE CINCINNATI LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

BENEFIT	AMOUNT OF BENEFIT	DURATION OF PREMIUM PAYMENTS	INITIAL PREMIUM PER GUARANTEED TERM PERIOD	YEAR OF EXPIRY
LEVEL TERM W/RET OF POL VAL	[100,000.00]	[64] YEARS (1)	[368.00]	[2073] (2)

GUARANTEED TERM PERIOD	[30] YEARS
CONVERSION DATE	[08/01/2044] (3)
LOAN INTEREST RATE	8.0% PER YEAR IN ARREARS
REINSTATEMENT INTEREST RATE	6.0% PER YEAR
MINIMUM SETTLEMENT OPTION INTEREST RATE	1.0%

- (1) PREMIUMS ARE PAYABLE FOR THE PERIOD, WHILE THE INSURED IS LIVING, FROM THE POLICY DATE FOR THE NUMBER OF POLICY YEARS STATED.
- (2) BENEFIT WILL EXPIRE ON THE POLICY ANNIVERSARY IN THE YEAR SHOWN.
- (3) CONVERSION DATE IS THE POLICY ANNIVERSARY NEXT FOLLOWING YOUR 70<sup>TH</sup> BIRTHDAY.

POLICY NUMBER	[1234567]	DATE OF ISSUE	[08/01/2009]
INSURED	[JOHN DOE]	POLICY DATE	[08/01/2009]
GENDER	[MALE]	EXPIRY DATE	[08/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT [100,000.00]

LEVEL TERM WITH RETURN OF POLICY VALUE

[PRE-AUTHORIZED WITHDRAWAL]	
[ANNUAL] PREMIUM INTERVALS	[368.00]
INITIAL PREMIUM TOTAL	

OWNER - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

BENEFICIARY - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

[STANDARD] PREMIUM CLASS - [ULTRA STANDARD]

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

LEVEL TERM WITH RETURN OF POLICY VALUE

Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*
[35]	[368.00]	[60]	[368.00]	[85]	[23,966.00]		
[36]	[368.00]	[61]	[368.00]	[86]	[26,518.00]		
[37]	[368.00]	[62]	[368.00]	[87]	[29,276.00]		
[38]	[368.00]	[63]	[368.00]	[88]	[32,208.00]		
[39]	[368.00]	[64]	[368.00]	[89]	[35,284.00]		
[40]	[368.00]	[65]	[3,246.00]	[90]	[38,348.00]		
[41]	[368.00]	[66]	[3,556.00]	[91]	[41,364.00]		
[42]	[368.00]	[67]	[3,880.00]	[92]	[44,524.00]		
[43]	[368.00]	[68]	[4,222.00]	[93]	[47,856.00]		
[44]	[368.00]	[69]	[4,606.00]	[94]	[51,366.00]		
[45]	[368.00]	[70]	[5,054.00]	[95]	[54,842.00]		
[46]	[368.00]	[71]	[5,598.00]	[96]	[58,236.00]		
[47]	[368.00]	[72]	[6,234.00]	[97]	[61,852.00]		
[48]	[368.00]	[73]	[6,904.00]	[98]	[65,708.00]		
[49]	[368.00]	[74]	[7,624.00]				
[50]	[368.00]	[75]	[8,408.00]				
[51]	[368.00]	[76]	[9,292.00]				
[52]	[368.00]	[77]	[10,320.00]				
[53]	[368.00]	[78]	[11,514.00]				
[54]	[368.00]	[79]	[12,852.00]				
[55]	[368.00]	[80]	[14,344.00]				
[56]	[368.00]	[81]	[15,966.00]				
[57]	[368.00]	[82]	[17,684.00]				
[58]	[368.00]	[83]	[19,560.00]				
[59]	[368.00]	[84]	[21,646.00]				

\*THE PREMIUMS FOR ANY ADDITIONAL BENEFITS LISTED ON PAGE 2 ARE INCLUDED. IF THE POLICY IS OF A RATED PREMIUM CLASS, THE EXTRA PREMIUMS ARE INCLUDED.

THIS PREMIUM IS THE MAXIMUM PREMIUM. IN ACCORDANCE WITH THE AMOUNT OF PREMIUM PROVISION, YOUR PREMIUM WILL NEVER BE GREATER THAN THE PREMIUM STATED ABOVE.

POLICY NUMBER	[1234567]	DATE OF ISSUE	[08/01/2009]
INSURED	[JOHN DOE]	POLICY DATE	[08/01/2009]
GENDER	[MALE]	EXPIRY DATE	[08/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT [100,000.00]

LEVEL TERM WITH RETURN OF POLICY VALUE

[STANDARD] PREMIUM CLASS - [ULTRA STANDARD]

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF VALUES

POLICY YEAR	BENEFIT	CASH VALUE PERCENTAGES	CASH VALUE	REDUCED PAID-UP TERM INSURANCE
[01]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[02]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[03]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[04]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[05]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[06]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[07]	[100,000.00]	[7.0%]	[180.32]	[1,000.00]
[08]	[100,000.00]	[14.2%]	[418.05]	[2,100.00]
[09]	[100,000.00]	[20.1%]	[665.71]	[3,200.00]
[10]	[100,000.00]	[25.2%]	[927.36]	[4,300.00]
[11]	[100,000.00]	[29.7%]	[1,202.26]	[5,300.00]
[12]	[100,000.00]	[33.8%]	[1,492.61]	[6,300.00]
[13]	[100,000.00]	[37.6%]	[1,798.78]	[7,300.00]
[14]	[100,000.00]	[41.1%]	[2,117.47]	[8,300.00]
[15]	[100,000.00]	[44.6%]	[2,461.92]	[9,200.00]
[16]	[100,000.00]	[47.9%]	[2,820.35]	[10,100.00]
[17]	[100,000.00]	[51.1%]	[3,196.82]	[11,000.00]
[18]	[100,000.00]	[54.3%]	[3,596.83]	[11,900.00]
[19]	[100,000.00]	[57.5%]	[4,020.40]	[12,800.00]
[20]	[100,000.00]	[60.8%]	[4,474.88]	[13,700.00]
[21]	[100,000.00]	[64.0%]	[4,945.92]	[14,600.00]
[22]	[100,000.00]	[67.4%]	[5,456.70]	[15,500.00]
[23]	[100,000.00]	[70.9%]	[6,000.98]	[16,500.00]
[24]	[100,000.00]	[74.5%]	[6,579.84]	[17,400.00]
[25]	[100,000.00]	[78.2%]	[7,194.40]	[18,400.00]
[26]	[100,000.00]	[82.1%]	[7,855.33]	[19,400.00]
[27]	[100,000.00]	[86.2%]	[8,564.83]	[20,400.00]
[28]	[100,000.00]	[90.5%]	[9,325.12]	[21,500.00]
[29]	[100,000.00]	[95.1%]	[10,149.07]	[22,600.00]
[30]	[100,000.00]	[100.0%]	[11,040.00]	[23,800.00]
[31]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[AGE 60]	[100,000.00]	[82.1%]	[7,855.33]	[19,400.00]
[AGE 62]	[100,000.00]	[90.5%]	[9,325.12]	[21,500.00]
[AGE 65]	[100,000.00]	[0.0%]	[0.00]	[0.00]

POLICY NUMBER [1234567]  
 INSURED [JOHN DOE]  
 GENDER [MALE]  
 AGE [35]

BASIS OF VALUES: NONFORFEITURE VALUES ARE COMPUTED BY THE STANDARD NONFORFEITURE METHOD WITH INTEREST AT [5%] PER ANNUM IN ACCORDANCE WITH THE COMMISSIONERS' 2001 STANDARD ORDINARY ULTIMATE ALB [MALE] [NONSMOKER] MORTALITY TABLE.

THE CINCINNATI LIFE INSURANCE COMPANY

PREMIUM MODAL FACTORS

PREMIUM PAYMENT PERIOD TO AGE 99

MODAL PREMIUM AT DATE OF ISSUE [368.00]

PREMIUM MODE AT DATE OF ISSUE [PRE-AUTHORIZED WITHDRAWAL]  
[ANNUAL]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE OF: 1) THE LOSS OF INTEREST THE COMPANY WOULD EARN IF THE ANNUAL PREMIUM WERE PAID IN ONE LUMP SUM AT THE START OF THE YEAR; AND 2) THE ADDITIONAL COST OF COLLECTING THE PERIODIC PREMIUMS.

THE FOLLOWING SHOW HOW EACH AVAILABLE PREMIUM MODE WILL AFFECT YOUR FIRST-YEAR PREMIUM. ANNUAL DIFFERENCES FOR PREMIUM PAYMENT MODES OTHER THAN ANNUAL WILL SIMILARLY OCCUR IN SUBSEQUENT YEARS.

PREMIUM MODE	PREMIUM	ADDITIONAL COST FROM ANNUAL	ANNUAL % RATE	MODE FACTOR
ANNUAL	[368.00]	[0.00]	[0.0%]	[1.0000]
SEMI-ANNUAL	[189.52]	[11.04]	[12.4%]	[.5150]
QUARTERLY	[97.52]	[22.08]	[16.1%]	[.2650]
MONTHLY	[33.12]	[29.44]	[17.2%]	[.0900]
PRE-AUTHORIZED WITHDRAWAL	[32.38]	[20.56]	[12.1%]	[.0880]
LIST BILL	[32.38]	[20.56]	[12.1%]	[.0880]

## TABLE OF CONTENTS

POLICY SPECIFICATIONS.....	2
DEFINITIONS.....	8
Cash Value .....	8
Cash Value Premium .....	8
Death Benefit .....	8
Expiry Date.....	8
Indebtedness .....	8
In Writing .....	8
Policy.....	8
Policy Anniversary .....	8
Policy Date .....	8
Policy Value .....	8
BENEFIT.....	8
Death Benefit Provision.....	8
Return of Premium Benefit Provision .....	9
Termination of Return of Premium Benefit Provision .....	9
PREMIUM PAYMENTS .....	9
General .....	9
Amount of Premium.....	9
Change of Premium .....	9
Grace Period.....	10
Payment Frequency .....	10
Reinstatement.....	10
POLICY LOANS .....	10
General .....	10
Loan Amount .....	10
Loan Interest.....	11
Automatic Premium Loan Option.....	11
POLICY VALUE .....	11
Policy Value Options .....	12
Option Descriptions .....	12
Automatic Option .....	12
Basis of Values .....	13
Table of Values.....	13
POLICY CONTROL .....	13
Ownership.....	13
Change of Owner .....	13
Assignment.....	13
BENEFICIARY.....	13
Change of Beneficiary.....	14
No Named Beneficiary .....	14
THE CONTRACT .....	14
Entire Contract.....	14
Modification.....	14
Nonparticipation.....	14
Misstatement of Age or Gender .....	14
Suicide.....	14
Incontestability .....	14
TERMINATION.....	14
CONVERSION PRIVILEGE.....	15
General .....	15
Conversion Policy.....	15

SETTLEMENT PROVISIONS..... 16  
    General ..... 16  
    Election..... 16  
    Settlement Options ..... 16  
TABLES FOR OPTIONS ..... 17

## DEFINITIONS

In this Policy, the insured will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we," or "our."

### **Cash Value**

means the Cash Value of this Policy shown in the Table of Values page of the Policy Specifications. The calculation of the Cash Value is described in the Cash Value section of this Policy.

### **Cash Value Premium**

means the amount of premium you have paid on this Policy before the end of the Guaranteed Term Period shown in the Policy Specifications. This does not include the rated portion of premiums and premiums paid for riders or endorsements attached to and made a part of this Policy.

