

SERFF Tracking Number: NWPA-126363065 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 44106
 Company Tracking Number: NWLA-436-M2
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Individual Level Term Life Insurance Policy
 Project Name/Number: /

Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company

Product Name: Individual Level Term Life Insurance Policy SERFF Tr Num: NWPA-126363065 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- Closed State Tr Num: 44106

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: NWLA-436-M2 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Disposition Date: 11/19/2009
 Authors: Sandra Davies, Dan Gallion, Cindy Malloy, Carrie Ruhlen, Georgia Sollars, Drema Wallace, Leslie Hernandez
 Date Submitted: 11/13/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 11/19/2009 Explanation for Other Group Market Type:
 State Status Changed: 11/18/2009
 Deemer Date: Created By: Dan Gallion
 Submitted By: Dan Gallion Corresponding Filing Tracking Number:
 Filing Description:
 Re: Form NWLA-436-M2, Individual Level Term Life Insurance Policy
 Form NWLA-437-M2, Children's Term Insurance Rider
 Form NWLA-438-M2, Twenty Year Guaranteed Level Term Insurance Spouse Rider

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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Product Name: Individual Level Term Life Insurance Policy

Project Name/Number: /

Form NWLA-439-AO, Waiver of Premium Disability Benefit Rider

Form LAA-0110M1, Application for Life Insurance

Enclosed for filing, subject to your approval, is form NWLA-436-M2, Individual Level Term Life Insurance Policy. This is a new form and will not replace any previously approved form. We do not intend to market this product with an illustration. This is a guaranteed life insurance product; it does not contain any non-guaranteed elements. We intend to provide a sales proposal to the proposed insured at the time of solicitation.

This policy is a non-participating individual term life insurance product. There will be four level premium periods available for the applicants to choose from namely 10, 15, 20 and 30 years. Each policy will be tailored by use of the policy specification pages, which will indicate the terms, benefits, and premiums. These products are sex-distinct and will be based on the 2001 CSO ANB Mortality Table. You have our assurance that the policy 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.

Premiums are level and guaranteed for the level period of the policy that the applicant chooses (i.e. 10 years for the 10 Year Guaranteed Level Term; 15 years for 15 Year Guaranteed Level Term, 20 years for the 20 Year Guaranteed Level Term; and 30 years for the 30 Year Guaranteed Level Term). After the level period of the policy, the premiums are still guaranteed, but are based on attained age and increase every year to age 95. There are five risk classes - Standard Tobacco, Preferred Tobacco, Standard Non-Tobacco, Preferred Non Tobacco and Preferred Plus Non-Tobacco.

RIDER INFORMATION

Also enclosed for your review are forms NWLA-437-M2, Children's Insurance Rider, NWLA-438-M2, Twenty Year Guaranteed Level Term Insurance Spouse Rider, and NWLA-439-AO, Waiver of Premium Disability Benefit Rider. These are new forms and will not replace any existing riders. Below are the specific requirements for each submitted rider:

NWLA-437-M2, Children's Insurance Rider:

The benefit available under this rider is \$1,000 times the number of units applied for by the policy owner. The minimum number of units available is five (\$5,000) and the maximum is twenty-five (\$25,000). The children's insurance rider will be available for primary insured's issue ages 18-55. The children's issue ages are 15 days – 17 years. The children's insurance rider terminates on the policy anniversary on which the primary Insured reaches attained age 65. It does not automatically terminate when the primary insured's youngest child becomes too old to be covered (age 22).

NWLA-438-M2, Twenty Year Guaranteed Level Term Insurance Spouse Rider:

Form NWLA-438-M2 will provide level term insurance on the life of the insured's spouse. The term of the rider is 20 years and coverage ceases at the end of the term. Coverage is available in unit amounts, with each unit being \$1,000

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Company Tracking Number: NWLA-436-M2
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

of coverage. There are five risk classes - Standard Tobacco, Preferred Tobacco, Standard Non-Tobacco, Preferred Non Tobacco and Preferred Plus Non-Tobacco. Conversion may be at any time prior to the Final Conversion Date stated on the Policy Specification Pages, and in accordance with the conditions stated in the rider form.

NWLA-439-AO, Waiver of Premium Disability Benefit Rider:

The waiver of premium benefit terminates on the policy anniversary on which the primary Insured reaches attained age 65. The issue ages are 18-59, unless further restricted by the plan to which the rider is attached.

If the primary insured becomes disabled while this benefit is in force, we will provide one of the following benefits, depending on the insured's Attained Age at the time of disability:

- If the disability occurs prior to the Policy Anniversary on which the insured reaches Attained Age 60, all Premiums due for the Policy, including any riders, will be waived during the disability;
- If the disability occurs on or after the Policy Anniversary on which the insured reaches Attained Age 60, but before the Policy Anniversary on which the insured reaches Attained Age 63, all Premiums due for the Policy, including any riders, will be waived during the disability until Attained Age 65; or
- If the disability occurs on or after the Policy Anniversary on which the insured reaches Attained Age 63, but before the Policy Anniversary on which the insured reaches Attained Age 65, all Premiums due for the Policy, including any riders, will be waived during the disability for a two year period starting on the date of disability.

APPLICATION INFORMATION

LAA-0110M1, Application for Life Insurance:

LAA-0110M1, Application for Life Insurance, is the final form enclosed for your review. This is a new form and will not replace another form. Form LAA-0110M1 is a short application to be used with our simplified issue bands. This application will be completed electronically for amounts up to \$124,999 for Term and \$99,999 for our Whole Life and Universal Life policy forms. Nationwide's application is used in paper and electronic format. To verify the authenticity, Nationwide and its producers collect personal information from the applicant as part of the application process and the identity of the applicant is verified through this process. When collecting electronic signatures on applications and other documents, Nationwide will then send an email to the applicant's private email account, which is provided to Nationwide or its producers during the application process. The email contains a weblink to our third-party electronic signature application. After clicking on the link, the applicant must provide their 4-digit pin, which is a secret number that the applicant provides Nationwide or its producers during the application process. They must also consent to an e-signature statement, which contains the notices and consents required by law for a binding electronic signature. For added security, the weblink is only active for five days, after which time the applicant must contact Nationwide or the producer

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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Fixed/Indeterminate Premium
Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

for another email message with a new weblink.

It is our intention to use this application with the following previously approved policy forms:

NWLA-350-M2, Whole Life Insurance (20 Pay/Paid Up at 100), approved 12-20-06

NWLA-370-M2, Flexible Premium Adjustable Universal Life Insurance, approved 03-11-08

The following previously approved applications and endorsement also may be used with this product:

LAA-0107M1, Application for Life Insurance, approved 08-12-08

LAA-0101AR, Short Form Application for Life Insurance Part I, approved 02-19-04

LAA-0102AR, Short Form Application for Life Insurance Part II, approved 02-19-04

NWLA-395-AO, Rider Change Endorsement, approved 02-19-08

The enclosed forms have been written in a readable fashion and attain Flesch scores of:

NWLA-436-M2 - 57.6

NWLA-437-M2 - 56.4

NWLA-438-M2 - 58.7

NWLA-439-AO - 62.8

LAA-0110M1 - 54.5

These forms are being filed concurrently in our state of domicile.

Thank you in advance for your prompt attention to this filing. Please feel free to call me at 1-800-882-2822 (ext. 98116) if you have any questions.

Sincerely,

Dan Gallion
Specialist
NF Regulatory Filings &
Operations Team, 1-33-102
Phone: (614) 249-8116
Fax: (614) 249-1199
E-Mail: galliod@nationwide.com

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Individual Level Term Life Insurance Policy

Project Name/Number: /

DG

Enclosures:

1. General Filing Information
2. Filing Fee
3. Certifications
4. Form NWLA-436-M2, Individual Level Term Life Insurance Policy
5. Form NWLA-437-M2, Children's Term Insurance Rider
6. Form NWLA-438-M2, Twenty Year Guaranteed Level Term Insurance Spouse Rider
7. Form NWLA-439-AO, Waiver of Premium Disability Benefit Rider
8. Form LAA-0110M1, Application for Life Insurance
9. Policy Specification Pages
10. Actuarial Memorandums
11. Statement of Variability

Company and Contact

Filing Contact Information

Dan Gallion, Compliance Specialist galliod@nationwide.com
One Nationwide Plaza 614-249-8116 [Phone]
1-33-102 614-249-1199 [FAX]
Columbus, OH 43215

Filing Company Information

Nationwide Life and Annuity Insurance CoCode: 92657 State of Domicile: Ohio
Company
One Nationwide Plaza Group Code: 140 Company Type:
1-10-03 Group Name: State ID Number:
Columbus, OH 43215 FEIN Number: 31-1000740
(800) 882-2822 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

SERFF Tracking Number: NWPA-126363065 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 44106
Company Tracking Number: NWLA-436-M2
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life and Annuity Insurance Company	\$50.00	11/13/2009	32021907

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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 Company Tracking Number: NWLA-436-M2
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Individual Level Term Life Insurance Policy
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/19/2009	11/19/2009
Approved-Closed	Linda Bird	11/18/2009	11/18/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/18/2009	11/18/2009	Dan Gallion	11/18/2009	11/18/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Life & Annuity - Actuarial Memo	Dan Gallion	11/19/2009	11/19/2009
Form	Policy Specification Pages - 10 Year Term	Dan Gallion	11/17/2009	11/17/2009
Form	Policy Specification Pages - 15 Year Term	Dan Gallion	11/17/2009	11/17/2009
Form	Policy Specification Pages - 20 Year Term	Dan Gallion	11/17/2009	11/17/2009
Form	Policy Specification Pages - 30 Year Term	Dan Gallion	11/17/2009	11/17/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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SERFF Tracking Number: NWPA-126363065 *State:* Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company *State Tracking Number:* 44106
Company Tracking Number: NWLA-436-M2
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

Filing reopened Note To Filer Linda Bird 11/19/2009 11/19/2009

SERFF Tracking Number: NWPA-126363065 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 44106
 Company Tracking Number: NWLA-436-M2
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Individual Level Term Life Insurance Policy

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (<i>revised</i>)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Supporting Document	Arkansas Claim Endorsement		Yes
Form	Individual Level Term Life Insurance Policy		Yes
Form (<i>revised</i>)	Policy Specification Pages - 10 Year Term		Yes
Form	Policy Specification Pages - 10 Year Term	Replaced	Yes
Form (<i>revised</i>)	Policy Specification Pages - 15 Year Term		Yes
Form	Policy Specification Pages - 15 Year Term	Replaced	Yes
Form (<i>revised</i>)	Policy Specification Pages - 20 Year Term		Yes
Form	Policy Specification Pages - 20 Year Term	Replaced	Yes
Form (<i>revised</i>)	Policy Specification Pages - 30 Year Term		Yes
Form	Policy Specification Pages - 30 Year Term	Replaced	Yes
Form	Children's Term Insurance Rider		Yes
Form	Twenty Year Guaranteed Level Term Insurance Spouse Rider		Yes
Form	Waiver of Premium Disability Benefit Rider		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
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Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

Disposition

Disposition Date: 11/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Individual Level Term Life Insurance Policy
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (<i>revised</i>)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Supporting Document	Arkansas Claim Endorsement		Yes
Form	Individual Level Term Life Insurance Policy		Yes
Form (<i>revised</i>)	Policy Specification Pages - 10 Year Term		Yes
Form	Policy Specification Pages - 10 Year Term	Replaced	Yes
Form (<i>revised</i>)	Policy Specification Pages - 15 Year Term		Yes
Form	Policy Specification Pages - 15 Year Term	Replaced	Yes
Form (<i>revised</i>)	Policy Specification Pages - 20 Year Term		Yes
Form	Policy Specification Pages - 20 Year Term	Replaced	Yes
Form (<i>revised</i>)	Policy Specification Pages - 30 Year Term		Yes
Form	Policy Specification Pages - 30 Year Term	Replaced	Yes
Form	Children's Term Insurance Rider		Yes
Form	Twenty Year Guaranteed Level Term Insurance Spouse Rider		Yes
Form	Waiver of Premium Disability Benefit Rider		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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Company Tracking Number: NWLA-436-M2
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
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Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/18/2009
Submitted Date 11/18/2009
Respond By Date 12/18/2009

Dear Dan Gallion,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: We did not find a provision in the contract that provides for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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Company Tracking Number: NWLA-436-M2
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/18/2009
Submitted Date 11/18/2009

Dear Linda Bird,

Comments:

Thank you for your letter date 11-18-09.