### **Death Benefit**

means the Amount of Benefit stated in the Policy Specifications unless otherwise provided in this Policy.

### **Expiry Date**

means the date on which insurance terminates because of expiration of a Term Period. It is shown in the Policy Specifications.

### **Indebtedness**

means all outstanding loans on this Policy including any interest due or accrued.

### **In Writing**

means in a written form satisfactory to us and received at our Home Office.

### **Policy**

means the legal contract between you and us.

### **Policy Anniversary**

means an anniversary of the Policy Date. Policy years and Policy months are measured from the Policy Date.

### **Policy Date**

means the date that this Policy becomes effective. It is shown in the Policy Specifications. Premium due dates, Policy months, years and anniversaries are measured from this date.

### **Policy Value**

means the Cash Value of this Policy less any Indebtedness.

## BENEFIT

### **Death Benefit Provision**

We will pay a Death Benefit to the beneficiary of this Policy on your death. The amount of the Death Benefit will be the Death Benefit shown in the Policy Specifications, less any Indebtedness.

The Policy proceeds will include the refund of premium paid for any period beyond the end of the Policy month if death occurs during such period.

### **Return of Premium Benefit Provision**

We will automatically pay you the Policy Value of this Policy at the end of the Guaranteed Term Period shown in the Policy Specifications provided:

1. This Policy is in force; and
2. You are living.

Upon payment of the Policy Value at end of the Guaranteed Term Period as shown in the Policy Specifications, this Policy will continue in force as long as the required premiums are paid.

### **Termination of Return of Premium Benefit Provision**

The Return of Premium Benefit provision may only be terminated upon:

1. The termination of this Policy as stated in the Termination section of this Policy, or
2. The date that any Policy Value Option takes effect.

If the Children's Term Life Insurance Rider is attached to this Policy, the payment of death benefits on any insured covered under this rider will not trigger the termination of this Policy or the Return of Premium Benefit Provision.

If the Accelerated Benefit Rider is attached to this Policy, the Policy Value paid under the Return of Premium Benefit Provision and the Cash Values of this Policy will be reduced if an Accelerated Benefit is paid, and the reduction will be consistent with the terms of the Accelerated Benefit Rider.

## **PREMIUM PAYMENTS**

### **General**

All premiums are payable in advance as shown in the Policy Specifications either:

1. At our Home Office; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

The first premium is due on the Policy Date. Each premium after the first is due at the end of the period for which the preceding premium was paid.

### **Amount of Premium**

The initial premium payable under this Policy is as shown in the Policy Specifications. The initial premium will not be increased above that shown.

### **Change of Premium**

At the end of the Guaranteed Term Period as shown in the Policy Specifications, we may change the premium to an amount not greater than the Maximum Premium stated in the Table of Guaranteed Maximum Annual Premiums as shown in the Policy Specifications. Any change in premium will be at our sole discretion and apply to all policies in the same class in which this Policy is issued. Changes will be based on future anticipated or emerging experience based on the experience factors of investment earnings, mortality, persistency, taxes and expenses. We will give written notice to you at your last known address of any change of premium before the Policy Anniversary after which the change of premium becomes effective. Any change in premium will not change any values or benefits listed in the Policy Specifications. Such change will not affect any premium payable for any rider attached to this Policy.

If we change the premium for any Policy year, we will use your original issue age, premium class, and the duration of this Policy to determine any premium payable for any subsequent year.

### **Grace Period**

We will allow a grace period of 31 days after the due date for payment of each premium after the first. This Policy will continue in force during the grace period. If you die during the grace period, the unpaid premium will be deducted from the Death Benefit. If the premium remains unpaid at the end of the grace period, this Policy will terminate, except as provided under the Policy Value Options provision of this Policy.

### **Payment Frequency**

You may change the frequency of premium payments, provided:

1. You notify us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

If you elect to pay premiums other than annually, the total amount of the premium you pay each year will be greater than the annual premium. The Premium Modal Factors page of the Policy Specifications shows each available frequency and the additional cost for frequencies other than annual for the first year. The premiums for subsequent years will be equally affected.

A change in the frequency of premium payments may affect Cash Value accumulation and the amount of Policy Value payable at the end of the Guaranteed Term Period or upon surrender or conversion.

### **Reinstatement**

This Policy may be reinstated at any time within five years after the due date of the first unpaid premium, provided:

1. This Policy was not surrendered for its Policy Value;
2. Evidence of insurability satisfactory to us is furnished;
3. A written application for reinstatement is submitted to us;
4. Past due premiums with interest at the rate as stated in the Policy Specifications are paid; and
5. All Indebtedness is paid or reinstated.

When this Policy is reinstated, a new two-year contestable period will apply with respect to material misrepresentations made in the application for reinstatement.

## **POLICY LOANS**

### **General**

You may borrow against this Policy at any time it is in force, provided:

1. A request is made In Writing; and
2. This Policy is assigned to us as sole security.

We may defer a loan for up to six months unless it is to be used to pay premiums to us.

You may repay loans as desired while this Policy is in force.

### **Loan Amount**

The loan amount may not exceed the Policy Value on the date we grant the loan. Before advancing the loan amount, we may use a portion of it to pay the following:

1. Interest on Indebtedness to the end of the Policy year; and
2. Any premiums due on or before the next Policy Anniversary.

Indebtedness may not exceed the Cash Value. If it does, this Policy will terminate 31 days after we have mailed notice to your last known address and that of any assignee.

### **Loan Interest**

Loan interest is payable at the earlier of:

1. The end of each Policy year; or
2. When the Indebtedness is repaid in full.

Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

The maximum rate of loan interest is shown in the Policy Specifications. We may charge a lower rate of interest.

### **Automatic Premium Loan Option**

If you elect this option, we will automatically process a loan to pay any past due premium. The loan will bear interest from the due date of the premium.

You may elect this option by requesting it In Writing while no premium is overdue beyond its grace period. The option will cease to operate on the earlier of the following:

1. When you revoke the election In Writing; or
2. When this Policy does not have sufficient Policy Value for at least the past due premiums.

You may resume premium payments at any time while this Policy is continued in force under this option.

## **POLICY VALUE**

The Cash Value of this Policy, while not continued as reduced paid-up term insurance, is the Cash Value Premium multiplied by the Cash Value Percentages for that Policy year as shown in the Table of Values.

We will automatically pay you the Policy Value of this Policy at the end of the Guaranteed Term Period shown in the Policy Specifications as provided in the Return of Premium Benefit Provision of this Policy.

The Policy Value, if any, is also payable upon:

1. Conversion of this Policy as provided in the Conversion Privilege provision of this Policy;  
or
2. Receipt of your request In Writing to terminate this Policy.

The Policy Value and paid-up nonforfeiture benefits available in this Policy are not less than the minimum values and benefits required by the state in which this Policy is delivered.

**Policy Value Options**

If you stop paying premiums while this Policy has a Policy Value, you may choose one of the following options:

Option A--Surrender for Cash

Option B--Continue as Reduced Paid-Up Term Insurance

Please read the Option Descriptions carefully so you will understand the provisions of each Option. You must notify us of your choice In Writing within 60 days after the date to which premiums are paid. If this Policy has no Policy Value, it will terminate at the end of the grace period of the unpaid premium.

**Option Descriptions**

Option A--Surrender for Cash

If you choose this Option, you can surrender this Policy for its Policy Value by sending us a request In Writing along with this Policy. A surrender must take place during your lifetime and will be effective as of the monthly anniversary on or next following the date we receive your surrender request. We may defer payment of the Policy Value for up to six months. When we pay you the Policy Value, this Policy terminates. There is no Policy Value after the end of the Guaranteed Term Period.

The amount payable upon surrender is payable in one sum. We will refund 100% of any premium paid for the period beyond the Policy month of surrender.

Option B--Reduced Paid-Up Term Life Insurance

If you choose this Option, the insurance under this Policy will be payable under the same conditions as if you had continued paying premiums. The Death Benefit will be the amount the Policy Value will provide as a net single premium at your attained age on the due date of the unpaid premium. Any Indebtedness due to loans made on or after such due date will be deducted from the Death Benefit. The net single premium will be determined on the basis of values. The amount of reduced paid-up term life insurance available after the Guaranteed Term Period will be zero because there is no Policy Value after the Guaranteed Term Period.

The Cash Value of the reduced paid-up term life insurance is the attained age net single premium for the reduced Death Benefit using the same mortality table and interest rate used to calculate the amount of the reduced Death Benefit.

If Option B is elected, this Policy will remain in force as reduced paid-up life insurance until the year of expiry shown in the Policy Specifications. While it is in force as reduced paid-up life insurance, you may surrender it for its Policy Value. We may defer payment of the Policy Value for up to six months. When we pay you the Policy Value, this Policy terminates.

Any coverage provided by a rider made a part of this Policy will end while this Policy is kept in force as reduced paid-up term life insurance.

**Automatic Option**

If a premium is not paid by the end of its grace period, the Automatic Option to be effective, unless you elect otherwise, will be Option B.

**Basis of Values**

Cash Values equal or exceed minimum Cash Values based on the Standard Nonforfeiture Law for Life Insurance. The method of calculation has been filed with the Insurance Department of the state in which this Policy is delivered.

All values, present values and net single premiums in this Policy are based on:

1. Age last birthday;
2. Mortality tables and interest rates shown in the Policy Specifications;
3. The assumption that death occurs at the end of the Policy year; and
4. The exclusion of any benefits provided by rider.

While this Policy is being continued as reduced paid-up term life insurance option, the Cash Value will be based on the nonforfeiture mortality table and interest rate shown in the Policy Specifications. If this Policy is surrendered within 30 days after a Policy Anniversary while it is in force as reduced paid-up term life insurance, the Cash Value will be not less than the Cash Value on the anniversary.

**Table of Values**

The values in the Table of Values apply at the end of the Policy year shown, provided:

1. All premiums are paid to that date; and
2. There is no Indebtedness.

At any time during a Policy year, we will compute the values allowing for the premiums paid during that Policy year. For Policy years not shown, we will furnish values on request.

**POLICY CONTROL****Ownership**

You are the owner of this Policy unless:

1. Another person is designated as owner in the application; or
2. A new owner has been designated as provided in the Change of Owner provision.

All of the insured's rights belong to the owner.

**Change of Owner**

The owner may designate a new owner by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

**Assignment**

The owner may assign this Policy by requesting, completing and returning our Conditional Assignment of Policy form to our Home Office or our authorized agent. In lieu of our Conditional Assignment of Policy form, at the owner's request, we may accept an assignment form from a financial institution if signed by the owner.

Assignments, unless otherwise specified by the owner, shall take effect on the date our Conditional Assignment of Policy form (or other accepted assignment form) is signed by the owner, subject to any payments made or actions taken by us prior to receipt of such form.

We are not responsible for the validity of any assignment. The rights of the owner and beneficiary will be subject to the rights of any assignee.

**BENEFICIARY**

Your beneficiary is as stated in the application unless a new beneficiary has been designated as provided below.

### **Change of Beneficiary**

The owner may change the beneficiary by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

### **No Named Beneficiary**

If no named beneficiary survives you, then, unless this Policy provides otherwise:

1. The owner will be the beneficiary; or
2. If you are the owner, your estate will be the beneficiary.

## **THE CONTRACT**

### **Entire Contract**

The entire contract consists of this Policy, the application, the Policy Specifications, and any attached papers that we call riders, amendments or endorsements. A copy of the application is attached at issue. This contract is made in consideration of the application and the payment of premiums. We will not use any statement to void this Policy or to defend against a claim under it, unless that statement is contained in the attached written application. All statements in the application will, in the absence of fraud, be deemed representations and not warranties.