Response 1

Comments: Please note that for Arkansas policy forms we always include the attached endorsement (NWLA-11-A) which includes the payment of 8% interest on any delayed claim. We will be sure to include this form on future product filings.

Related Objection 1

Comment:

We did not find a provision in the contract that provides for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Arkansas Claim Endorsement

Comment: Arkansas Claim Endorsement

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thanks again for your help on this filing.

Sincerely,

Carrie Ruhlen, Cindy Malloy, Dan Gallion, Drema Wallace, Georgia Sollars, Leslie Hernandez, Sandra Davies

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

Amendment Letter

Submitted Date: 11/19/2009

Comments:

Please note we discovered an error on the actuarial memorandum for the attached policy form NWLA-436-M2. While making updates to the memorandum, we inadvertently omitted updating the final values for the K, E, and Year 5 Cash Values in our example for a "male, 35 standard non-tobacco class, with a face amount of \$100,000 the cash value per 1,000 in year 5."

We apologize for the error and ask that you replace the previously filed actuarial memorandums with the revised actuarial memorandums attached.

Please let us know if you have any questions.

Thank you for your help.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Acturial Memo

Comment: Actuarial Memorandums for policy form.

NWLA-436-M2 - ActMemo - 10 YR.pdf

NWLA-436-M2 - ActMemo - 15 YR.pdf

NWLA-436-M2 - ActMemo - 20 YR.pdf

NWLA-436-M2 - ActMemo - 30 YR.pdf

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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Product Name: Individual Level Term Life Insurance Policy
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 11/19/2009 11:26 AM

Last Edited By:

Linda Bird

Submitted On:

11/19/2009 11:26 AM

Subject:

Filing reopened

Comments:

Filing has been reopened in order for correction to be made in the actuarial memorandum.

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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 Company Tracking Number: NWLA-436-M2
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 Product Name: Individual Level Term Life Insurance Policy
 Project Name/Number: /

Amendment Letter

Submitted Date: 11/17/2009

Comments:

Please note we inadvertently included two "Policy Type:" field descriptions on the previous page 3 of the specification pages (under the POLICY INFORMATION section). This typo has been corrected.

Please let us know if you need anything else for your review.

Thank you for your help.

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
NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 10 Year Term	Initial				0.000	NWLA-436-M2_10_Yr_Term_PSP.pdf
NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 15 Year Term	Initial				0.000	NWLA-436-M2_15_Yr_Term_PSP.pdf
NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 20 Year Term	Initial				0.000	NWLA-436-M2_20_Yr_Term_PSP.pdf
NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 30 Year Term	Initial				0.000	NWLA-436-M2_30_Yr_Term_PSP.pdf

SERFF Tracking Number: NWPA-126363065 State: Arkansas
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 Product Name: Individual Level Term Life Insurance Policy
 Project Name/Number: /

Form Schedule

Lead Form Number: NWLA-436-M2

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NWLA-436-M2	Policy/Contract	Individual Level Term Life Insurance Policy Certificate	Initial		57.600	NWLA-436-M2.pdf
	NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 10 Year Term	Initial		0.000	NWLA-436-M2_10_Yr_Term_PSP.pdf
	NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 15 Year Term	Initial		0.000	NWLA-436-M2_15_Yr_Term_PSP.pdf
	NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 20 Year Term	Initial		0.000	NWLA-436-M2_20_Yr_Term_PSP.pdf
	NWLA-436-M2	Data/Declaration Pages	Policy Specification Pages - 30 Year Term	Initial		0.000	NWLA-436-M2_30_Yr_Term_PSP.pdf
	NWLA-437-M2	Policy/Contract	Children's Term Life Insurance Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		56.400	NWLA-437-M2.pdf
	NWLA-438-M2	Policy/Contract	Twenty Year Guaranteed Level Term Insurance Certificate: Spouse Rider Amendment	Initial		58.700	NWLA-438-M2.pdf

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NWLA-439-AO	Policy/Cont Waiver of Premium Initial Rider	Initial	62.800	NWLA-439-AO.pdf
LAA-0110M1	Application/ Application for Life Enrollment Insurance Form	Initial	54.500	LAA-0110M1.pdf



NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY, a stock life insurance company organized under the laws of the State of Ohio, issues this Policy to you in return for the Premiums you pay to us.

Home Office: [ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215-2220]
Telephone: [1-800-882-2822]
Internet Address: [www.nationwide.com]

We thank you for putting your trust in us. If you have any questions about this Policy, please contact us at our Home Office. You can reach us at the address and phone number listed above. To help us serve you better, please let us know if you change your name, address, or wish to change a party to or interest in this Policy. Thank you for letting us help you meet your insurance needs.

We will provide the benefits described in this Policy, including payment of the Death Benefit Proceeds upon receiving Proof of Death for the Insured while this Policy is in force.

RIGHT TO EXAMINE AND CANCEL

YOU HAVE THE "RIGHT TO EXAMINE AND CANCEL" THIS POLICY. YOU MAY RETURN THIS POLICY TO OUR HOME OFFICE OR THROUGH THE REPRESENTATIVE FROM WHOM IT WAS PURCHASED WITHIN 10 DAYS OF THE DATE YOU RECEIVED IT, OR ANY LONGER PERIOD AS MAY BE REQUIRED BY APPLICABLE LAW, IN THE STATE WHERE THE POLICY IS DELIVERED OR ISSUED FOR DELIVERY. WHEN WE RECEIVE THIS POLICY, WE WILL CANCEL AND VOID IT AND THEN REFUND ALL PREMIUMS PAID TO YOU IN FULL AS OF THE CANCELLATION DATE.

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US, SO PLEASE READ IT CAREFULLY. IF THIS POLICY IS NOT RETURNED DURING THE "RIGHT TO EXAMINE AND CANCEL" PERIOD, YOU WILL BE BOUND BY ITS TERMS.

Signed by us on the Policy Date:

Secretary

President

INDIVIDUAL LEVEL TERM LIFE INSURANCE POLICY, NON-PARTICIPATING

Renewable once per year until the Insured reaches Attained Age 95.

All Premium guaranteed at issue, level for the period elected as stated in the Policy Specification Pages, and payable as scheduled during the Insured's life until the end of the Policy term.

Policy convertible until the Final Conversion Date specified on the Policy Specification Pages.

Premium Class and a Rate Type are shown in the Policy Specification Pages.

No dividends are payable.

TABLE OF CONTENTS

POLICY SPECIFICATION PAGES..... 3
Tables for Settlement Options..... 3B

**DEFINED TERMS USED IN THIS
POLICY**..... 4

GENERAL POLICY PROVISIONS 5
Policy References and Headings 5
Entire Contract 5
Alteration or Modification 5
Waiver and Estoppel 5
Applications 5
Non-Participation 5
Suicide..... 5
Incontestability 5
Misstatement of Age or Sex 6
Misstatement of Smoking Status 6
Assignment..... 6
Instructions..... 6
Currency..... 6

**PARTIES AND INTERESTS IN THIS
POLICY** 6
Nationwide 6
Policy Owner..... 6
Contingent Owner 7
The Insured 7
Beneficiary and Contingent Beneficiary 7
Changes of Named Parties and Interests 7

PREMIUM PAYMENT PROVISIONS 7
Premium Payment 7
Premium Changes..... 8
Grace Period 8
Reinstatement 8

POLICY BENEFITS PROVISIONS 8
Cancellation..... 8
Right of Conversion 8
Death Benefit..... 9
Reduction of Specified Amount 9
Policy Settlement..... 9
Settlement Options 10

DEFINED TERMS USED IN THIS POLICY

The defined terms listed below are either frequently used or have an important meaning within this Policy.

Attained Age – Age measured from the Policy Date. Attained Age is equal to a person's Issue Age plus the number of completed Policy Years.

Beneficiary – The person or entity you name to whom the Death Benefit Proceeds are payable if the Insured dies while this Policy is in force.

Contingent Beneficiary – The person or entity you name to whom the Death Benefit Proceeds are payable if the Insured dies while this Policy is in force and no Beneficiary is living or in existence.

Contingent Owner – The person or entity you name who becomes the Policy Owner if you die before the Insured.

Death Benefit Proceeds – The amount we pay if the Insured dies while this Policy is in force.

Insured – The person you name whose life is covered by this Policy and upon whose death the Death Benefit Proceeds become payable.

Issue Age – A person's age based on their birthday nearest the Policy Date. The Insured's Issue Age is shown in the Policy Specification Pages.

Nationwide – Nationwide Life and Annuity Insurance Company. References to "we," "our," and "us," also mean Nationwide Life and Annuity Insurance Company.

Policy – The terms, conditions, benefits, and rights of the life insurance contract described in this document and the attached application form.

Policy Anniversary – Each anniversary of the Policy Date.

Policy Date – The issue date of this Policy. It is the date this Policy takes effect subject to the payment of the first required Premium payment. It is stated in the Policy Specification Pages.

Policy Owner – The person or entity possessing all rights under this Policy prior to the Insured's death. The Policy Owner is named on the application unless later changed. References to "you" or "your" also mean the Policy Owner.

Policy Year – Beginning with the Policy Date, each one-year period this Policy remains in force.

Premium – The periodic payments you are required to make to maintain the full benefits of this Policy and any attached riders. The required amount of Premium on the Policy Date is stated in the Policy Specification Pages.

Proof of Death – A certified copy of the death certificate. If no death certificate will be issued (e.g. missing person), such other evidence and documentation that permits us to make a reasonable determination as to the fact of, date, cause and manner of the death.

Settlement – Payment of the Death Benefit Proceeds.

Specified Amount – The dollar amount used to determine the death benefit of this Policy. It is stated in the Policy Specification Pages.

State of Issue – The jurisdiction where this Policy has been issued for delivery. For purposes of this Policy, the term includes the District of Columbia, Puerto Rico and any state, territory, or possession of the United States of America.

GENERAL POLICY PROVISIONS

Policy References and Headings

Unless the context requires otherwise, the following will apply to the references and headings in this Policy:

1. singular references will also refer to the plural and plural references will also refer to the singular;
2. when we refer to a "provision" it means the entire contents under a main heading in this Policy; and
3. when we refer to a "section," it means the entire contents under a sub-heading within a provision.

Entire Contract

The insurance provided by this Policy is in return for the application and for Premiums paid as required in this Policy. This Policy and a copy of any application, including any supplemental applications together with any amendments, endorsements, or riders make up the entire contract. All statements made by the applicant for the issuance, reinstatement or renewal of a policy shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the Policy unless it is contained in an application that is endorsed upon or attached to this Policy.

The laws of the State of Issue will govern this Policy.

Alteration or Modification

All changes or agreements related to this Policy must be on official forms signed by our President and Secretary. No agent of Nationwide, medical examiner, or representative, other than the identified officers, is authorized to accept risks, alter or modify contracts, or waive any of our rights or requirements.

This Policy may be modified or superseded by applicable law. We will confirm any modification to this Policy in writing.

Other changes to this Policy will be made only if you and we agree.

Waiver and Estoppel

Our failure to enforce any provision of this Policy in one or more instances shall not be deemed, and may not be construed or relied upon, as a waiver of such provision. Nor shall any waiver or relinquishment of any right or power hereunder in any one or more instance be deemed, and may not be construed or relied upon as, a continuing waiver or relinquishment of that right or power at any other time or times.

Applications

In issuing this Policy, we have relied on the statements made in the application to be true and complete. Subject to the Incontestability section of this Policy, no such statement will be used to contest the Policy or deny a claim unless that statement is made in an application and is a misrepresentation that is material to our agreement to provide insurance.

Non-Participation

This Policy does not participate in our earnings or surplus and does not earn or pay dividends.

Suicide

If the Insured commits suicide, while sane or insane, within two years from the Policy Date, we will not pay the Death Benefit Proceeds normally payable on the Insured's death. Instead, we will pay an amount equal to all Premiums paid prior to the Insured's death.

Incontestability

We have the right to contest the validity of this policy based on material misstatements made in the initial application. After this Policy has been in force during the lifetime of the Insured for two years from the Policy Date, we will not contest the Policy for any reason except nonpayment of Premium or fraud, subject to state law.

We also have the right to contest the validity of any policy change or reinstatement based on material misstatements made in any application for that change or reinstatement. After any amendment, endorsement, or rider requiring additional underwriting has been in force as part of the Policy during the lifetime of the Insured for two years from its effective date or a reinstatement date, we will not contest it for any reason except nonpayment of Premium or fraud, subject to state law.

Misstatement of Age or Sex

If the age or sex of an Insured has been misstated, all payments and benefits under this Policy will be those the Premiums paid would have purchased at the Insured's correct age or sex.

Misstatement of Smoking Status

If the smoking status of an Insured has been misstated, we may adjust the Policy to the correct smoking status. Any misstatements of smoking status will result in the Premiums and benefits being recalculated using the correct rate type. The amount payable on death to the Insured shall be the amount that the Premium would have purchased using the correct smoking status of the Insured.

Assignment

You may be able to assign some or all of your rights under this Policy, except as restricted by applicable law or regulation. Assignments must be made in writing and signed by you before the death of the Insured. Assignments take effect as of the date signed, unless otherwise specified by you, subject to any payments made or actions taken by us before the assignment is recorded. An assignment will not be recorded until we have received sufficient and clear written direction from you on how rights under this Policy are to be divided.

We may reject or refuse to recognize assignments that alter the type or character of the risk we assumed in issuing this Policy. Assignments will be subject to any amounts owed to us before the assignment was recorded. The interest of a Beneficiary will be subject to the rights of any assignee of record, unless the Beneficiary designation is made irrevocable prior to the assignment.

We are not responsible for the validity or tax consequences of any assignment or for any payment or other Settlement made prior to our recording of the assignment.

Instructions

All elections, payment requests, claims, instructions, and/or communications to us must be sent to our Home Office listed on the face page of this Policy and received there by us before we can take any action.

No instructions are effective until received and processed or recorded by us at our Home Office. Unless we specify otherwise, all instructions under this Policy must be received in writing, signed and dated. We only accept instructions in writing using a traditional hard-copy format, but we may consent to the acceptance of other methods of delivering instructions (such as electronic mail, facsimile or other appropriate agreed upon formats). For changes in named parties, authorization of a third-party to act on your behalf, or requests to cancel, convert this Policy to another plan of insurance, requests for a Policy Settlement, Specified Amount reduction, and death benefit claims, we may require you to complete the request on a form we provide.

Currency

Any money we pay, or that is paid to us, must be in the currency of the United States of America.

PARTIES AND INTERESTS IN THIS POLICY**Nationwide**

We are a stock life insurance company organized under the laws of the State of Ohio. In exchange for making Premium payments as required in this Policy we provide certain benefits, including paying the Death Benefit Proceeds if the Insured dies while this Policy is in force.

Policy Owner

You are the Policy Owner and may exercise all rights under this Policy during the lifetime of the Insured. If you die before the Insured, your estate will become the Policy Owner unless there is a named Contingent Owner or you have directed us otherwise. Any changes in Policy Owner designation, unless otherwise specified by the Policy Owner, shall take effect on the date the notice of change is signed by the Policy Owner, subject to any payments made or actions taken by Nationwide prior to receipt of the notice.

You name the other parties with rights and interests in this Policy.

Unless otherwise provided on the Policy application or applicable change of ownership form, if there is more than one Policy Owner, all rights, title and interest in this life insurance Policy will be held jointly with right of survivorship. All rights, title and interest of any Policy Owner who predeceases the Insured shall vest in the surviving Policy Owner or jointly in the surviving Policy Owners, subject to the prior rights of all assignees. The signatures of all Policy Owners, or their legal representatives, will be required on any written instructions to exercise Policy rights.

Contingent Owner

You may name a Contingent Owner under this Policy at any time during the lifetime of the Insured. If you name a Contingent Owner, the Contingent Owner will become the Policy Owner if you die during the lifetime of the Insured.

The Insured

The Insured is the person upon whose life this Policy is issued. You may not change the Insured.

Beneficiary and Contingent Beneficiary

A Beneficiary is the person named on the application that may be entitled to receive the Death Benefit Proceeds under this Policy. The right to receive payments under this Policy, including the Death Benefit Proceeds, is described in detail in the Policy Benefits Provisions.

Unless you direct otherwise, the following will apply:

1. if there is more than one Beneficiary, each will share equally in any right to receive the Death Benefit Proceeds;
2. you may name a Contingent Beneficiary who is only entitled to payment if no Beneficiaries are alive when payment to them would otherwise be due. If there is more than one Contingent Beneficiary, each will share equally in any right to receive payment or benefits; and
3. if no Beneficiary or Contingent Beneficiary survives the Insured, then you will receive the Death Benefit Proceeds.

Changes of Named Parties and Interests

Prior to the death of the Insured, you may change the named Beneficiary, Contingent Beneficiary, and Contingent Owner, unless such party was designated as irrevocable, by providing us proper notice in the proper format (as provided in the Instructions subsection of the General Provisions provision of this Policy). A party designated as irrevocable may only be changed with that party's written consent.

You may also change the Policy Owner, but in doing so you will surrender all rights under this Policy to the new Policy Owner.

Any change of a party to this Policy will be effective as of the date signed; however, we are not liable for any actions taken or payments made until the change is received and recorded at our Home Office listed on the face page of this Policy.

PREMIUM PAYMENT PROVISIONS

Premium Payment

Premiums are payable each year to Attained Age 95 or until the death of the Insured, or you cancel this Policy, whichever occurs first. Premiums are payable to our Home Office listed on the face page of this Policy or to our authorized representative. We or our authorized representative will provide confirmation of your Premium payment.

Payment of the initial Premium must be paid in advance of the Policy becoming effective. Premium is payable in advance and must be paid in full when due to avoid loss of coverage or reduction of benefits. The initial Premium is due on the Policy Date shown in the Policy Specification Pages. After that, Premiums are due once a year, every six months, every three months, or once a month, depending upon the frequency of payment you select. However, the mode selected must conform to Premium payment rules we have in effect at the time.

All future Premiums are guaranteed. You may change the frequency of future Premium payments by written request. The change must conform to Premium payment rules we have in effect at that time.

Selecting a frequency more often than annual will increase the amount of Premium you must pay, see the Modal Premium Comparison section in the Policy Specification Pages.

If all Premium is paid when due, coverage under this Policy will end on the Policy Anniversary on which the Insured reaches Attained Age 95.

Premium Changes

All Premiums are guaranteed as to amount at issue, as stated in the Policy Specification Pages. The Premiums are level for the elected period shown in the Policy Specification Pages. After the level payment period of the Policy, the Premiums are based on an Attained Age scale and increase every year to Attained Age 95.

Grace Period

After the initial Premium payment, if any Premium payment is not paid when due, we will send you a notice that your Policy Premium is past due.

A grace period lasts for 31 days from the date we send written notice that a Premium payment has been missed. This Policy will continue in force during the grace period and the overdue Premium may be paid. However, if the Insured dies during the grace period and prior to payment of the Premium due, any unpaid Premium will be deducted from the Death Benefit Proceeds. In no event will Premiums be charged past the month of the Insured's death.

If overdue Premium is not paid by the end of its grace period and the Insured is still living, this Policy will lapse without value. Any payments sent by U.S. mail shall be postmarked within the grace period.

Reinstatement

If this Policy lapses prior to the earlier of the end of its term or the Insured's date of death, and you have not cancelled it, you may reinstate this Policy subject to the following:

1. you must apply in writing within five years after the date the first unpaid Premium was due;
2. you will be required to provide evidence of the Insured's insurability satisfactory to us; and

3. all overdue Premiums must be paid with compound interest up to 6% per year from the date of default to the date of reinstatement. We may charge less than the maximum rate. Compounding of interest means that each year the interest is added to the amount owed and begins to bear interest itself during the following year.

After this Policy has been in force for two years from a reinstatement date, we will not contest it for any reason except nonpayment of Premium or fraud, subject to state law. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

POLICY BENEFITS PROVISIONS

Cancellation

You may request cancellation of this Policy in writing at any time before its renewal date or before the term of the Policy ends. We will refund any unearned Premiums.