### **Modification**

The only way this contract may be modified is by a written agreement signed by our President or Secretary.

### **Nonparticipation**

This Policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

### **Misstatement of Age or Gender**

If your age or gender is misstated, we will adjust all benefits under this Policy. The adjusted benefits will be those the premium paid would have purchased at your correct age and gender, based on our rates in effect when this Policy was issued. If the misstatement of age results in an issue age which is not within our range of issue ages, we will extrapolate a premium and benefit.

### **Suicide**

If, within two years from the date of issue, you die by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid.

### **Incontestability**

We cannot contest this Policy after it has been in force, during your lifetime, for two years from its date of issue, except for:

1. Nonpayment of premiums; or
2. Any rider providing disability or accidental death benefits.

## **TERMINATION**

This Policy will terminate on:

1. The date the grace period ends without sufficient premium being paid;
2. The thirty-first day after we have mailed notice to you and any assignee that the Indebtedness exceeds the Cash Value;
3. The date of your request In Writing. In addition, we request you return this Policy to us;
4. The day following the end of the reduced paid-up term life insurance period, if this Policy remains in force as reduced paid-up term life insurance until that date;
5. The Expiry Date of this Policy shown in the Policy Specifications;

6. The date this Policy is converted to a new plan of insurance as provided in the Conversion Privilege provision of this Policy; or
7. The date of your death.

Premium received for a period after the date of termination will not cause this Policy to continue in force.

We will refund 100% of any premium paid for the period beyond the Policy month of termination.

If the Children's Term Life Insurance Rider is attached to this Policy, the payment of death benefits on any insured covered under this rider will not trigger the termination of this Policy or the Return of Premium Benefit Provision.

## **CONVERSION PRIVILEGE**

### **General**

While this Policy is in force you may surrender it for a new policy on your life, provided:

1. You request conversion, In Writing;
2. Your request is received prior to the Conversion Date shown in the Policy Specifications; and
3. You are not totally disabled as defined in any rider of this Policy providing waiver of premium.

Evidence of insurability will not be required under this conversion privilege.

### **Conversion Policy**

Your new policy will be on an individual, permanent life insurance plan that we make available for conversions. The Policy Date of the conversion policy will be the date of conversion. There will always be at least one plan available for conversion.

Coverage under this Policy terminates on the Policy Date of the conversion policy.

The Death Benefit of the new policy may not be:

1. More than the Amount of Benefit of this Policy on the date of conversion; nor
2. Less than the allowable minimum for the plan of insurance available.

The new policy will be issued under the same risk class as this Policy. If that risk class is not available for the new policy, the risk class which in our judgment most closely corresponds to the risk class of this Policy will be used. Premiums will be based on the rates used by us at the time of conversion. The first premium for the new policy will be due upon conversion.

The new policy will contain all optional benefit riders attached to this Policy provided:

1. Such riders are in force on this Policy on the date of conversion; and
2. We regularly issue such riders to individuals the same age as your age last birthday on the date of conversion.

The period of time stated in the suicide and incontestability provisions of any new policy to which this Policy is converted will run from the date of issue of this Policy.

## SETTLEMENT PROVISIONS

### General

The proceeds payable at death, surrender or the end of the Guaranteed Term Period may be paid in one sum. They may also be paid under one or more of the settlement options provided:

1. The total payment due is at least \$5,000.00; and
2. Each income payment provided by the option is at least \$50.00.

### Election

The payee may elect an option by notifying us In Writing. No settlement option will be available except with our consent if:

1. This Policy is assigned; or
2. The payee is a corporation, association, partnership, trustee, or estate.

The payee may change the election of an option by notifying us In Writing on or before the settlement date. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the settlement date, the payee may make an election at that time. If no election is made, the proceeds will be paid in one sum.

### Settlement Options

Option 1--Income For Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2--Life Income With Payments Guaranteed For Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the payee is alive. Payment will be guaranteed for ten years. If the payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3--Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this Option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

Option 4--Current Purchase Option:

If the payee is a natural person, the payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied. The payee may elect this option by making application, In Writing, within 31 days of the settlement date.

**TABLES FOR OPTIONS**  
**Monthly Income Per \$1,000.00 of Proceeds**

<b>TABLE A OPTION 1 Income for Fixed Period</b>		<b>TABLE B OPTION 2-Life Income With Payments Guaranteed For Ten years</b> The amount of Income is based on the gender and age last birthday of the payee on the date of the first payment.					
No. of Years	Monthly Income	Age	Men Certain Period 10 Years	Women Certain Period 10 Years	Age	Men Certain Period 10 Years	Women Certain Period 10 Years
1	\$83.71						
2	42.06						
3	28.18						
4	21.24						
5	17.07						
6	14.30						
7	12.31						
8	10.83						
9	9.67	50	\$2.96	\$2.73	68	\$4.87	\$4.44
10	8.75	51	3.03	2.79	69	5.03	4.59
11	7.99	52	3.10	2.85	70	5.19	4.75
12	7.36	53	3.18	2.92	71	5.36	4.92
13	6.83	54	3.25	2.99	72	5.54	5.09
14	6.37						
15	5.97						
16	5.63	55	3.34	3.06	73	5.71	5.27
17	5.32	56	3.42	3.14	74	5.89	5.46
18	5.05	57	3.51	3.22	75	6.08	5.66
19	4.81	58	3.61	3.30	76	6.26	5.86
20	4.59	59	3.71	3.39	77	6.44	6.07
21	4.39						
22	4.21						
23	4.05						
24	3.90	60	3.81	3.48	78	6.63	6.28
25	3.76	61	3.93	3.58	79	6.81	6.49
26	3.63	62	4.04	3.68	80	6.99	6.69
27	3.51	63	4.17	3.79	81	7.16	6.90
28	3.40	64	4.30	3.91	82	7.33	7.10
29	3.30						
30	3.21						
Annual Income is 11.787 times the monthly income.		65	4.43	4.03	83	7.48	7.29
Semiannual Income is 5.951 times the monthly income.		66	4.57	4.16	84	7.63	7.46
Quarterly Income is 2.990 times the monthly income.		67	4.72	4.29	85 and over	7.77	7.63

The first installment under all options will be payable as of the date of death or election of surrender value; however, provision to the contrary may be made in the settlement agreement.

Income payments and reserves under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the minimum settlement option interest rate shown in the Policy Specifications.

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

**Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496**

**Home Office: FAIRFIELD, OHIO 45014-5141  
(513) 870-2000**

**Level Term Life Insurance Policy with Return of Policy Value**

Renews Each Policy Anniversary Until the Expiry Date

Stated on the Policy Specifications Page

Indeterminate Premium

Policy Value Paid at End of Guaranteed Term Period

Convertible to the Policy Anniversary

Stated on the Policy Specifications Page

Premiums Payable to Expiry Date

Nonparticipating

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
 Company Tracking Number: CLI149  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR CLI149AR0809 Flesch Score Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Application fir Life Insurance is attached, previously reviewed by your Department June, 20, 2008.		
<b>Attachment:</b> Form CLI-1030.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification of Compliance		
<b>Comments:</b>		
<b>Attachment:</b> AR Certification Of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> AR CLI-149 REVISED 11-3-09 Statement of Variability with Ranges.pdf		

**ARKANSAS CERTIFICATION**

This is to certify that the attached policy Form CLI-149-AR (8/09), Level Term Life Insurance  
Policy with Return of Policy Value

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has achieved a Flesch Reading Ease Score of 50.4  
respectively, 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.

September 18, 2009  
Date



Signature of Officer

Roger A. Brown, FSA, MAAA  
Name

Assistant Vice President  
Title

**THE CINCINNATI LIFE INSURANCE COMPANY**

P.O. Box 145496, Cincinnati, Ohio 45250-5496

**Application for Life Insurance**

**NEW**

**CHANGE**

**Please print or type all information**

<b>INSURED</b>	1. Proposed Insured (first, middle, last)		2. Birth Date		3. Gender <input type="checkbox"/> M <input type="checkbox"/> F		4. Height		5. Soc. Sec. No.						
			6. Birthplace (state)				7. Weight		8. Phone Home _____ Work _____						
	9. Street Address			Apt. #		City		State		Zip					
										10. Driver's Lic. No./State					
11. Has the Proposed Insured been a permanent resident of the United States or its territories for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39)															
12. Is the Proposed Insured actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39) Occupation _____ Employer _____ Hours Per Week _____															
<b>BENEFIT</b>	13. Primary Beneficiary					Relationship		14. Contingent Beneficiary					Relationship		
	15. Owner (if other than Proposed Insured)					Address			Relationship		16. Soc. Sec. No./EIN (if business)				
											17. E-mail Address				
	18. Plan					Face Amount			19. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B						
	20. Optional Benefit Riders														
	<input type="checkbox"/> Accidental Death Benefit \$ _____ Amount			<input type="checkbox"/> Children's Term (complete #37) _____ Units			<input type="checkbox"/> Insured Insurability (GPO) \$ _____ Amount			<input type="checkbox"/> Waiver of Premium/Cost of Insurance			<input type="checkbox"/> Accelerated Benefit (submit disclosure if required) Rider _____ Rider _____		
21. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> List Bill <input type="checkbox"/> Bank-O-Matic (complete authorization)															
22. Amount Remitted with Application \$ _____						23. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>COND. RECEIPT</b>	<b>CONDITIONAL RECEIPT QUESTIONS</b>														
	<b>If Questions 24, 25 or 26 Are Left Blank or Answered "Yes," a Premium Payment Cannot Be Accepted and Any Conditional Receipt Will Be Void.</b>														
												<b>Yes</b>	<b>No</b>		
	24. In the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted, scheduled surgery or had surgery performed or recommended?.....											<input type="checkbox"/>	<input type="checkbox"/>		
25. In the past two years, has the Proposed Insured been treated by a medical professional for heart disease, stroke, cancer or Acquired Immune Deficiency Syndrome (AIDS)? .....											<input type="checkbox"/>	<input type="checkbox"/>			
26. Does the Proposed Insured have any intention to travel outside the United States or Canada within the next 90 days? .....											<input type="checkbox"/>	<input type="checkbox"/>			
<b>PERSONAL HISTORY</b>	<b>GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #39</b>											<b>Yes</b>	<b>No</b>		
	27. Has the Proposed Insured:														
	a. In the last three years, flown or made plans to fly as a pilot, student pilot or crew member? (If "Yes," complete Aviation Questionnaire) .....											<input type="checkbox"/>	<input type="checkbox"/>		
	b. Traveled or resided outside the USA or Canada in the last two years, or have any intention of traveling or residing outside the USA or Canada within the next two years? .....											<input type="checkbox"/>	<input type="checkbox"/>		
	c. Engaged in sky or scuba diving, hang gliding, rock climbing or any form of motorized racing in the last three years, or have any intention of engaging in any of these activities within the next two years? (If "Yes," complete Sports Questionnaire) .....											<input type="checkbox"/>	<input type="checkbox"/>		
	d. Ever used heroin, cocaine (including crack), LSD, PCP, amphetamines, barbiturates, marijuana, any derivative of these drugs or any controlled substance except as prescribed by a medical professional? .....											<input type="checkbox"/>	<input type="checkbox"/>		
	e. Ever received or been advised to seek counseling for alcohol and/or drug abuse? .....											<input type="checkbox"/>	<input type="checkbox"/>		
	f. Ever been rated or declined for insurance or been denied reissue or reinstatement of a policy? .....											<input type="checkbox"/>	<input type="checkbox"/>		
	g. Ever been convicted of a felony? .....											<input type="checkbox"/>	<input type="checkbox"/>		
	h. In the last three years, had two or more traffic violations, been convicted of driving while intoxicated or under the influence of a controlled substance or ever had his/her license suspended or revoked? .....											<input type="checkbox"/>	<input type="checkbox"/>		
28. Does the Proposed Insured belong to or intend to join the armed forces including reserves? (If "Yes," complete Military Questionnaire) .....													<input type="checkbox"/>	<input type="checkbox"/>	
29. Has the Proposed Insured ever filed for bankruptcy? If "Yes," date(s) discharged _____													<input type="checkbox"/>	<input type="checkbox"/>	