Right of Conversion

You may convert this Policy prior to the earlier of the Final Conversion Date, stated in the Policy Specification Pages, or the date of the Insured's death. New evidence of insurability is not required for the conversion. Additionally, you have the right to elect any Rider available to the plan of insurance that we are selling at the time of conversion if evidence of insurability is provided. However, the following conditions will apply:

1. this Policy may only be converted to one of the following:
 - a. a level Premium, level benefit, permanent plan of whole life insurance; or
 - b. subject to our approval, certain non-level Premium, permanent, life insurance policies.
2. this Policy must be in force on the date of conversion;
3. conversion must be applied for in writing;

4. the Insured's Attained Age must be less than 65 on the conversion date;
5. the new policy may have a Specified Amount up to the Specified Amount of this policy at the time the request for conversion is made, but not less than our published minimum for the plan of insurance selected;
6. the new policy must be for a plan of insurance we are issuing on the date of conversion;
7. Premiums for the new policy will not be waived because of any existing disability at the time of conversion; and
8. supplemental benefits cannot be added to the new policy without evidence of insurability and our consent.

The Premium for the new policy will be based on the same class of risk as this Policy, if available, and the Attained Age of the Insured on the date of conversion. If this Policy's risk class is not available for the new policy, the next best risk class available will apply. The first Premium for the new policy must be received with the new policy application. The Policy Date of the new policy and any additional coverage for which evidence of insurability was given will be the date of conversion. However, the contestable and suicide periods in the new policy will start on the Policy Date of this Policy.

Death Benefit

The death benefit is the Specified Amount shown on the Policy Specification Pages. The Death Benefit Proceeds will be the Specified Amount, plus any Premium paid beyond the month in which the Insured's death occurs, minus any amounts owed to us under the Premium Payment section.

Interest on the resulting amount shall accrue and be payable from the date of death. Interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

The Death Benefit Proceeds will be payable according to the Policy Settlement section when we receive and record Proof of Death for the Insured, proof of the claimant's interest in the proceeds, and any other information we may reasonably require.

Reduction of Specified Amount

You may request a decrease in the Specified Amount of this Policy in writing at any time, and the following will apply:

1. the reduced Specified Amount may not be less than the Minimum Specified Amount stated in the Policy Specification Pages; and
2. the Premium rate charged is based on the revised Specified Amount.

Policy Settlement

Policy Settlement may be in a lump sum or by other available options listed below upon our receipt of complete instructions and any other information we may reasonably require. More than one Settlement option may be chosen. However, Settlement options other than lump sum may only be chosen if the total amount to be applied under an option is at least \$2,000.00 and each payment is at least \$20.00.

While this Policy is in force and prior to the death of the Insured, you may choose, revoke, or change Settlement options at any time (subject to the limits above). If no Settlement option has been chosen before the death of the Insured, the Beneficiary may choose a Settlement option(s). If no other Settlement option has been chosen, payment will be made in a lump sum.

Settlement options must be chosen, revoked, or changed by proper written request. After an option, revocation, or change is recorded at our Home Office listed on the face page of this Policy, it will become effective as of the date it was requested; provided, however, that we will not be liable to any person for any action or payment we make prior to recording the change. We may require proof of age of any person to be paid under a Settlement option. Any change of Beneficiary will automatically revoke any Settlement option that is in effect.

At the time of Policy Settlement under any Settlement option other than lump sum, we will issue a Settlement Contract in exchange for the Policy. The effective date of the Settlement Contract will be the date the Insured died. Payments will be made at the beginning of the selected 12, 6, 3, or 1 month interval starting with the effective date of the Settlement Contract.

Settlement Options

Settlement option payments are not assignable. To the extent allowed by law, Settlement option payments are not subject to the claims of creditors or to legal process. The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the cash surrender value to purchase a single consideration immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

1. Life Income with Payments Guaranteed: Amounts applied to this option will be paid for a term equal to, the greater of the named payee's remaining lifetime, or the selected guarantee period of 10, 15, or 20 years. The amount payable monthly for each \$1,000 applied to this option is shown in the Option 1 Table in the Policy Specification Pages.
2. Joint and Survivor Lifetime Income: Amounts applied to this option will be paid and continued

during the lifetimes of the named payees, as long as either payee is living. The amount payable monthly for each \$1,000 applied to this option for selected ages and sex combinations is shown in the Option 2 Table in the Policy Specification Pages, amounts payable for combinations of age and sex not shown will be furnished on request. Payments will be made jointly.

3. Life Annuity: Amounts applied to this option will be paid during the lifetime of the named payee. The amount payable will be based on our current annuity purchase rates on the effective date of the Settlement Contract. Annuity purchase rates are subject to change. Upon request, we will quote the amount currently payable under this Settlement option.
4. Any Other Option: Settlement options not set forth in this Policy may be available. You may request any other form of Settlement option, subject to our approval. The amount and period available under any other option will be determined by us.

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NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

ENDORSEMENTS (Endorsements may be made only by Nationwide at our Home Office listed on the face page of this Policy) Please attach any applicable endorsements here (Note: this section is not used as a blank endorsement).

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THIS PAGE WILL BE USED FOR ENDORSEMENTS.



INDIVIDUAL LEVEL TERM LIFE INSURANCE POLICY, NON-PARTICIPATING

Renewable once per year until the Insured reaches Attained Age 95.

All Premium guaranteed at issue, level for the period elected as stated in the Policy Specification Pages,
and payable as scheduled during the Insured's life until the end of the Policy term.

Policy convertible until the Final Conversion Date specified on the Policy Specification Pages.

Premium Class and a Rate Type are shown in the Policy Specification Pages.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [10] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2017]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$1,928.15]	Total Annual Premium***: [\$1,928.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [10] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$351.00]	[2019]
[Premium Class Multiple - 1.50]	[\$138.00]	[2019]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$26.00]	[2019]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$1,928.15]	1.000	[\$1,928.15]
Semi-Annual [\$1,002.64]	0.520	[\$2,005.28]
Quarterly [\$510.96]	0.265	[\$2,043.84]
Monthly [\$171.61]	0.089	[\$2,059.32]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,315.00	31	65	\$7,337.00
2	36	\$1,315.00	32	66	\$8,030.00
3	37	\$1,315.00	33	67	\$8,732.00
4	38	\$1,315.00	34	68	\$9,488.00
5	39	\$1,315.00	35	69	\$10,271.00
6	40	\$815.00	36	70	\$11,220.00
7	41	\$815.00	37	71	\$12,282.00
8	42	\$815.00	38	72	\$13,677.00
9	43	\$815.00	39	73	\$15,149.00
10	44	\$815.00	40	74	\$16,697.00
11	45	\$1,475.00	41	75	\$18,389.00
12	46	\$1,579.00	42	76	\$20,234.00
13	47	\$1,696.00	43	77	\$22,376.00
14	48	\$1,768.00	44	78	\$24,878.00
15	49	\$1,855.00	45	79	\$27,767.00
16	50	\$1,974.00	46	80	\$30,917.00
17	51	\$2,122.00	47	81	\$34,503.00
18	52	\$2,321.00	48	82	\$38,238.00
19	53	\$2,535.00	49	83	\$42,266.00
20	54	\$2,800.00	50	84	\$46,725.00
21	55	\$3,120.00	51	85	\$51,707.00
22	56	\$3,453.00	52	86	\$57,228.00
23	57	\$3,814.00	53	87	\$63,258.00
24	58	\$4,134.00	54	88	\$69,720.00
25	59	\$4,505.00	55	89	\$76,538.00
26	60	\$4,641.00	56	90	\$83,652.00
27	61	\$5,108.00	57	91	\$90,344.00
28	62	\$5,666.00	58	92	\$97,319.00
29	63	\$6,274.00	59	93	\$104,676.00
30	64	\$7,010.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds**

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [15] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2021]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$1,996.15]	Total Annual Premium***: [\$1,996.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [15] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$392.00]	[2024]
[Premium Class Multiple - 1.50]	[\$159.00]	[2024]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$32.00]	[2024]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$1,996.15]	1.000	[\$1,996.15]
Semi-Annual [\$1,038.00]	0.520	[\$2,076.00]
Quarterly [\$528.98]	0.265	[\$2,115.92]
Monthly [\$177.66]	0.089	[\$2,131.92]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,383.00	31	65	\$7,337.00
2	36	\$1,383.00	32	66	\$8,030.00
3	37	\$1,383.00	33	67	\$8,732.00
4	38	\$1,383.00	34	68	\$9,488.00
5	39	\$1,383.00	35	69	\$10,271.00
6	40	\$883.00	36	70	\$11,220.00
7	41	\$883.00	37	71	\$12,282.00
8	42	\$883.00	38	72	\$13,677.00
9	43	\$883.00	39	73	\$15,149.00
10	44	\$883.00	40	74	\$16,697.00
11	45	\$883.00	41	75	\$18,389.00
12	46	\$883.00	42	76	\$20,234.00
13	47	\$883.00	43	77	\$22,376.00
14	48	\$883.00	44	78	\$24,878.00
15	49	\$883.00	45	79	\$27,767.00
16	50	\$1,974.00	46	80	\$30,917.00
17	51	\$2,122.00	47	81	\$34,503.00
18	52	\$2,321.00	48	82	\$38,238.00
19	53	\$2,535.00	49	83	\$42,266.00
20	54	\$2,800.00	50	84	\$46,725.00
21	55	\$3,120.00	51	85	\$51,707.00
22	56	\$3,453.00	52	86	\$57,228.00
23	57	\$3,814.00	53	87	\$63,258.00
24	58	\$4,134.00	54	88	\$69,720.00
25	59	\$4,505.00	55	89	\$76,538.00
26	60	\$4,641.00	56	90	\$83,652.00
27	61	\$5,108.00	57	91	\$90,344.00
28	62	\$5,666.00	58	92	\$97,319.00
29	63	\$6,274.00	59	93	\$104,676.00
30	64	\$7,010.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [20] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2024]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$2,023.15]	Total Annual Premium***: [\$2,023.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [20] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$406.00]	[2029]
[Premium Class Multiple - 1.50]	[\$166.00]	[2029]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$38.00]	[2029]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$2,023.15]	1.000	[\$2,023.15]
Semi-Annual [\$1,052.04]	0.520	[\$2,104.08]
Quarterly [\$536.13]	0.265	[\$2,144.52]
Monthly [\$180.06]	0.089	[\$2,160.72]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,410.00	31	65	\$7,337.00
2	36	\$1,410.00	32	66	\$8,030.00
3	37	\$1,410.00	33	67	\$8,732.00
4	38	\$1,410.00	34	68	\$9,488.00
5	39	\$1,410.00	35	69	\$10,271.00
6	40	\$910.00	36	70	\$11,220.00
7	41	\$910.00	37	71	\$12,282.00
8	42	\$910.00	38	72	\$13,677.00
9	43	\$910.00	39	73	\$15,149.00
10	44	\$910.00	40	74	\$16,697.00
11	45	\$910.00	41	75	\$18,389.00
12	46	\$910.00	42	76	\$20,234.00
13	47	\$910.00	43	77	\$22,376.00
14	48	\$910.00	44	78	\$24,878.00
15	49	\$910.00	45	79	\$27,767.00
16	50	\$910.00	46	80	\$30,917.00
17	51	\$910.00	47	81	\$34,503.00
18	52	\$910.00	48	82	\$38,238.00
19	53	\$910.00	49	83	\$42,266.00
20	54	\$910.00	50	84	\$46,725.00
21	55	\$3,120.00	51	85	\$51,707.00
22	56	\$3,453.00	52	86	\$57,228.00
23	57	\$3,814.00	53	87	\$63,258.00
24	58	\$4,134.00	54	88	\$69,720.00
25	59	\$4,505.00	55	89	\$76,538.00
26	60	\$4,641.00	56	90	\$83,652.00
27	61	\$5,108.00	57	91	\$90,344.00
28	62	\$5,666.00	58	92	\$97,319.00
29	63	\$6,274.00	59	93	\$104,676.00
30	64	\$7,010.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds**

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [30] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2029]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$2,327.15]	Total Annual Premium***: [\$2,327.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [30] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$599.00]	[2039]
[Premium Class Multiple - 1.50]	[\$262.00]	[2039]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$53.00]	[2039]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$2,327.15]	1.000	[\$2,327.15]
Semi-Annual [\$1,210.12]	0.520	[\$2,420.24]
Quarterly [\$616.69]	0.265	[\$2,466.76]
Monthly [\$207.12]	0.089	[\$2,485.44]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,714.00	31	65	\$7,337.00
2	36	\$1,714.00	32	66	\$8,030.00
3	37	\$1,714.00	33	67	\$8,732.00
4	38	\$1,714.00	34	68	\$9,488.00
5	39	\$1,714.00	35	69	\$10,271.00
6	40	\$1,214.00	36	70	\$11,220.00
7	41	\$1,214.00	37	71	\$12,282.00
8	42	\$1,214.00	38	72	\$13,677.00
9	43	\$1,214.00	39	73	\$15,149.00
10	44	\$1,214.00	40	74	\$16,697.00
11	45	\$1,214.00	41	75	\$18,389.00
12	46	\$1,214.00	42	76	\$20,234.00
13	47	\$1,214.00	43	77	\$22,376.00
14	48	\$1,214.00	44	78	\$24,878.00
15	49	\$1,214.00	45	79	\$27,767.00
16	50	\$1,214.00	46	80	\$30,917.00
17	51	\$1,214.00	47	81	\$34,503.00
18	52	\$1,214.00	48	82	\$38,238.00
19	53	\$1,214.00	49	83	\$42,266.00
20	54	\$1,214.00	50	84	\$46,725.00
21	55	\$1,214.00	51	85	\$51,707.00
22	56	\$1,214.00	52	86	\$57,228.00
23	57	\$1,214.00	53	87	\$63,258.00
24	58	\$1,214.00	54	88	\$69,720.00
25	59	\$1,214.00	55	89	\$76,538.00
26	60	\$1,214.00	56	90	\$83,652.00
27	61	\$1,214.00	57	91	\$90,344.00
28	62	\$1,214.00	58	92	\$97,319.00
29	63	\$1,214.00	59	93	\$104,676.00
30	64	\$1,214.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215-2220**

CHILDREN'S TERM INSURANCE RIDER

PLEASE READ THIS RIDER CAREFULLY.

Term insurance is involved. The Suicide and Incontestability periods of this Rider begin on the Rider Effective Date and will be different from those of the Policy if this Rider is elected after the Policy Date.

General Information Regarding this Rider

This Children's Term Insurance Rider ("Rider") is made part of the Policy to which it is attached on the Rider Effective Date.

To the extent any provisions contained in this Rider are contrary to or inconsistent with those of the Policy to which it is attached the provisions of this Rider will control the Policy accordingly. Non-defined terms shall have the meaning given to them in the Policy.

This Rider provides term life insurance on each Insured Child. This Rider has no cash value except as provided in the Paid-Up Term Insurance Benefit section and has no loan value. This Rider does not modify the Specified Amount, or any cash, loan, Extended Term Insurance or paid-up insurance values of the Policy, as applicable.

Defined Terms used in this Rider

The following definitions apply to coverage under this Rider:

Insured Child - An Insured Child is a natural child, stepchild, or legally adopted child of the Insured who:

1. is at least 15 days old; and
2. has not reached the Policy Anniversary nearest to his or her 22nd birthday, and:
 - a. is named in the application for this Rider and has not reached the Policy Anniversary nearest to the Insured Child's 18th birthday on the date the application is signed; or
 - b. after the date of application for this Rider, is born to the Insured, or is legally adopted or acquired as a stepchild by the Insured and has not reached the Policy Anniversary nearest to the Insured Child's 18th birthday.

Rider Beneficiary - The person entitled to receive the Rider Specified Amount upon the death of each Insured Child. Unless otherwise designated by you, the Rider Beneficiary will be the Insured under the base policy, if living; otherwise to the Insured Child's estate.

Rider Effective Date - The date coverage under this Rider commences. The Rider Effective Date is the Policy Date unless this Rider is elected after the Policy is issued. If the Rider is added after issue, we will confirm to you in writing the Rider Effective Date.

Rider Specified Amount - The dollar amount of the benefit payable to the Rider Beneficiary on the death of an Insured Child. The Rider Specified Amount is equal to \$1,000 for each unit of this Rider purchased. The number of units is stated in the Policy Specification Pages unless this Rider is elected after the Policy is issued. If the Rider is added after issue, we will confirm to you in writing the Rider Specified Amount.

Suicide

If the Insured commits suicide, while sane or insane, within two years of the Rider Effective Date, each Insured Child may exercise the Paid-Up Term Insurance Benefit. If each Insured Child's right to the Paid-Up Term Insurance Benefit is not exercised, we will pay an amount equal to all Premiums paid for the Rider prior to the Insured's death.

If an Insured Child commits suicide, while sane or insane, within two years of the Rider Effective Date, the Rider Specified Amount will not be paid.

Incontestability

After this Rider has been in force during the lifetime of the Insured for two years from the Rider Effective Date or a reinstatement date, we will not contest this Rider for any reason except fraud, subject to state law.

Misstatement of Age or Sex

If the age or sex of an Insured Child has been misstated, all payments and benefits for that Insured Child under this Rider will be those which the Premiums paid would have purchased based on the Insured Child's correct age or sex.

Premium

The Premium for this Rider is part of the total Premium for the Policy to which it is attached. The Premium for this Rider is stated in the Policy Specification Pages unless this Rider was elected after the Policy was issued. If this Rider is elected post-issue, the Premium for this Rider is confirmed in writing. When this Rider terminates, the total Premium for the Policy will be reduced by the Premium for this Rider and by any Premium charged for a waiver of Premium benefit covering this Rider.

If the total Premium is not paid when due, this Rider will lapse along with the Policy to which it is attached.

Reinstatement

In the event of a lapse, this Rider may be reinstated along with, and according to the terms of, the Policy to which it is attached, subject to the following:

1. this Rider has not terminated, see Termination section; and
2. evidence of insurability will also be required for each Insured Child covered under this Rider before it will be reinstated. If we are not satisfied with the evidence of insurability provided for any Insured Child, we may exclude that child from coverage upon reinstatement.

We will not pay any benefit under this Rider on a death occurring between the date a lapse occurs and the date of reinstatement.

Benefits Provided by this Rider

This Rider provides level term life insurance on each Insured Child. If an Insured Child dies while coverage under this Rider is in effect, the Rider Beneficiary will receive the Rider Specified Amount.

The Rider Specified Amount becomes payable when we receive the following at our Home Office listed on the face page of the Policy:

1. Proof of Death for an Insured Child; and
2. unless previously provided with an application, proof of relationship to the Insured (certified records of birth, adoption, and/or marriage, as applicable).

Coverage for an Insured Child ends on the earliest of:

1. the Policy Anniversary nearest to the Insured Child's 22nd birthday;
2. the date an Insured Child converts his or her coverage under the Right of Conversion section of this Rider; or
3. the date this Rider terminates under the terms of the Termination section.

If an Insured Child dies during a grace period, we will pay the Rider Specified Amount reduced by the amount of the unpaid Premium for this Rider. No benefit will be paid under this Rider if an Insured Child dies after coverage ends.

Paid-Up Term Insurance Benefit

On our receipt of Proof of Death for the Insured while this Rider is in force, the term life insurance of each Insured Child becomes paid-up term insurance and has a cash value.

The amount of coverage for each Insured Child will be equal to the Rider Specified Amount. This paid-up term insurance will remain in effect until the earliest of:

1. the Policy Anniversary nearest to the Insured Child's 22nd birthday;
2. the Policy Anniversary on which the Insured would have reached Attained Age 65; or
3. the date on which the Policy to which this Rider is attached would have matured or expired.

The cash value of the paid-up term insurance at any time will be what it would cost, as a net single premium, to buy the remaining insurance at the Attained Age of each Insured Child respectively. The cash value is based on the Commissioner's 2001 Standard Ordinary Mortality Table, an interest rate of 4% per year, and the assumption that death benefits will be paid immediately. The cash value if surrendered within 30 days after a Rider Anniversary shall not be less than the value as of that Anniversary. Cash value information for this Rider will be furnished on request.

Right of Conversion

The term life insurance on an Insured Child may be converted to a level Premium, level benefit, permanent plan of whole life insurance that we are selling at the time. Evidence of an Insured Child's insurability is not required for conversion. Additionally, you have the right to elect any Rider available to the plan of insurance that we are selling at the time of conversion if evidence of insurability is provided. The plan of insurance converted to for each Insured Child must be in an amount that is at least the minimum required by the new policy but which does not exceed the lesser of 5 times the Rider Specified Amount at the time of the conversion or \$50,000.

Conversion may be requested for:

1. the date this Rider will terminate according to the Termination section; or
2. one of the following dates while this Rider is in force,
 - a. the date the Insured Child marries; or
 - b. the Policy Anniversary nearest to the Insured Child's 18th or 22nd birthday.

Any new policy issued under the right of conversion is subject to the following conditions:

1. the application for conversion must be received within 31 days of a date on which conversion is permitted;
2. the first Premium for the new policy must be received with the application for conversion;
3. the Premium for the new policy will be based on the rates in effect on the date of conversion;
4. the same class of risk as this Rider, unless you request underwriting, and the Attained Age of the Insured Child whose coverage is converted will be used in determining the Premium for the new policy; and
5. no supplemental benefits or additional coverage may be added without evidence of the Insured Child's insurability and our consent.

The effective date of the new policy and any additional coverage for which evidence of insurability was given will be the date of conversion. The Incontestability and Suicide periods of the new policy will start on the Rider Effective Date of this Rider. We will always make available a plan of insurance to which an Insured Child may convert.

Extended Coverage

We will pay a death benefit equal to the amount which would have been payable had the term insurance been in force if:

1. any Insured Child dies within 31 days after his or her coverage under this Rider terminates; and
2. before any new policy provided by the Right of Conversion section becomes effective.