**THE CINCINNATI LIFE INSURANCE COMPANY**

P.O. Box 145496, Cincinnati, Ohio 45250-5496

**In continuation of application for life insurance**

<b>PERSONAL HISTORY</b>	30. In the last ten years, has the Proposed Insured had or been told by a medical professional he/she had, any of the following? (If "Yes," check the items that pertain) ..... <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>						
	<input type="checkbox"/> Stroke	<input type="checkbox"/> Prostate disorder	<input type="checkbox"/> Lung or respiratory disorder				
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Disease of the reproductive organs				
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Digestive system disorder	<input type="checkbox"/> Deformity, lameness or amputation				
	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Mental or nervous disorder	<input type="checkbox"/> Muscle or connective tissue disorder				
	<input type="checkbox"/> Skin disorder	<input type="checkbox"/> Cancer or tumor of any kind	<input type="checkbox"/> Thyroid or other endocrine disorders				
<input type="checkbox"/> Bone disorder	<input type="checkbox"/> Spine, back or joint disorder	<input type="checkbox"/> Disorder of the blood or lymph nodes					
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Dizziness, fainting or headache	<input type="checkbox"/> Disease of the heart or blood vessels					
		<input type="checkbox"/> Kidney or bladder disease or disorder					
	31. Has the Proposed Insured: <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>						
	a. In the last five years, been hospitalized or consulted, been examined or treated by any physician, psychiatrist or other medical professional not disclosed in response to the prior questions? ..... <input type="checkbox"/> <input type="checkbox"/>						
	b. Ever been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection? ..... <input type="checkbox"/> <input type="checkbox"/>						
	c. Been advised to have surgery within the next six months by a medical professional? ..... <input type="checkbox"/> <input type="checkbox"/>						
	32. Is the Proposed Insured taking any prescribed medication or herbal treatment? ..... <input type="checkbox"/> <input type="checkbox"/>						
	33. Female Proposed Insured only: Is the Proposed Insured now pregnant? ..... <input type="checkbox"/> <input type="checkbox"/>						
	34. Has the Proposed Insured ever used tobacco or nicotine products? (If "Yes," complete the following) ..... <input type="checkbox"/> <input type="checkbox"/>						
		<u>Present</u>	<u>Quit (date)</u>	<u># Packs Per Day</u>	<u>Present</u>	<u>Quit (date)</u>	
	Cigar	<input type="checkbox"/>	_____	Cigarettes	<input type="checkbox"/>	_____	
	Pipe	<input type="checkbox"/>	_____	Patch, Gum or Other		_____	
	Smokeless	<input type="checkbox"/>	_____	Nicotine Products	<input type="checkbox"/>	_____	
	35. Proposed Insured's Regular Attending Physician (If "None," so state)						
	Name			Address			
	_____	_____	_____	_____	_____	_____	
	Phone #	Date of Last Visit	Reason/Result of Last Visit				
	_____	_____	_____				
	36. Have any of the Proposed Insured's parents, brothers or sisters died from, or been diagnosed by a medical professional as having, heart disease or cancer before age 60? (If "Yes," identify family members, disorder and age at death in #39) ..... <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>						
<b>CTR</b>	37. <b>CHILDREN'S TERM RIDER</b> Available for all children, stepchildren or legally adopted children age 18 and under.						
		Name	Date of Birth	Height	Weight	Other than a routine physical, has any child been treated by a medical professional or been hospitalized in the past two years? (Please explain "Yes" answers in #39) ..... <input type="checkbox"/> <input type="checkbox"/>	
	_____	_____	_____	_____	_____		
	_____	_____	_____	_____	_____		
	_____	_____	_____	_____	_____		
<b>EXISTING COVERAGE</b>	38. a. Does the Proposed Insured have any life insurance policies or annuities in force with The Cincinnati Life Insurance Company or any other company? ..... <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>						
	b. Do you intend to finance any of the premium required to pay for this policy? ..... <input type="checkbox"/> <input type="checkbox"/>						
	c. Have you ever or are you considering selling this or any other life insurance contract to a Viatical or Life Settlement company or any other party? ..... <input type="checkbox"/> <input type="checkbox"/>						
	d. List all life insurance policies or annuities the Proposed Insured has in force with The Cincinnati Life Insurance Company or any other company, including any applications pending, and indicate if any are to be replaced, changed or borrowed against as a result of this Application.						
		Insurer	Policy Number	Amount	Replaced?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		_____	_____	_____		<input type="checkbox"/> <input type="checkbox"/>	
	_____	_____	_____		<input type="checkbox"/> <input type="checkbox"/>		
	_____	_____	_____		<input type="checkbox"/> <input type="checkbox"/>		
	e. Complete any applicable replacement forms.						

**THE CINCINNATI LIFE INSURANCE COMPANY**  
**P.O. Box 145496, Cincinnati, Ohio 45250-5496**

**In continuation of application for life insurance**

<b>DETAILS</b>	<p><b>39. DETAILS OF "YES" ANSWERS:</b> Identify question number and include diagnosis, dates, duration, treatments and medications prescribed and names and addresses of all medical professionals and hospitals.</p> <p>_____</p>
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<b>AGREEMENT</b>	<p><b>AGREEMENT:</b> I, the undersigned, agree that, to the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. I agree that: 1. All parts of this Application will be a part of any policy issued; 2. Insurance shall become effective: a) if a policy is formally approved by The Cincinnati Life Insurance Company; and b) the full first premium has been paid while insurability of the Proposed Insured is the same as stated in this Application; OR c) according to the terms of the Conditional Receipt if: (i) it is given; and (ii) the full first premium is paid when this Application is signed; 3. No provision of this Application or the policy can be modified or waived except by an endorsement signed by an officer of The Cincinnati Life Insurance Company. I have read, or had read to me, the completed Application. I realize that any false statement or misrepresentation may result in loss of coverage under the policy.</p> <p><b>If a Conditional Receipt is given:</b> I, 1. acknowledge receipt; 2. certify that I have read and understand it; 3. agree to its terms, conditions and limits; and 4. acknowledge that the agent has explained it to me.</p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p><b>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></p> <p>Signed at _____ On _____</p> <p style="text-align:center;">City State Month Day Year</p> <p>_____</p> <p style="text-align:center;">Signature of Proposed Insured Signature of Owner</p> <p style="text-align:center;">(if signing on behalf of a minor, specify relationship) (if other than Proposed Insured)</p>
------------------	---

<b>AGENT</b>	<p><b>For Agent:</b> I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> <b>Will</b> <input type="checkbox"/> <b>Will Not</b> replace or change any existing life insurance or annuity contract now in force.</p> <p>_____</p> <p style="text-align:center;">Agent Signature Agent Code # Fax Number</p> <p>_____</p> <p style="text-align:center;">Agent Name (please print) E-mail Address</p> <p>_____</p> <p style="text-align:center;">Agency Name (please print) Agency Code #</p>
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**THE CINCINNATI LIFE INSURANCE COMPANY**

P.O. Box 145496, Cincinnati, Ohio 45250-5496

**In continuation of application for life insurance**

**CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000**

**PLEASE ANSWER CONDITIONAL RECEIPT QUESTIONS ON PAGE ONE OF APPLICATION. If any of the questions are left blank or answered "Yes," a premium payment cannot be accepted and any conditional receipt will be void.**

Received from \_\_\_\_\_ Proposed Owner (please print) Owner's Social Security or EIN # \_\_\_\_\_

On \_\_\_\_\_ the amount of \$ \_\_\_\_\_  
Month Day Year Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

**Section I:** If the Proposed Insured dies before we, The Cincinnati Life Insurance Company, issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

1. The premium deposit must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We must receive the total premium deposit at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the Application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; or b) the date of the latest medical examination or test that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must qualify for the exact plan and amount of insurance applied for and for all supplemental riders applied for. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; or b) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

**Section II:** Temporary insurance under this Receipt is also subject to these limitations:

1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

**THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM DEPOSITED.**

\_\_\_\_\_  
Signature of Agent Date \_\_\_\_\_  
Month Day Year



THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-149-AR (8/09), Level Term Life Insurance Policy with Return of Policy Value

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Regulation 19 and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.

I also certify that an important notice, as required by Ark. Code Ann. 23-79-138, and the Notice of Arkansas Life and Disability Insurance Guaranty Association, as required by Regulation 49, will be included with all issues of policy forms.



\_\_\_\_\_  
Officer

\_\_\_\_\_  
September 18, 2009

Date

\_\_\_\_\_  
Assistant Vice President

Title

THE CINCINNATI LIFE INSURANCE COMPANY

REVISED 11-3-09 STATEMENT OF VARIABILITY  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

<u>ITEM/LOCATION</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
<b>Front Jacket</b>		
Insured	Name of Insured	Unlimited
Policy Number	Sequential number assigned to identify the policy in our administration system	Unlimited

**Page 2**

Benefit	<p>The Level Term Life Insurance Policy with Return of Policy Value will always appear s:</p> <p>If the policy is issued substandard, additional text will also appear, based on the type of rating. (Please note the additional substandard text will be prefaced by asterisks to correspond with the asterisks that will then appear by the premium under Initial Premium Per Guaranteed Term Period.)</p>	<p>Level Term w/Ret of Pol Val</p> <p>Table-rated cases will be indicated by: **Includes Rated Prem Class</p> <p>Temporary or Permanent Flat Extra cases will be indicated by: **Includes Flat Extra Prem</p>
Amount of Benefit	Amount of coverage elected by the policyowner	<p>\$25,000.00 minimum for Standard, Preferred Standard &amp; Ultra Standard underwriting classes; and \$100,000.00 minimum for Super Select Plus, Select Plus &amp; Select underwriting classes, all to \$999,999,999.00 maximum</p>
Duration of Premium Payments	<p>Number of years for which premiums must be paid until the insured is age 99, specifically determined by the insured's age for each policy issued.</p> <p>If the policy is issued substandard, an additional duration will appear to show the number of years the rated premium must be paid, based on the type of rating.</p>	<p>Based on the issue ages of 18-65, the range for this variable is 34 to 81 years</p> <p>For Table-rated cases, the additional premium must be paid for the life of the policy, and will reflect the same duration as the policy.</p> <p>For Permanent Flat Extra cases, the additional premium must be paid for the life of the policy, and will reflect the same duration as the policy.</p> <p>For Temporary Flat Extra cases, the additional premium must be paid for the specific number of years shown, for which the range is 1 to 98 years.</p>
Initial Premium Per Guaranteed Term Period	<p>Amount of premium payable during the guaranteed term period based on the amount of coverage and guaranteed term period selected by the policyowner, and the specific insured's attained age, gender, premium class, and underwriting class.</p> <p>(If the policy is issued substandard, asterisks will appear next to the premium amount to correspond with the additional substandard text in the Benefit and Premium Class sections.)</p>	<p>\$25,000, 20 Year Guaranteed Term Period, Female, Age 18, Standard premium class, Ultra Standard underwriting class = \$108.00 minimum to</p> <p>\$999,999,999.00, 15 Year Guaranteed Term Period, Male, Age 63, Standard premium class, Preferred Standard underwriting class = \$43,139,999.96 maximum</p>
Year of Expiry	The year the policy will terminate	The policy anniversary year following the insured's attainment of age 99