Termination

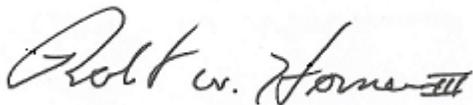
You may terminate this Rider by written request to us. In order to terminate this Rider, we have the right to require return of the Policy and this Rider to us for endorsement. This Rider also terminates on the earliest of the following dates:

1. the date the Policy to which this Rider is attached is Surrendered or cancelled, exchanged for or converted to another plan of insurance, or is placed on Extended Term Insurance or paid-up insurance, as applicable;
2. subject to the Reinstatement section, the date the Policy and this Rider lapse due to non-payment of Premium;
3. the Policy Anniversary on which the Insured reaches Attained age 65;
4. the date the Policy to which this Rider is attached becomes paid up; or
5. the date this Rider is converted pursuant to the Right of Conversion section.

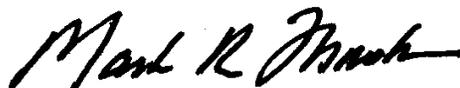
Important Notice Regarding Termination of this Rider

This Rider will **not** terminate automatically when the Insured's youngest child becomes too old to be covered. We generally have no way of knowing how many eligible children have been born to, or adopted or acquired by, the Insured since application for this Rider was made, therefore,

this Rider's coverage and cost will continue until it has been terminated. If the Insured no longer has (or expects to have) eligible children, it is his/her responsibility to decide if and when to initiate termination of this rider.



Secretary



President

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215-2220**

TWENTY YEAR GUARANTEED LEVEL TERM INSURANCE SPOUSE RIDER

PLEASE READ THIS RIDER CAREFULLY.

Term insurance is involved. The Suicide and Incontestability periods of this Rider begin on the Rider Effective Date and will be different from those of the Policy if this Rider is elected after the Policy Date.

General Information Regarding this Rider

This Spouse Term Insurance Rider ("Rider") is made part of the Policy to which it is attached on the Rider Effective Date.

To the extent any provisions contained in this Rider are contrary to or inconsistent with those of the Policy to which it is attached, the provisions of this Rider will control the Policy accordingly. Non-defined terms shall have the meaning given to them in the Policy.

This Rider provides level term life insurance on the Insured Spouse for 20 years from the Rider Effective Date. This Rider has no cash value and no loan value. This Rider does not modify the Specified Amount, or any cash, loan, Extended Term Insurance or paid-up insurance values of the Policy, as applicable.

The term coverage under this Rider is not renewable. However, you may apply for new spousal coverage on the Policy to which this Rider is attached subject to then current availability, limits, terms and conditions, and evidence of insurability.

Defined Terms used in this Rider

The following definitions apply to coverage under this Rider:

Insured Spouse - The spouse of the Insured under the Policy to which this Rider is attached as named in the application for this Rider.

Rider Beneficiary - The person entitled to receive the Rider Specified Amount upon the death of the Insured Spouse. Unless otherwise designated by you, the Rider Beneficiary will be the Insured, if living; otherwise, to the Insured Spouse's estate.

Rider Effective Date - The date coverage under this Rider commences. The Rider Effective Date is the Policy Date unless this Rider is elected after the Policy is issued. If the Rider is added after issue, we will confirm to you in writing the Rider Effective Date.

Rider Specified Amount - The dollar amount of the benefit payable to the Rider Beneficiary on the death of the Insured Spouse. The Rider Specified Amount is equal to \$1,000 for each unit of this Rider purchased. The number of units is stated in the Policy Specification Pages unless this Rider is elected after the Policy is issued. If the Rider is added after issue, we will confirm to you in writing the Rider Specified Amount.

Suicide

If the Insured commits suicide, while sane or insane, within two years of the Rider Effective Date, we will pay an amount equal to all Premiums paid for the Rider prior to the Insured's death.

If the Insured Spouse commits suicide, while sane or insane, within two years of the Rider Effective Date, the Rider Specified Amount will not be paid. Instead, this Rider will be cancelled and the Premiums paid for this Rider will be returned.

Incontestability

After this Rider has been in force during the lifetime of the Insured Spouse for two years from the Rider Effective Date or a reinstatement date, we will not contest this Rider for any reason except fraud, subject to state law.

Misstatement of Age or Sex

If the age or sex of the Insured Spouse has been misstated, all payments and benefits under this Rider will be those which the Premiums paid would have purchased based on the Insured Spouse's correct age or sex.

Misstatement of Smoking Status

If the smoking status of an Insured Spouse has been misstated, we may adjust the Rider to the correct smoking status. Any misstatements of smoking status will result in the Premiums and benefits being recalculated using the correct rate type. The amount payable on death to the Insured Spouse shall be the amount that the Premium would have purchased using the correct smoking status of the Insured Spouse.

Premium

The Premium for this Rider is part of the total Premium for the Policy to which it is attached. The Premium for this Rider is stated in the Policy Specification Pages unless this Rider was elected after the Policy was issued. If this Rider is elected post-issue, the Premium for this Rider is confirmed in writing. When this Rider terminates, the total Premium for the Policy will be reduced by the Premium for this Rider and by any Premium charged for a waiver of Premium benefit covering this Rider. If the total Premium is not paid when due, this Rider will lapse along with the Policy to which it is attached.

Reinstatement

In the event of a lapse, this Rider may be reinstated along with, and according to the terms of, the Policy to which it is attached, subject to the following:

1. this Rider has not terminated, see Termination section; and
2. satisfactory evidence of insurability will be required for the Insured Spouse covered by this Rider before it will be reinstated. If we are not satisfied with the evidence of insurability provided for any Insured Spouse, we may exclude the Spouse from coverage upon reinstatement.

We will not pay any benefit under this Rider on a death occurring between the date a lapse occurs and the date of reinstatement.

Benefits Provided by this Rider

This Rider provides level term insurance on the life of the Insured Spouse. Coverage under this Rider begins on the Rider Effective Date and terminates as provided in the Termination section of this Rider.

If the Insured Spouse dies while this Rider is in force, the Rider Beneficiary will receive the Rider Specified Amount. If the Insured Spouse dies during a grace period, we will pay the Rider Specified Amount reduced by the amount of the unpaid Premium for this Rider.

The Rider Specified Amount will be paid when we receive Proof of Death at our Home Office listed on the face page of the Policy for the Insured Spouse while this Rider is in force. If the Insured Spouse is still living when coverage under this Rider terminates, then no benefit is payable. If the Insured dies for reasons other than Suicide, and the Insured Spouse's right to convert is not exercised, we will pay an amount equal to all unearned Premiums paid for the Rider prior to the Insured's death.

Right of Conversion

You have the right to convert this Rider to a level Premium, level benefit, permanent plan of whole life insurance that we are selling at the time. No evidence of the Insured Spouse's insurability will be required for conversion. Additionally, you have the right to elect any Rider available to the plan of insurance that we are selling at the time of conversion if evidence of insurability is provided. The following are required to exercise this conversion right:

1. this Policy may only be converted to one of the following:
 - a. a level Premium, level benefit, permanent plan of whole life insurance; or
 - b. subject to our approval, certain non-level Premium, permanent, life insurance policies;
2. this Rider must be in force;
3. conversion must be applied for in writing;
4. you must exercise your conversion right before the earlier of:
 - a. the Final Conversion Date as stated on the Policy Specification Page; or
 - b. the date this Rider terminates (if the Insured under the Policy dies prior to the Final Conversion Date as stated on the Policy Specification Page, conversion must be applied for within 90 days after we receive Proof of Death for the Insured);
5. the amount of coverage available for any new policy purchased under this right of conversion is subject to the following:
 - a. the coverage amount of the new policy must be for the greater of \$10,000 or the minimum amount available for the new policy under our issue rules at the time; but
 - b. no more than 100% of the Rider Specified Amount;
6. the new policy must be for a plan of insurance we are issuing on the date of conversion;

7. the Premium rate for the new policy will be based on the Attained Age of the Insured Spouse on the date of conversion, the same class of risk as this Rider, if available, and the rates in use at that time. If this Rider's risk class is not available for the new policy, the next best risk class available will apply; and
8. no supplemental benefits or additional coverage may be added without evidence of the Insured Spouse's insurability and our consent.

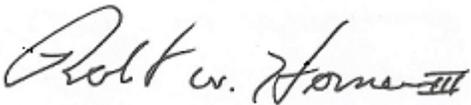
The effective date of the new policy and any additional coverage for which evidence of insurability was given will be the date of conversion. The first Premium for the new policy must be received with the new policy application. The Incontestability and Suicide periods of the new policy will start on the Rider Effective Date of this Rider. We will always make available a plan of insurance to which an Insured Spouse may convert.

Termination

You may terminate this Rider by written request to us. In order to terminate this Rider, we have the right to require return of the Policy and this Rider to us for endorsement.

This Rider also terminates on the earliest of the following dates:

1. the date the Policy to which this Rider is attached is Surrendered or cancelled, exchanged for or converted to another plan of insurance, or is placed on Extended Term Insurance or paid-up insurance, as applicable;
2. subject to the Reinstatement section, the date the Policy and this Rider lapse due to non-payment of Premium;
3. the date this Rider is converted pursuant to the Right of Conversion section;
4. the 20th anniversary of the Rider Effective Date;
5. the date of death of the Insured under the Policy (subject to item 4.b. of the Right of Conversion section of this Rider). Any unearned Premium for this Rider will be returned; or
6. the date of death of the Insured Spouse under this Rider.


Secretary


President

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215-2220**

WAIVER OF PREMIUM DISABILITY BENEFIT RIDER

PLEASE READ THIS RIDER CAREFULLY.

The Incontestability period of this Rider begins on the Rider Effective Date and will be different from that of the Policy if this Rider is elected after the Policy Date.

General Information Regarding this Rider

This Waiver of Premium Disability Benefit Rider ("Rider") is made part of the Policy to which it is attached on the Rider Effective Date.

To the extent any provisions contained in this Rider are contrary to or inconsistent with those of the Policy to which it is attached the provisions of this Rider will control the Policy accordingly. Non-defined terms shall have the meaning given to them in the Policy.

This Rider provides for a waiver of Premium benefit if the Insured becomes Disabled. This Rider has no cash value and no loan value. Each waived Premium will be as if it was paid.

Defined Terms used in this Rider

The following definitions apply to coverage under this Rider:

Disability (Disabled) - The following will constitute a total Disability of the Insured for purposes of this Rider:

1. as a result of bodily injury or disease the Insured is prevented from:
 - a. during the first 24 months after the injury or disease first manifests itself; performing for pay or profit the material duties of his or her regular occupation; or thereafter,
 - b. after the first 24 months when the injury or disease first manifests itself; performing for pay or profit the duties of any occupation for which they become qualified by reason of training, education, or experience;
2. complete loss of sight in both eyes;

3. both hands are completely severed above the wrist (complete loss of four fingers on the same hand will be considered the same as complete severance of that hand above the wrist); both feet are completely severed above the ankle; or
4. one hand is severed above the wrist (complete loss of four fingers on the same hand will be considered the same as complete severance of that hand above the wrist) and one foot is severed above the ankle.