THE CINCINNATI LIFE INSURANCE COMPANY

REVISED 11-3-09 STATEMENT OF VARIABILITY  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

Guaranteed Term Period	This policy is available with 15-, 20-, 25-, and 30-Year Guaranteed Term Periods. The Guaranteed Term Period is selected by the policyowner.	15, 20, 25 or 30 Years
Conversion Date	This date represents the policy anniversary date next following the insured's 70 <sup>th</sup> birthday as this is the last date the insured can elect conversion.	Based on the issue ages of 18-65, the range for this variable is 5 to 52 years after the policy date
Gender	Gender of the insured	Male or Female
Age	Age of the Insured	Issue ages for this policy are 18-65
Date of Issue	Date the policy was physically issued from our administration system	Date of your approval - Unlimited
Policy Date	Effective date of the policy	Date of your approval - Unlimited
Expiry Date	The date the policy will terminate	The date of the policy anniversary following the insured's attainment of age 99
Billing Form	This variable identifies if the billing is to be by pre-authorized withdrawal or by list bill.	Pre-Authorized Withdrawal or List Bill
Premium Intervals	The frequency of premium payments selected by the policyowner	Annual, Semi-Annual, Quarterly or Monthly
Initial Premium Total	The total modal premium due for the policy and any riders due during the Guaranteed Term Period	\$9.50 minimum to \$47,490,059.96 maximum
Premium Class	The standard or rated (substandard) basis of the policy  If the policy is issued substandard, additional text will appear, based on the type of rating. (Please note the additional substandard text will be prefaced by asterisks to correspond with the asterisks that will then appear by the premium under Initial Premium Per Guaranteed Term Period.)	Standard or Rated  For Table-rated cases, the actual rate per \$1,000 will be shown as: **\$.86 per \$1,000 Additional Rating Charge Annually for Life of Policy [The ranges for this variable are \$.12 to \$42.32 per \$1,000.]  For Permanent Flat Extra cases: **\$3.00 per \$1,000 Additional Rating Charge Annually for Life of Policy [The ranges for this variable are \$1.00 to \$35.00 per \$1,000.]  For Temporary Flat Extra cases: **\$3.00 per \$1,000 Rating Charge Annually for a Period of 5 Years [The ranges for this variable are \$1.00 to \$35.00 per \$1,000, and 1 to 98 years.]
Underwriting Class	Underwriting class assigned to the insured	Standard, Preferred Standard, Ultra Standard, Super Select Plus, Select Plus or Select
Number of Years of the Guaranteed Term Period (bottom right corner)	This variable identifies the elected Guaranteed Term Period.	15, 20, 25 or 30
Remaining variables previously explained		

THE CINCINNATI LIFE INSURANCE COMPANY

REVISED 11-3-09 STATEMENT OF VARIABILITY  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

**Page 3**

Attained Age of Insured	Age of the insured at each policy year	Based on earliest issue age of 18, and the age of the insured after which premiums are no longer payable, the range for this variable is 18 - 98
Maximum Annual Premium	The maximum annual premium, including the premium for the riders listed, that can be charged for each year during the life of the policy	\$39.50 minimum to \$693,199,999.31 maximum
Remaining variables previously explained		

**Page 4**

Policy Year	<p>Policy years 1 through 20 always appear; additional years appear based on the elected Guaranteed Term Period.</p> <p>Ages 60, 62 &amp; 65 also appear as applicable, based on the insured's issue age.</p>	<p>For 15 year Guaranteed Term Period: Policy Years 01 thru 20 are shown</p> <p>For 20 year Guaranteed Term Period: Policy Years 01 thru 21 appear</p> <p>For 25 year Guaranteed Term Period: Policy Years 01 thru 26 appear</p> <p>For 30 year Guaranteed Term Period: Policy Years 01 thru 31 appear</p> <p>Ages 60, 62 &amp; 65 are also shown – subject to insured's issue age</p>
Benefit	Amount of coverage in force at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness	See Amount of Benefit above
Cash Value Percentages	The percentage of premium that is payable as the cash value at the end of each policy year or at the insured's age shown	Based on the specific insured's issue age, gender, amount of benefit, underwriting class and duration
Cash Value	Amount of cash value available at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness	Based on the cash value percentages for the specific amount of coverage and guaranteed term period selected by the policyowner, and the specific insured's issue age, gender, premium class, underwriting class and duration
Reduced Paid-Up Term Insurance	Amount of reduced paid-up term insurance available at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness	Based on the cash value for the specific amount of coverage and guaranteed term period selected by the policyowner, and the specific insured's attained age, gender, premium class, and underwriting class
Nonforfeiture Interest Rate (Basis of Values paragraph)	The nonforfeiture interest rate required by the NAIC Standard Nonforfeiture Law for Life Insurance, model #808	This rate will be adjusted as required to comply with future changes to the Standard Nonforfeiture Law for Life Insurance; for 2009 and 2010 issues, the nonforfeiture interest rate is 5%.
Commissioners' 2001 Standard Ordinary Ultimate ALB [Male] [Nonsmoker] Mortality Table	The specific mortality table used to correspond with the gender and smoking status of the insured	Male or Female Smoker or Nonsmoker
Remaining variables previously explained		

THE CINCINNATI LIFE INSURANCE COMPANY

REVISED 11-3-09 STATEMENT OF VARIABILITY  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

**Page 5**

Modal Premium at Date of Issue	The total modal premium due for the policy and any riders at the date of issue	\$9.50 minimum to \$47,490,059.96 maximum
Billing Form	This variable identifies if the billing is to be by pre-authorized withdrawal or by list bill.	Pre-Authorized Withdrawal or List Bill
Premium Mode at Date of Issue	The frequency of premium payments selected by the policyowner at date of issue	Annual, Semi-Annual, Quarterly or Monthly
Premium	The amount of premium required for each available premium mode	\$9.50 minimum to \$47,490,059.96 maximum
Additional Cost from Annual	The amount the premium increases for each mode available	*
Annual % Rate	The annual simple interest rate charged for payment plans	*
Mode Factor	Factor for the specific mode by which the annual premium is multiplied to calculate the modal premium	*
<p>* Since any increases or reductions in these variables would be based on economic conditions, the cost of doing business, persistency and other currently unknown factors, a range of variability is not possible. We request that the variable nature of these items may be retained with our understanding and confirmation that, prior to any change to the additional costs from annual, annual % rates or mode factors shown in the submitted policy form, a revised Statement of Variability will be filed for approval.</p>		

SERFF Tracking Number: GRJR-126308388 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 43798  
 Company Tracking Number: CLI149  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Form CLI-149-AR (8/09), Termsetter ROP 2010  
 Project Name/Number: Form CLI-149-AR (8/09), Termsetter ROP 2010/Form CLI-149-AR (8/09), Termsetter ROP 2010

## Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/21/2009	Supporting	Statement of Variability Document	11/04/2009	AR CLI-149-AR Statement of Variability with Ranges.pdf (Superseded)
10/02/2009	Form	Level Term Insurance Policy with Return Of Policy Value	10/23/2009	Form CLI-149-AR 8-09, Level Term Insurance Policy with Return of Policy Value.pdf (Superseded)

THE CINCINNATI LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

<u>ITEM/LOCATION</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
<b>Front Jacket</b>		
Insured	Name of Insured	Unlimited
Policy Number	Sequential number assigned to identify the policy in our administration system	Unlimited

**Page 2**

Amount of Benefit	Amount of coverage elected by the policyowner	\$25,000.00 minimum for Standard, Preferred Standard & Ultra Standard underwriting classes; and \$100,000.00 minimum for Super Select Plus, Select Plus & Select underwriting classes, all to \$999,999,999.00 maximum
Duration of Premium Payments	Number of years for which premiums must be paid until the insured is age 99  Specifically determined by the insured's age for each policy issued	Based on the issue ages of 18-65, the range for this variable is 34 to 81 years
Initial Premium Per Guaranteed Term Period	Amount of premium payable during the guaranteed term period based on the amount of coverage and guaranteed term period selected by the policyowner, and the specific insured's attained age, gender, premium class, and underwriting class	\$25,000, 20 Year Guaranteed Term Period, Female, Age 18, Standard premium class, Ultra Standard underwriting class = \$108.00 minimum to \$999,999,999.00, 15 Year Guaranteed Term Period, Male, Age 63, Standard premium class, Preferred Standard underwriting class = \$43,139,999.96 maximum
Year of Expiry	The year the policy will terminate	The policy anniversary year following the insured's attainment of age 99
Guaranteed Term Period	This policy is available with 15-, 20-, 25-, and 30-Year Guaranteed Term Periods. The Guaranteed Term Period is selected by the policyowner.	15, 20, 25 or 30 Years
Conversion Date	This date represents the policy anniversary date next following the insured's 70 <sup>th</sup> birthday as this is the last date the insured can elect conversion.	Based on the issue ages of 18-65, the range for this variable is 5 to 52 years after the policy date
Gender	Gender of the insured	Male or Female
Age	Age of the Insured	Issue ages for this policy are 18-65
Date of Issue	Date the policy was physically issued from our administration system	Date of your approval - Unlimited
Policy Date	Effective date of the policy	Date of your approval - Unlimited
Expiry Date	The date the policy will terminate	The date of the policy anniversary following the insured's attainment of age 99
Billing Form	This variable identifies if the billing is to be by pre-authorized withdrawal or by list bill.	Pre-Authorized Withdrawal or List Bill
Premium Intervals	The frequency of premium payments selected by the policyowner	Annual, Semi-Annual, Quarterly or Monthly

THE CINCINNATI LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY  
Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

Initial Premium Total	The total modal premium due for the policy and any riders due during the Guaranteed Term Period	\$9.50 minimum to \$47,490,059.96 maximum
Premium Class	The standard or rated (substandard) basis of the policy  (Please see the substandard specifications pages attached in compliance with §1 A. (8) of the Individual Term Life Insurance Policy Standards which requires appropriate policy pages completed for each type of rating used.)	Standard or Rated  If Rated, specific additional language will show such as the following examples: \$3.00 per \$1,000 Additional Rating Charge Annually for Life of Policy, \$3.00 per \$1,000 Additional Rating Charge Annually for a Period of 5 Years, and/or 150% Factor
Underwriting Class	Underwriting class assigned to the insured	Standard, Preferred Standard, Ultra Standard, Super Select Plus, Select Plus or Select
Number of Years of the Guaranteed Term Period (bottom right corner)	This variable identifies the elected Guaranteed Term Period in compliance with §1 A. (9) of the Individual Term Life Insurance Policy Standards which requires uniquely numbered specification pages for each term plan.	15, 20, 25 or 30
Remaining variables previously explained		

**Page 3**

Attained Age of Insured	Age of the insured at each policy year	Based on earliest issue age of 18, and the age of the insured after which premiums are no longer payable, the range for this variable is 18 - 98
Maximum Annual Premium	The maximum annual premium, including the premium for the riders listed, that can be charged for each year during the life of the policy	\$39.50 minimum to \$693,199,999.31 maximum
Remaining variables previously explained		

**Page 4**

Policy Year	Policy years 1 through 20 always appear; additional years appear based on the elected Guaranteed Term Period.  Ages 60, 62 & 65 also appear as applicable, based on the insured's issue age.	For 15 year Guaranteed Term Period: Policy Years 01 thru 20 are shown  For 20 year Guaranteed Term Period: Policy Years 01 thru 21 appear  For 25 year Guaranteed Term Period: Policy Years 01 thru 26 appear  For 30 year Guaranteed Term Period: Policy Years 01 thru 31 appear  Ages 60, 62 & 65 are also shown – subject to insured's issue age
Benefit	Amount of coverage in force at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness	See Amount of Benefit above

THE CINCINNATI LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Form CLI-149-AR (8/09), Level Term Life Insurance with Return of Policy Value

Cash Value Percentages	The percentage of premium that is payable as the cash value at the end of each policy year or at the insured's age shown	Based on the specific insured's issue age, gender, amount of benefit, underwriting class and duration
Cash Value	Amount of cash value available at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness	Based on the cash value percentages for the specific amount of coverage and guaranteed term period selected by the policyowner, and the specific insured's issue age, gender, premium class, underwriting class and duration
Reduced Paid-Up Term Insurance	Amount of reduced paid-up term insurance available at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness	Based on the cash value for the specific amount of coverage and guaranteed term period selected by the policyowner, and the specific insured's attained age, gender, premium class, and underwriting class
Nonforfeiture Interest Rate (Basis of Values paragraph)	The nonforfeiture interest rate required by the NAIC Standard Nonforfeiture Law for Life Insurance, model #808	This rate will be adjusted as required to comply with future changes to the Standard Nonforfeiture Law for Life Insurance; for 2009 and 2010 issues, the nonforfeiture interest rate is 5%.
Commissioners' 2001 Standard Ordinary Ultimate ALB [Male] [Nonsmoker] Mortality Table	The specific mortality table used to correspond with the gender and smoking status of the insured	Male or Female Smoker or Nonsmoker
Remaining variables previously explained		

**Page 5**

Modal Premium at Date of Issue	The total modal premium due for the policy and any riders at the date of issue	\$9.50 minimum to \$47,490,059.96 maximum
Billing Form	This variable identifies if the billing is to be by pre-authorized withdrawal or by list bill.	Pre-Authorized Withdrawal or List Bill
Premium Mode at Date of Issue	The frequency of premium payments selected by the policyowner at date of issue	Annual, Semi-Annual, Quarterly or Monthly
Premium	The amount of premium required for each available premium mode	\$9.50 minimum to \$47,490,059.96 maximum
Additional Cost from Annual	The amount the premium increases for each mode available	*
Annual % Rate	The annual simple interest rate charged for payment plans	*
Mode Factor	Factor for the specific mode by which the annual premium is multiplied to calculate the modal premium	*

\* Since any increases or reductions in these variables would be based on economic conditions, the cost of doing business, persistency and other currently unknown factors, a range of variability is not possible. We request that the variable nature of these items may be retained with our understanding and confirmation that, prior to any change to the additional costs from annual, annual % rates or mode factors shown in the submitted policy form, a revised Statement of Variability will be filed for approval.

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
Home Office: FAIRFIELD, OHIO 45014-5141  
(513) 870-2000

**RIGHT TO EXAMINE POLICY**

**We want you to be satisfied with this Policy you have purchased. We urge you to examine it closely. If, for any reason, you are not satisfied, you may return this Policy to us or to any of our agents within twenty days after you have received it. If this Policy is a replacement policy, you may return it within thirty days after you have received it in the same manner. We will cancel it and refund all of the premium you paid.**

---

We will pay the Death Benefit to your Beneficiary upon receipt at our Home Office of due proof, as provided by this Policy, that your death occurred while this Policy was in force. Any premium paid in advance for any period beyond the end of the policy month in which death occurred will be refunded. If the proceeds are not paid within 30 days from the date due proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until the proceeds are paid. We will require surrender of this Policy in the course of any settlement.

Executed at our Home Office in Cincinnati, Ohio.



**Secretary**



**President**

**Level Term Life Insurance Policy with Return of Policy Value**

Renews Each Policy Anniversary Until the Expiry Date

Stated on the Policy Specifications Page

Indeterminate Premium

Policy Value Paid at End of Guaranteed Term Period

Convertible to the Policy Anniversary

Stated on the Policy Specifications Page

Premiums Payable to Expiry Date

Nonparticipating

INSURED: [JOHN DOE]  
POLICY NUMBER: [1234567]



THE CINCINNATI LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

BENEFIT	AMOUNT OF BENEFIT	DURATION OF PREMIUM PAYMENTS	INITIAL PREMIUM PER GUARANTEED TERM PERIOD	YEAR OF EXPIRY
LEVEL TERM W/RET OF POL VAL	[100,000.00]	[64] YEARS (1)	[368.00]	[2073] (2)

GUARANTEED TERM PERIOD	[30] YEARS
CONVERSION DATE	[08/01/2044] (3)
LOAN INTEREST RATE	8.0% PER YEAR IN ARREARS
REINSTATEMENT INTEREST RATE	6.0% PER YEAR
MINIMUM SETTLEMENT OPTION INTEREST RATE	1.0%

- (1) PREMIUMS ARE PAYABLE FOR THE PERIOD, WHILE THE INSURED IS LIVING, FROM THE POLICY DATE FOR THE NUMBER OF POLICY YEARS STATED.
- (2) BENEFIT WILL EXPIRE ON THE POLICY ANNIVERSARY IN THE YEAR SHOWN.
- (3) CONVERSION DATE IS THE POLICY ANNIVERSARY NEXT FOLLOWING YOUR 70<sup>TH</sup> BIRTHDAY.

POLICY NUMBER	[1234567]	DATE OF ISSUE	[08/01/2009]
INSURED	[JOHN DOE]	POLICY DATE	[08/01/2009]
GENDER	[MALE]	EXPIRY DATE	[08/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT [100,000.00]

LEVEL TERM WITH RETURN OF POLICY VALUE

[PRE-AUTHORIZED WITHDRAWAL]	
[ANNUAL] PREMIUM INTERVALS	[368.00]
INITIAL PREMIUM TOTAL	

OWNER - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

BENEFICIARY - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

[STANDARD] PREMIUM CLASS - [ULTRA STANDARD]

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

LEVEL TERM WITH RETURN OF POLICY VALUE

Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*
[35]	[368.00]	[60]	[368.00]	[85]	[23,966.00]		
[36]	[368.00]	[61]	[368.00]	[86]	[26,518.00]		
[37]	[368.00]	[62]	[368.00]	[87]	[29,276.00]		
[38]	[368.00]	[63]	[368.00]	[88]	[32,208.00]		
[39]	[368.00]	[64]	[368.00]	[89]	[35,284.00]		
[40]	[368.00]	[65]	[3,246.00]	[90]	[38,348.00]		
[41]	[368.00]	[66]	[3,556.00]	[91]	[41,364.00]		
[42]	[368.00]	[67]	[3,880.00]	[92]	[44,524.00]		
[43]	[368.00]	[68]	[4,222.00]	[93]	[47,856.00]		
[44]	[368.00]	[69]	[4,606.00]	[94]	[51,366.00]		
[45]	[368.00]	[70]	[5,054.00]	[95]	[54,842.00]		
[46]	[368.00]	[71]	[5,598.00]	[96]	[58,236.00]		
[47]	[368.00]	[72]	[6,234.00]	[97]	[61,852.00]		
[48]	[368.00]	[73]	[6,904.00]	[98]	[65,708.00]		
[49]	[368.00]	[74]	[7,624.00]				
[50]	[368.00]	[75]	[8,408.00]				
[51]	[368.00]	[76]	[9,292.00]				
[52]	[368.00]	[77]	[10,320.00]				
[53]	[368.00]	[78]	[11,514.00]				
[54]	[368.00]	[79]	[12,852.00]				
[55]	[368.00]	[80]	[14,344.00]				
[56]	[368.00]	[81]	[15,966.00]				
[57]	[368.00]	[82]	[17,684.00]				
[58]	[368.00]	[83]	[19,560.00]				
[59]	[368.00]	[84]	[21,646.00]				

\*THE PREMIUMS FOR ANY ADDITIONAL BENEFITS LISTED ON PAGE 2 ARE INCLUDED. IF THE POLICY IS OF A RATED PREMIUM CLASS, THE EXTRA PREMIUMS ARE INCLUDED.

THIS PREMIUM IS THE MAXIMUM PREMIUM. IN ACCORDANCE WITH THE AMOUNT OF PREMIUM PROVISION, YOUR PREMIUM WILL NEVER BE GREATER THAN THE PREMIUM STATED ABOVE.

POLICY NUMBER	[1234567]	DATE OF ISSUE	[08/01/2009]
INSURED	[JOHN DOE]	POLICY DATE	[08/01/2009]
GENDER	[MALE]	EXPIRY DATE	[08/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT [100,000.00]

LEVEL TERM WITH RETURN OF POLICY VALUE

[STANDARD] PREMIUM CLASS - [ULTRA STANDARD]

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF VALUES

POLICY YEAR	BENEFIT	CASH VALUE PERCENTAGES	CASH VALUE	REDUCED PAID-UP TERM INSURANCE
[01]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[02]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[03]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[04]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[05]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[06]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[07]	[100,000.00]	[7.0%]	[180.32]	[1,000.00]
[08]	[100,000.00]	[14.2%]	[418.05]	[2,100.00]
[09]	[100,000.00]	[20.1%]	[665.71]	[3,200.00]
[10]	[100,000.00]	[25.2%]	[927.36]	[4,300.00]
[11]	[100,000.00]	[29.7%]	[1,202.26]	[5,300.00]
[12]	[100,000.00]	[33.8%]	[1,492.61]	[6,300.00]
[13]	[100,000.00]	[37.6%]	[1,798.78]	[7,300.00]
[14]	[100,000.00]	[41.1%]	[2,117.47]	[8,300.00]
[15]	[100,000.00]	[44.6%]	[2,461.92]	[9,200.00]
[16]	[100,000.00]	[47.9%]	[2,820.35]	[10,100.00]
[17]	[100,000.00]	[51.1%]	[3,196.82]	[11,000.00]
[18]	[100,000.00]	[54.3%]	[3,596.83]	[11,900.00]
[19]	[100,000.00]	[57.5%]	[4,020.40]	[12,800.00]
[20]	[100,000.00]	[60.8%]	[4,474.88]	[13,700.00]
[21]	[100,000.00]	[64.0%]	[4,945.92]	[14,600.00]
[22]	[100,000.00]	[67.4%]	[5,456.70]	[15,500.00]
[23]	[100,000.00]	[70.9%]	[6,000.98]	[16,500.00]
[24]	[100,000.00]	[74.5%]	[6,579.84]	[17,400.00]
[25]	[100,000.00]	[78.2%]	[7,194.40]	[18,400.00]
[26]	[100,000.00]	[82.1%]	[7,855.33]	[19,400.00]
[27]	[100,000.00]	[86.2%]	[8,564.83]	[20,400.00]
[28]	[100,000.00]	[90.5%]	[9,325.12]	[21,500.00]
[29]	[100,000.00]	[95.1%]	[10,149.07]	[22,600.00]
[30]	[100,000.00]	[100.0%]	[11,040.00]	[23,800.00]
[31]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[AGE 60]	[100,000.00]	[82.1%]	[7,855.33]	[19,400.00]
[AGE 62]	[100,000.00]	[90.5%]	[9,325.12]	[21,500.00]
[AGE 65]	[100,000.00]	[0.0%]	[0.00]	[0.00]

POLICY NUMBER [1234567]  
 INSURED [JOHN DOE]  
 GENDER [MALE]  
 AGE [35]

BASIS OF VALUES: NONFORFEITURE VALUES ARE COMPUTED BY THE STANDARD NONFORFEITURE METHOD WITH INTEREST AT [5%] PER ANNUM IN ACCORDANCE WITH THE COMMISSIONERS' 2001 STANDARD ORDINARY ULTIMATE ALB [MALE] [NONSMOKER] MORTALITY TABLE.