Rider Effective Date - The date coverage under this Rider commences. The Rider Effective Date is the Policy Date unless this Rider is elected after the Policy is issued. If the Rider is added after issue, we will confirm to you in writing the Rider Effective Date.

Incontestability

After this Rider has been in force during the life of the Insured for two years from the Rider Effective Date or a reinstatement date, we will not contest it for any reason, excluding any period of total Disability, except fraud, subject to state law.

Premium

The Premium for this Rider is part of the total Premium for the Policy to which it is attached. The Premium for this Rider is stated in the Policy Specification Pages unless this Rider was elected after the Policy was issued. If this Rider is elected post-issue, the Premium for this Rider is confirmed in writing. When this Rider terminates, the total Premium for the Policy will be reduced by the Premium for this Rider.

If the total Premium is not paid when due, this Rider will lapse along with the Policy to which it is attached.

Reinstatement

In the event of a lapse, this Rider may be reinstated along with, and according to the terms of, the Policy to which it is attached, so long as this Rider has not terminated, see Termination section.

Risks Not Assumed

Premiums will not be waived under this Rider if the Disability:

1. resulted from any attempt at suicide or willfully self-inflicted injuries, while sane or insane;
2. resulted from war or an act of war while in military service of any country at war, declared or undeclared;
3. resulted from any war, declared or undeclared; or
4. began after the Policy Anniversary on which the Insured reaches Attained Age 65.

Notice of Claim and Proof of Disability

Written notice of a claim and satisfactory proof of the Insured's Disability must be received and recorded at our Home Office listed on the face page of the Policy before benefits will be paid under this Rider. We may require the Insured to be examined by a doctor, at our expense if a particular doctor is required by us, as part of any proof of Disability.

While benefits are being paid under this Rider, we may again require satisfactory proof, at 30 day intervals, that the Insured is still Disabled. After the Insured has been Disabled for two years, we will not require such proof more than once in any 12 month period.

If benefits are being paid under this Rider and the Insured fails to provide the required proof of Disability, we will not consider the Insured Disabled and we will require that Premiums be paid to keep the Policy in effect.

Six-Month Waiting Period

We will not begin to waive Premiums until a Disability has continued for at least six consecutive months. During this six-month waiting period, you must continue to make Premium payments to keep the Policy and this Rider in force. If the Insured is still Disabled at the end of this six-month period, Premiums paid that were due after the Disability began will be refunded.

Benefits Provided by this Rider

If the Insured has a condition that meets the definition of Disability, the condition is not excluded by the Risks Not Assumed section, and the Six-Month Waiting Period section is satisfied while this Rider is in force, we will provide one of the following benefits:

1. if the Disability occurs prior to the Policy Anniversary on which the Insured reaches Attained Age 60, all Premiums due for the Policy, including any riders, will be waived during the Disability;
2. if the Disability occurs on or after the Policy Anniversary on which the Insured reaches Attained Age 60, but before the Policy Anniversary on which the Insured reaches Attained Age 63, all Premiums due for the Policy, including any riders, will be waived during the Disability until the Policy Anniversary on which the Insured reaches Attained Age 65; or
3. if the Disability occurs on or after the Policy Anniversary on which the Insured reaches Attained Age 63, but before the Policy Anniversary on which the Insured reaches Attained Age 65, all Premiums due for the Policy, including any riders, will be waived during the Disability for a 2 year period starting on the date of Disability.

Premiums waived by Nationwide shall not be deducted from the Policy proceeds. However, no Premium that was due before the date the definition of Disability is met will be waived. The Insured's total Disability shall begin while the form is in effect. If the Disability begins during a grace period, no benefits will be paid under the Rider until the unpaid Premium plus compound interest at a rate of up to 6% per year are received. When this Rider is in effect, all benefits included under the Policy, excluding optional benefits that are issued as attachments to the Policy, shall continue in force.

Any Premium that was due more than one year before we receive notice of a claim will not be waived, unless you were not able to give us such notice and notice was given as soon you were reasonably able.

Conversion of Rider

If the Policy to which this Rider is attached is converted, a new rider providing for waiver of Premium if the Insured becomes Disabled may be added to the new policy without evidence of insurability, if on the date of conversion:

- 1. this Rider is in force;
- 2. the Insured does not already have a Disability; and
- 3. the Insured's Attained Age is 59 or less.

Premium for the new rider will be set by us and may differ from the Premium for this Rider. The Premium for the new rider will be based on the same class of risk as this Rider, if available, and the Attained Age of the Insured on the date of conversion. If this Rider's risk class is not available for the new policy, the next best risk class available will apply. The first Premium for the new policy must be received with the new policy application.

Automatic Conversion of Policy

If the Insured has made a Disability claim, the Policy to which this Rider and any other Riders is attached will automatically be converted to a plan of whole life insurance on the earlier of:

- 1. the date the Policy expires and cannot be renewed; or
- 2. the Policy Anniversary on which the Insured reaches Attained Age 60.

The specified amount of the new policy will be the same as the Specified Amount of the Policy to which this Rider is attached.

The effective date of the new policy and any Riders will be the date of conversion. Premiums for the new policy will be based on the Insured's Attained Age on the conversion date and the same risk class, if available, as the converted Policy. If the risk class of the converted Policy is not available for the new policy, the next best risk class

available will apply. The first Premium for the new policy must be received with the new policy application.

As long as the Insured continues to provide the required proof of Disability at our request, Premium will be waived on the new policy. If such proof is not provided, payment of Premiums on the new policy will be required to keep it in force.

Renewal

This Rider may be renewed, as long as:

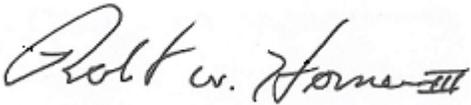
- 1. the Policy to which it is attached is renewable;
- 2. this Rider is in force; and
- 3. the Insured is Attained Age 64 or less.

Premium at each renewal will be based on the Insured's Attained Age and rates in effect on the Rider Effective Date. Premiums for renewal periods shown in the Policy Specification Pages include Premium for this Rider if it was issued on the Policy Date.

Termination

You may terminate this Rider by written request to us. In order to terminate this Rider, we have the right to require return of this Rider and the Policy to which it is attached for endorsement. This Rider also terminates on the earliest of the following dates:

- 1. the date the Policy to which this Rider is attached is cancelled or converted to another plan of insurance, as applicable;
- 2. subject to the Reinstatement section, the date the Policy and this Rider lapse due to non-payment of Premium;
- 3. the Policy Anniversary on which the Insured reaches Attained Age 65; or
- 4. the date the Policy to which this Rider is attached expires.


Secretary


President

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Application for Individual Life Insurance

P.O. Box 182835, Columbus, Ohio 43218-2835

Page 1 of 5



(Please print)

1. Proposed Primary Insured

First Name: MI: Last Name:

Soc. Sec. No. or Tax ID: Sex: M F

Citizenship: U.S. / Canada: Yes No If no, please complete the Foreign Supplement.

Date of Birth: State of Birth: Email Address:

Street: City: State: ZIP:

Phone: () Occupation: Driver's License No./ State of Issue: /

Height: ft. in. Weight: lbs.

2. Proposed Insured (Spouse/Children)

Full Name of Insured(s)	Date of Birth	Sex	Height	Weight	State of Birth	Soc. Sec. No. or Tax ID	Relationship to Insured
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- -	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- -	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- -	<input type="text"/>

Spouse Address: Same as Proposed Primary Insured Street:

City: State: ZIP: Occupation:

Spouse Driver's License No./State of Issue: /

Citizenship: U.S. / Canada: Yes No If no, please complete the Foreign Supplement.

3. Owner *(The Primary Insured will own the policy unless indicated here.)*

First Name: MI: Last Name:

Soc. Sec. No. or Tax ID: Sex: M F Date of Birth:

Address: Same as Proposed Primary Insured Street:

City: State: ZIP: Occupation:

Phone: () Relationship to Insured

4. Beneficiaries

4a. Proposed Primary Insured's Beneficiary (If more than two beneficiaries, please attach additional sheets.)

%	Primary	Contingent	Beneficiary Name	Date of Birth	Relationship to Insured(s)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4b. Proposed Spouse Insured's Beneficiary (If more than two beneficiaries, please attach additional sheets.)

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If multiple beneficiaries, payments to the beneficiaries surviving the Insured will be made in equal shares, or in full to the last surviving beneficiary, unless some other distribution of proceeds is provided.)

5. Payor *(If someone other than the Insured(s) or the Owner is to be billed for the premium for this policy.)*

First Name: MI: Last Name:

Street: City: State: ZIP:





6. Life Insurance Product and EFT Authorization Information *(Include the full name of the desired product below.)*

Product: Specified Amount: \$ Initial Premium Payment (Paid with application): \$

Planned Premium (Check product for availability.)

Billing Advantage # \$ Quarterly \$ Semi-Annual \$
 Annual \$ Single Premium \$ Other \$
 Monthly: Monthly EFT Amt: \$ Transit/ABA Number: Draft Date:

Financial Institution Name: Account Number:

Financial Institution Address:

Transit/ABA Number: Monthly EFT Amt: Draft Date:

- *Checking (A copy of a voided check is required. Starter Checks will not be accepted.) **(Note: Do not use 29th, 30th, or 31st as a draft date)**
- *Savings (A voided deposit slip with account number and routing number is required.)

(Make all checks payable to NATIONWIDE. Do not make checks payable to the producer or leave the payee blank.)

*By providing my financial institution name and account information, I hereby authorize Nationwide Life and Annuity Insurance Company to initiate debit entries to my checking/savings account indicated above and the Financial Institution to debit the same such account

Whole Life Product Only *(Check product for availability.)*

Optional Benefit Riders

20 Year Spouse Rider \$ Accidental Death - Amount \$ Child Rider \$
 Waiver of Premium Benefit Guaranteed Insurability - Amount \$
 Other Rider(s) \$

Policy will be issued with the Automatic Premium Loan Option (APL), if available, unless the box below is checked.

No, do not issue with APL

Term Life Product Only *(Check product for availability.)*

Optional Benefit Riders

20 Year Spouse Rider \$ Child Rider \$ Other Rider(s) \$
 Waiver of Premium Benefit

Universal Life Product Only *(Check product for availability.)*

Death Benefit Option *(If no option is selected here, Option 1 is elected.)*

- Option 1 (The Specified Amount, or a multiple of the Accumulated Value, whichever is greater.)
- Option 2 (The Specified Amount, plus the Accumulated Value, or a multiple of the Accumulated Value, whichever is greater.)