THE CINCINNATI LIFE INSURANCE COMPANY

PREMIUM MODAL FACTORS

PREMIUM PAYMENT PERIOD TO AGE 99

MODAL PREMIUM AT DATE OF ISSUE [368.00]

PREMIUM MODE AT DATE OF ISSUE [PRE-AUTHORIZED WITHDRAWAL]  
[ANNUAL]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE OF: 1) THE LOSS OF INTEREST THE COMPANY WOULD EARN IF THE ANNUAL PREMIUM WERE PAID IN ONE LUMP SUM AT THE START OF THE YEAR; AND 2) THE ADDITIONAL COST OF COLLECTING THE PERIODIC PREMIUMS.

THE FOLLOWING SHOW HOW EACH AVAILABLE PREMIUM MODE WILL AFFECT YOUR FIRST-YEAR PREMIUM. ANNUAL DIFFERENCES FOR PREMIUM PAYMENT MODES OTHER THAN ANNUAL WILL SIMILARLY OCCUR IN SUBSEQUENT YEARS.

PREMIUM MODE	PREMIUM	ADDITIONAL COST FROM ANNUAL	ANNUAL % RATE	MODE FACTOR
ANNUAL	[368.00]	[0.00]	[0.0%]	[1.0000]
SEMI-ANNUAL	[189.52]	[11.04]	[12.4%]	[.5150]
QUARTERLY	[97.52]	[22.08]	[16.1%]	[.2650]
MONTHLY	[33.12]	[29.44]	[17.2%]	[.0900]
PRE-AUTHORIZED WITHDRAWAL	[32.38]	[20.56]	[12.1%]	[.0880]
LIST BILL	[32.38]	[20.56]	[12.1%]	[.0880]

## TABLE OF CONTENTS

POLICY SPECIFICATIONS.....	2
DEFINITIONS.....	8
Cash Value .....	8
Cash Value Premium .....	8
Death Benefit .....	8
Expiry Date.....	8
Indebtedness .....	8
In Writing .....	8
Policy.....	8
Policy Anniversary .....	8
Policy Date .....	8
Policy Value .....	8
BENEFIT.....	8
Death Benefit Provision.....	8
Return of Premium Benefit Provision .....	9
Termination of Return of Premium Benefit Provision .....	9
PREMIUM PAYMENTS .....	9
General .....	9
Amount of Premium.....	9
Change of Premium .....	9
Grace Period.....	10
Payment Frequency .....	10
Reinstatement.....	10
POLICY LOANS .....	10
General .....	10
Loan Amount .....	10
Loan Interest.....	11
Automatic Premium Loan Option.....	11
POLICY VALUE .....	11
Policy Value Options .....	12
Option Descriptions .....	12
Automatic Option .....	12
Basis of Values .....	13
Table of Values.....	13
POLICY CONTROL .....	13
Ownership.....	13
Change of Owner .....	13
Assignment.....	13
BENEFICIARY.....	13
Change of Beneficiary .....	14
No Named Beneficiary .....	14
THE CONTRACT .....	14
Entire Contract.....	14
Modification.....	14
Nonparticipation.....	14
Misstatement of Age or Gender .....	14
Suicide.....	14
Incontestability .....	14
TERMINATION.....	14
CONVERSION PRIVILEGE.....	15
General .....	15
Conversion Policy.....	15

SETTLEMENT PROVISIONS..... 16  
    General ..... 16  
    Election..... 16  
    Settlement Options ..... 16  
TABLES FOR OPTIONS ..... 17

## DEFINITIONS

In this Policy, the insured will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we," or "our."

### **Cash Value**

means the Cash Value of this Policy shown in the Table of Values page of the Policy Specifications. The calculation of the Cash Value is described in the Cash Value section of this Policy.

### **Cash Value Premium**

means the amount of premium you have paid on this Policy before the end of the Guaranteed Term Period shown in the Policy Specifications. This does not include any premium paid for riders or endorsements attached to and made a part of this Policy.

### **Death Benefit**

means the Amount of Benefit stated in the Policy Specifications unless otherwise provided in this Policy.

### **Expiry Date**

means the date on which insurance terminates because of expiration of a Term Period. It is shown in the Policy Specifications.

### **Indebtedness**

means all outstanding loans on this Policy including any interest due or accrued.

### **In Writing**

means in a written form satisfactory to us and received at our Home Office.

### **Policy**

means the legal contract between you and us.

### **Policy Anniversary**

means an anniversary of the Policy Date. Policy years and Policy months are measured from the Policy Date.

### **Policy Date**

means the date that this Policy becomes effective. It is shown in the Policy Specifications. Premium due dates, Policy months, years and anniversaries are measured from this date.

### **Policy Value**

means the Cash Value of this Policy less any Indebtedness.

## BENEFIT

### **Death Benefit Provision**

We will pay a Death Benefit to the beneficiary of this Policy on your death. The amount of the Death Benefit will be the Death Benefit shown in the Policy Specifications, less any Indebtedness.

The Policy proceeds will include the refund of premium paid for any period beyond the end of the Policy month if death occurs during such period.

### **Return of Premium Benefit Provision**

We will automatically pay you the Policy Value of this Policy at the end of the Guaranteed Term Period shown in the Policy Specifications provided:

1. This Policy is in force; and
2. You are living.

Upon payment of the Policy Value at end of the Guaranteed Term Period as shown in the Policy Specifications, this Policy will continue in force as long as the required premiums are paid.

### **Termination of Return of Premium Benefit Provision**

The Return of Premium Benefit provision may only be terminated upon:

1. The termination of this Policy as stated in the Termination section of this Policy, or
2. The date that any Policy Value Option takes effect.

If the Children's Term Life Insurance Rider is attached to this Policy, the payment of death benefits on any insured covered under this rider will not trigger the termination of this Policy or the Return of Premium Benefit Provision.

If the Accelerated Benefit Rider is attached to this Policy, the Policy Value paid under the Return of Premium Benefit Provision and the Cash Values of this Policy will be reduced if an Accelerated Benefit is paid, and the reduction will be consistent with the terms of the Accelerated Benefit Rider.

## **PREMIUM PAYMENTS**

### **General**

All premiums are payable in advance as shown in the Policy Specifications either:

1. At our Home Office; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

The first premium is due on the Policy Date. Each premium after the first is due at the end of the period for which the preceding premium was paid.

### **Amount of Premium**

The initial premium payable under this Policy is as shown in the Policy Specifications. The initial premium will not be increased above that shown.

### **Change of Premium**

At the end of the Guaranteed Term Period as shown in the Policy Specifications, we may change the premium to an amount not greater than the Maximum Premium stated in the Table of Guaranteed Maximum Annual Premiums as shown in the Policy Specifications. Any change in premium will be at our sole discretion and apply to all policies in the same class in which this Policy is issued. Changes will be based on future anticipated or emerging experience based on the experience factors of investment earnings, mortality, persistency, taxes and expenses. We will give written notice to you at your last known address of any change of premium before the Policy Anniversary after which the change of premium becomes effective. Any change in premium will not change any values or benefits listed in the Policy Specifications. Such change will not affect any premium payable for any rider attached to this Policy.

If we change the premium for any Policy year, we will use your original issue age, premium class, and the duration of this Policy to determine any premium payable for any subsequent year.

### **Grace Period**

We will allow a grace period of 31 days after the due date for payment of each premium after the first. This Policy will continue in force during the grace period. If you die during the grace period, the unpaid premium will be deducted from the Death Benefit. If the premium remains unpaid at the end of the grace period, this Policy will terminate, except as provided under the Policy Value Options provision of this Policy.

### **Payment Frequency**

You may change the frequency of premium payments, provided:

1. You notify us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

If you elect to pay premiums other than annually, the total amount of the premium you pay each year will be greater than the annual premium. The Premium Modal Factors page of the Policy Specifications shows each available frequency and the additional cost for frequencies other than annual for the first year. The premiums for subsequent years will be equally affected.

A change in the frequency of premium payments may affect Cash Value accumulation and the amount of Policy Value payable at the end of the Guaranteed Term Period or upon surrender or conversion.

### **Reinstatement**

This Policy may be reinstated at any time within five years after the due date of the first unpaid premium, provided:

1. This Policy was not surrendered for its Policy Value;
2. Evidence of insurability satisfactory to us is furnished;
3. A written application for reinstatement is submitted to us;
4. Past due premiums with interest at the rate as stated in the Policy Specifications are paid; and
5. All Indebtedness is paid or reinstated.

When this Policy is reinstated, a new two-year contestable period will apply with respect to material misrepresentations made in the application for reinstatement.

## **POLICY LOANS**

### **General**

You may borrow against this Policy at any time it is in force, provided:

1. A request is made In Writing; and
2. This Policy is assigned to us as sole security.

We may defer a loan for up to six months unless it is to be used to pay premiums to us.

You may repay loans as desired while this Policy is in force.

### **Loan Amount**

The loan amount may not exceed the Policy Value on the date we grant the loan. Before advancing the loan amount, we may use a portion of it to pay the following:

1. Interest on Indebtedness to the end of the Policy year; and
2. Any premiums due on or before the next Policy Anniversary.

Indebtedness may not exceed the Cash Value. If it does, this Policy will terminate 31 days after we have mailed notice to your last known address and that of any assignee.

### **Loan Interest**

Loan interest is payable at the earlier of:

1. The end of each Policy year; or
2. When the Indebtedness is repaid in full.

Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

The maximum rate of loan interest is shown in the Policy Specifications. We may charge a lower rate of interest.

### **Automatic Premium Loan Option**

If you elect this option, we will automatically process a loan to pay any past due premium. The loan will bear interest from the due date of the premium.

You may elect this option by requesting it In Writing while no premium is overdue beyond its grace period. The option will cease to operate on the earlier of the following:

1. When you revoke the election In Writing; or
2. When this Policy does not have sufficient Policy Value for at least the past due premiums.

You may resume premium payments at any time while this Policy is continued in force under this option.

## **POLICY VALUE**

The Cash Value of this Policy, while not continued as reduced paid-up term insurance, is the Cash Value Premium multiplied by the Cash Value Percentages for that Policy year as shown in the Table of Values.

We will automatically pay you the Policy Value of this Policy at the end of the Guaranteed Term Period shown in the Policy Specifications as provided in the Return of Premium Benefit Provision of this Policy.

The Policy Value, if any, is also payable upon:

1. Conversion of this Policy as provided in the Conversion Privilege provision of this Policy;  
or
2. Receipt of your request In Writing to terminate this Policy.

The Policy Value and paid-up nonforfeiture benefits available in this Policy are not less than the minimum values and benefits required by the state in which this Policy is delivered.

## **Policy Value Options**

If you stop paying premiums while this Policy has a Policy Value, you may choose one of the following options:

Option A--Surrender for Cash

Option B--Continue as Reduced Paid-Up Term Insurance

Please read the Option Descriptions carefully so you will understand the provisions of each Option. You must notify us of your choice In Writing within 60 days after the date to which premiums are paid. If this Policy has no Policy Value, it will terminate at the end of the grace period of the unpaid premium.

## **Option Descriptions**

Option A--Surrender for Cash

If you choose this Option, you can surrender this Policy for its Policy Value by sending us a request In Writing along with this Policy. A surrender must take place during your lifetime and will be effective as of the monthly anniversary on or next following the date we receive your surrender request. We may defer payment of the Policy Value for up to six months. When we pay you the Policy Value, this Policy terminates. There is no Policy Value after the end of the Guaranteed Term Period.

The amount payable upon surrender is payable in one sum. We will refund 100% of any premium paid for the period beyond the Policy month of surrender.

Option B--Reduced Paid-Up Term Life Insurance

If you choose this Option, the insurance under this Policy will be payable under the same conditions as if you had continued paying premiums. The Death Benefit will be the amount the Policy Value will provide as a net single premium at your attained age on the due date of the unpaid premium. Any Indebtedness due to loans made on or after such due date will be deducted from the Death Benefit. The net single premium will be determined on the basis of values. The amount of reduced paid-up term life insurance available after the Guaranteed Term Period will be zero because there is no Policy Value after the Guaranteed Term Period.

The Cash Value of the reduced paid-up term life insurance is the attained age net single premium for the reduced Death Benefit using the same mortality table and interest rate used to calculate the amount of the reduced Death Benefit.

If Option B is elected, this Policy will remain in force as reduced paid-up life insurance until the year of expiry shown in the Policy Specifications. While it is in force as reduced paid-up life insurance, you may surrender it for its Policy Value. We may defer payment of the Policy Value for up to six months. When we pay you the Policy Value, this Policy terminates.

Any coverage provided by a rider made a part of this Policy will end while this Policy is kept in force as reduced paid-up term life insurance.

## **Automatic Option**

If a premium is not paid by the end of its grace period, the Automatic Option to be effective, unless you elect otherwise, will be Option B.

### **Basis of Values**

Cash Values equal or exceed minimum Cash Values based on the Standard Nonforfeiture Law for Life Insurance. The method of calculation has been filed with the Insurance Department of the state in which this Policy is delivered.

All values, present values and net single premiums in this Policy are based on:

1. Age last birthday;
2. Mortality tables and interest rates shown in the Policy Specifications;
3. The assumption that death occurs at the end of the Policy year; and
4. The exclusion of any benefits provided by rider.

While this Policy is being continued as reduced paid-up term life insurance option, the Cash Value will be based on the nonforfeiture mortality table and interest rate shown in the Policy Specifications. If this Policy is surrendered within 30 days after a Policy Anniversary while it is in force as reduced paid-up term life insurance, the Cash Value will be not less than the Cash Value on the anniversary.

All values equal or exceed those required by the state in which this Policy is delivered.

### **Table of Values**

The values in the Table of Values apply at the end of the Policy year shown, provided:

1. All premiums are paid to that date; and
2. There is no Indebtedness.

At any time during a Policy year, we will compute the values allowing for the premiums paid during that Policy year. For Policy years not shown, we will furnish values on request.

## **POLICY CONTROL**

### **Ownership**

You are the owner of this Policy unless:

1. Another person is designated as owner in the application; or
2. A new owner has been designated as provided in the Change of Owner provision.

All of the insured's rights belong to the owner.

### **Change of Owner**

The owner may designate a new owner by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

### **Assignment**

The owner may assign this Policy. Until we are notified In Writing, no assignment will be effective against us. We are not responsible for the validity of any assignment. The rights of the owner and beneficiary will be subject to the rights of any assignee.

## **BENEFICIARY**

Your beneficiary is as stated in the application unless a new beneficiary has been designated as provided below.

### **Change of Beneficiary**

The owner may change the beneficiary by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

### **No Named Beneficiary**

If no named beneficiary survives you, then, unless this Policy provides otherwise:

1. The owner will be the beneficiary; or
2. If you are the owner, your estate will be the beneficiary.

## **THE CONTRACT**

### **Entire Contract**

The entire contract consists of this Policy, the application, the Policy Specifications, and any attached papers that we call riders, amendments or endorsements. A copy of the application is attached at issue. This contract is made in consideration of the application and the payment of premiums. We will not use any statement to void this Policy or to defend against a claim under it, unless that statement is contained in the attached written application. All statements in the application will, in the absence of fraud, be deemed representations and not warranties.

### **Modification**

The only way this contract may be modified is by a written agreement signed by our President or Secretary.

### **Nonparticipation**

This Policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

### **Misstatement of Age or Gender**

If your age or gender is misstated, we will adjust all benefits under this Policy. The adjusted benefits will be those the premium paid would have purchased at your correct age and gender, based on our rates in effect when this Policy was issued. If the misstatement of age results in an issue age which is not within our range of issue ages, we will extrapolate a premium and benefit.

### **Suicide**

If, within two years from the date of issue, you die by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid.

### **Incontestability**

We cannot contest this Policy after it has been in force, during your lifetime, for two years from its date of issue, except for:

1. Nonpayment of premiums; or
2. Any rider providing disability or accidental death benefits.

## **TERMINATION**

This Policy will terminate on:

1. The date the grace period ends without sufficient premium being paid;
2. The thirty-first day after we have mailed notice to you and any assignee that the Indebtedness exceeds the Cash Value;
3. The date of your request In Writing. In addition, we request you return this Policy to us;
4. The day following the end of the reduced paid-up term life insurance period, if this Policy remains in force as reduced paid-up term life insurance until that date;
5. The Expiry Date of this Policy shown in the Policy Specifications;

6. The date this Policy is converted to a new plan of insurance as provided in the Conversion Privilege provision of this Policy; or
7. The date of your death.

Premium received for a period after the date of termination will not cause this Policy to continue in force.

We will refund 100% of any premium paid for the period beyond the Policy month of termination.

If the Children's Term Life Insurance Rider is attached to this Policy, the payment of death benefits on any insured covered under this rider will not trigger the termination of this Policy or the Return of Premium Benefit Provision.

## **CONVERSION PRIVILEGE**

### **General**

While this Policy is in force you may surrender it for a new policy on your life, provided:

1. You request conversion, In Writing;
2. Your request is received prior to the Conversion Date shown in the Policy Specifications; and
3. You are not totally disabled as defined in any rider of this Policy providing waiver of premium.

Evidence of insurability will not be required under this conversion privilege.

### **Conversion Policy**

Your new policy will be on an individual, permanent life insurance plan that we make available for conversions. The Policy Date of the conversion policy will be the date of conversion. There will always be at least one plan available for conversion.

Coverage under this Policy terminates on the Policy Date of the conversion policy.

The Death Benefit of the new policy may not be:

1. More than the Amount of Benefit of this Policy on the date of conversion; nor
2. Less than the allowable minimum for the plan of insurance available.

The new policy will be issued under the same risk class as this Policy. If that risk class is not available for the new policy, the risk class which in our judgment most closely corresponds to the risk class of this Policy will be used. Premiums will be based on the rates used by us at the time of conversion. The first premium for the new policy will be due upon conversion.

The new policy will contain all optional benefit riders attached to this Policy provided:

1. Such riders are in force on this Policy on the date of conversion; and
2. We regularly issue such riders to individuals the same age as your age last birthday on the date of conversion.

The period of time stated in the suicide and incontestability provisions of any new policy to which this Policy is converted will run from the date of issue of this Policy.

## SETTLEMENT PROVISIONS

### General

The proceeds payable at death, surrender or the end of the Guaranteed Term Period may be paid in one sum. They may also be paid under one or more of the settlement options provided:

1. The total payment due is at least \$5,000.00; and
2. Each income payment provided by the option is at least \$50.00.

### Election

The payee may elect an option by notifying us In Writing. No settlement option will be available except with our consent if:

1. This Policy is assigned; or
2. The payee is a corporation, association, partnership, trustee, or estate.

The payee may change the election of an option by notifying us In Writing on or before the settlement date. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the settlement date, the payee may make an election at that time. If no election is made, the proceeds will be paid in one sum.

### Settlement Options

Option 1--Income For Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2--Life Income With Payments Guaranteed For Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the payee is alive. Payment will be guaranteed for ten years. If the payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3--Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this Option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

Option 4--Current Purchase Option:

If the payee is a natural person, the payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied. The payee may elect this option by making application, In Writing, within 31 days of the settlement date.

**TABLES FOR OPTIONS**  
**Monthly Income Per \$1,000.00 of Proceeds**

<b>TABLE A OPTION 1 Income for Fixed Period</b>		<b>TABLE B OPTION 2-Life Income With Payments Guaranteed For Ten years</b> The amount of Income is based on the gender and age last birthday of the payee on the date of the first payment.					
No. of Years	Monthly Income	Age	Men Certain Period 10 Years	Women Certain Period 10 Years	Age	Men Certain Period 10 Years	Women Certain Period 10 Years
1	\$83.71						
2	42.06						
3	28.18						
4	21.24						
5	17.07						
6	14.30						
7	12.31						
8	10.83						
9	9.67	50	\$2.96	\$2.73	68	\$4.87	\$4.44
10	8.75	51	3.03	2.79	69	5.03	4.59
11	7.99	52	3.10	2.85	70	5.19	4.75
12	7.36	53	3.18	2.92	71	5.36	4.92
13	6.83	54	3.25	2.99	72	5.54	5.09
14	6.37						
15	5.97						
16	5.63	55	3.34	3.06	73	5.71	5.27
17	5.32	56	3.42	3.14	74	5.89	5.46
18	5.05	57	3.51	3.22	75	6.08	5.66
19	4.81	58	3.61	3.30	76	6.26	5.86
20	4.59	59	3.71	3.39	77	6.44	6.07
21	4.39						
22	4.21						
23	4.05						
24	3.90	60	3.81	3.48	78	6.63	6.28
25	3.76	61	3.93	3.58	79	6.81	6.49
26	3.63	62	4.04	3.68	80	6.99	6.69
27	3.51	63	4.17	3.79	81	7.16	6.90
28	3.40	64	4.30	3.91	82	7.33	7.10
29	3.30						
30	3.21						
Annual Income is 11.787 times the monthly income.		65	4.43	4.03	83	7.48	7.29
Semiannual Income is 5.951 times the monthly income.		66	4.57	4.16	84	7.63	7.46
Quarterly Income is 2.990 times the monthly income.		67	4.72	4.29	85 and over	7.77	7.63

The first installment under all options will be payable as of the date of death or election of surrender value; however, provision to the contrary may be made in the settlement agreement.

Income payments and reserves under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the minimum settlement option interest rate shown in the Policy Specifications.

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

**Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496**

**Home Office: FAIRFIELD, OHIO 45014-5141  
(513) 870-2000**

**Level Term Life Insurance Policy with Return of Policy Value**

Renews Each Policy Anniversary Until the Expiry Date

Stated on the Policy Specifications Page

Indeterminate Premium

Policy Value Paid at End of Guaranteed Term Period

Convertible to the Policy Anniversary

Stated on the Policy Specifications Page

Premiums Payable to Expiry Date

Nonparticipating