Optional Benefit Riders

Guaranteed Option to Increase Specified Amount \$ Other Rider(s) \$
 Accidental Death - Amount \$ Spouse Rider \$ Child Rider \$
 Waiver of Monthly Deduction Rider

7. Insurance Information

a. Will any Life Insurance or Annuities for this or any other company be replaced, discontinued, reduced or changed if insurance now applied for is issued? (If yes, list below and complete appropriate replacement forms) Yes No

b. Do you currently have any Life Insurance or Annuities in force? Yes No *(If yes, please list below.)*

Person	Company	Policy Number	Amount	Year Issued	To Be Replaced	1035	Accidental Death
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>



**Complete Personal and Medical Information questions,
list Additional Details in Section 10 and fill out Special
Instructions in Section 11.**



8. Personal Information <i>(All questions are to be answered by each Proposed Insured.) (Explain all "yes" answers in Details box below unless instructed otherwise.)</i>	Proposed Insured	Proposed Insured Spouse	Any Child
a. Have you used tobacco or nicotine in any form in the last 12 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Except as prescribed by a physician, have you ever used, or been convicted for sale or possession of cocaine or any other narcotic or illegal drug? (If yes, complete Drug Questionnaire.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever been convicted of a felony or have a felony pending?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you ever had your driver's license suspended or revoked; or been convicted of driving while impaired or intoxicated; or been convicted in the past 3 years of three or more moving violations?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. In the past 3 years have you engaged in, or do you intend to engage in: flying as a pilot, student pilot, or crew member; organized racing of an automobile, motorcycle, or any type of motor-powered vehicle; scuba diving, mountain climbing, hang gliding, parachuting, sky diving, bungee jumping, or any type of body-contact or life-threatening sport? (If yes, please complete an Aviation/Hazardous Activities Questionnaire.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is any Proposed Insured currently disabled or receiving disability payments?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you belong to any active or reserve military or naval organizations? (If yes, please complete Military Status Questionnaire.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you plan to travel or reside outside of the United States or Canada within the next 12 months? (If Yes, please complete Foreign Supplement).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Medical Questions *(All questions are to be answered by each Proposed Insured.)
(Explain all "yes" answers in Details box below unless instructed otherwise.)*

a. Has any Proposed Insured ever consulted a physician or any other health care provider for, been treated for, taken medication for, or been diagnosed as having:			
1. Heart disease, vascular disease, stroke, or cancer (other than basal cell skin cancer), or substance abuse (alcohol or drugs)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. AIDS (Acquired Immune Deficiency Syndrome), or any other AIDS-related condition, or received a positive result of an HIV (Human Immunodeficiency Virus) test?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the past 3 years, has any Proposed Insured ever consulted a physician or any other health care provider for, been treated for, taken medication for or been diagnosed as having diabetes, epilepsy, seizures, or any mental, nervous, or brain disorder, lupus or connective tissue disorder, asthma, emphysema, or any chronic respiratory disorder, chronic liver or kidney disease?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has any Proposed Insured been medically advised to have any surgery, hospitalization, treatment, or test that has not been completed; or has any Proposed Insured not yet received the results of any medical test that he/she has taken?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Additional Details
Please provide additional details in this section from questions 8 and 9.
(If more space is needed, an additional blank sheet may be attached. Any Proposed Insured(s) or Owner(s) should sign and date additional pages.)

11. Special Instructions
(If more space is needed, an additional blank sheet may be attached. Any Proposed Insured(s) or Owner(s) should sign and date additional pages.)



12. Notices - Important

PRE-NOTICE OF PROCEDURES AS REQUIRED BY THE FAIR CREDIT REPORTING ACT OF 1970

This notice is to inform you that as part of our normal underwriting procedures in connection with an application for insurance: An investigative consumer report may be made whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry will include information as to character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation, with respect to you, members of your family, and others having an interest in or closely connected with the insurance transaction; and you may elect to be interviewed if an investigative consumer report is prepared in connection with this application. You are entitled to receive a copy of any investigative consumer report by submitting your request in writing. Upon your written request, made within a reasonable time after you receive this notice, additional information as to the nature and scope of the investigation, if one is made, will be provided. You may send corrections and requests for additional information addressed to Nationwide Life and Annuity Insurance Company, P.O. Box 182835, Columbus, Ohio 43218-2835. In the event of an adverse decision, you will be notified in writing.

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. Nationwide Life and Annuity Insurance Company, or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734. Nationwide Life and Annuity Insurance Company, or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

FRAUD NOTICES - Notice to Proposed Insured's in the state(s) of:

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

MONTANA only: Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

13. Taxpayer Identification Number - Certification

I certify under penalties of perjury that: (1) The number shown on this form is my correct taxpayer identification number and, (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).



Please check this box if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

14. Temporary Insurance Agreement - Terms and Conditions/Limitations

Temporary Insurance under this Agreement will commence on the date of this application if the full first premium for the mode selected has been paid and accepted by Nationwide or authorized by Electronic Funds Transfer as advance payment for an application for Life Insurance. If any Proposed Insured dies while this temporary insurance is in effect, Nationwide will pay to the designated beneficiary the lesser of (a) the amount of death benefits, if any, which would be payable under the policy and its riders if issued as applied for, excluding any accidental death benefits, or (b) [\$100,000]. Temporary Life Insurance under this Agreement will terminate automatically on the earliest of: A.) 60 days from the date of this signed Agreement, or B.) the date any policy is offered or issued to the Proposed Insured in connection with the above application, or C.) the date Nationwide mails notice of termination of coverage and refund of the advance payment to the premium notice address designated in such application. Fraud or material misrepresentation in the application invalidates this agreement and Nationwide's only liability is for refund of any payment made. This Agreement does not provide coverage for Proposed Insureds who are under 15 days of age or over the age of 70 (nearest birthday) on the date of the Agreement. If any Proposed Insured dies by suicide, Nationwide's liability under this Agreement is limited to a refund of the payment made. There is no coverage under this Agreement if the check submitted as payment is not honored by the bank on first presentation or if the Electronic Funds Transfer is not processed by the bank. (No one is authorized to waive or modify any of the provisions of this Agreement.)





15. Agreement and Authorization

I understand and agree that: (A.) This application, and any amendments to it, will become a part of the Policy and are the basis of any insurance issued upon this application. (B.) The Proposed Insured has a right to cancel this application at any time by contacting their producer or Nationwide in writing. (C.) No producer or other representative of Nationwide may accept risks or make or change any contract; or waive or change any of the Company's rights or requirements. (D.) If the full first premium payment is made in exchange for a Temporary Insurance Agreement, Nationwide will only be liable to the extent set forth in that Agreement. (E.) Insurance will only take effect if first premium is paid with this application and all the answers and statements made on the application are true to the best of my knowledge and belief.

I authorize: any licensed physician; or medical practitioner; any hospital; clinic; pharmacy; or other medical or medically related facility; any insurance company; the Medical Information Bureau; or any other organization; institution; or person who has knowledge of me; to give that information to the Medical Director of the Nationwide Life and Annuity Insurance Company; or its reinsurers; for the purpose of underwriting my application in order to determine eligibility for Life Insurance and to investigate claims. By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this form; and I instruct any physician; health care professional; hospital; clinic; medical facility; or other health care provider to release and disclose my entire medical record without restriction. I understand that any information that is disclosed pursuant to this form may be redisclosed and no longer be covered by federal rules governing privacy and confidentiality of health information. This form, or a copy of it, will be valid for a period of not more than two years (24 months) from the date it was signed. I understand that I have the right to revoke this form in writing, at anytime, by sending a written request for revocation to Nationwide Life and Annuity Insurance Company, Attention: Underwriting, P.O. Box 182835, Columbus, Ohio 43218-2835. I understand that a revocation is not effective to the extent that any of my providers have relied on this form; or to the extent that Nationwide Life and Annuity Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I further understand that if I refuse to sign this form to release my complete medical records, Nationwide Life and Annuity Insurance Company may not be able to process my application. I understand that my authorized representative or I have a right to a copy of this form by sending a request to Nationwide in writing.

16. Signatures

I, THE PROPOSED INSURED(S), HAVE RECEIVED AND READ A COPY OF THIS APPLICATION AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO ALL ITS TERMS.

Signed at: [City/State] On: [Month/Day/Year]

X Signature of Proposed Insured (or parent if Proposed Insured is under age 15)

X Signature of Proposed Insured Spouse (if to be insured)

X Signature of Payor (if other than Proposed Insured)

X Signature of Owner (if other than Proposed Insured)

I have truly and accurately recorded all Proposed Insureds' answers on this application.

STOP (CHECK ONE) To the best of my knowledge, the insurance applied for () will () will not) replace any life insurance, and/or annuity.

X Signature of Agent/Producer

Firm Agent/Producer's Nationwide Number



SERFF Tracking Number: NWPA-126363065 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 44106
 Company Tracking Number: NWLA-436-M2
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Individual Level Term Life Insurance Policy
 Project Name/Number: /

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Certification for Rule & Regulation 19, Rule & Regulation 49, and ACA 23-80-206.

Attachment:

AR CERT NWLA.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

New application LAA-0110M1 is attached under the Form Schedule tab.

The following previously approved applications may also be used with this product:

LAA-0107M1, Application for Life Insurance, approved 08-12-08

LAA-0101AR, Short Form Application for Life Insurance Part I, approved 02-19-04

LAA-0102AR, Short Form Application for Life Insurance Part II, approved 02-19-04

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Statement of Variability

Attachment:

SOV NWLA-436-M2_2009.11.06.pdf

Item Status: **Status Date:**

Satisfied - Item: Arkansas Claim Endorsement

Comments:

SERFF Tracking Number: NWPA-126363065 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 44106
Company Tracking Number: NWLA-436-M2
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Individual Level Term Life Insurance Policy

Project Name/Number: /

Arkansas Claim Endorsement

Attachment:

NWLA-11-A.pdf



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life and Annuity Insurance Company

Form Numbers: NWLA-436-M2, Individual Level Term Life Insurance Policy
NWLA-437-M2, Children's Term Insurance Rider
NWLA-438-M2, Twenty Year Guaranteed Level Term Insurance Spouse Rider
NWLA-439-AO, Waiver of Premium Disability Benefit Rider
LAA-0110M1, Application for Life Insurance

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

You have our assurance that any maximum cost of insurance changes and/or any minimum accumulation rates will be re-filed with the department

These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, appearing to read "John H. Crow". The signature is fluid and cursive, with a large loop at the bottom.

John H. Crow, ChFC, CLU, FLMI
Associate Vice President
NF Compliance
Date: 10-30-09

Statement of Variability
NWLA-436-M2

Policy Forms	Reason
1) Home office address, telephone number and internet address	These items are bracketed on the policy form as they could possibly change over time.
2) Nationwide Officer Signatures	These signatures are bracketed on the policy and rider forms as Officers could possibly change over time.

Policy Information (on page 3)	Reason
3.1) Policy Owner	Varies based on information supplied in the application
3.2) Policy Date	Varies according to new issues
3.3) Insured	Varies based on information supplied in the application
3.4) Policy Type	Varies according to the level years of term insurance elected on the application. May be 10, 15, 20, or 30.
3.5) Issue State	Varies according to the jurisdiction where the policy is issued for delivery
3.6) Issue Age of Insured	Varies according to new issues. Minimum is 18, maximum is 70.
3.7) Policy Number	Varies according to new issues
3.8) Sex of Insured	Varies based on information supplied in the application. May be Male or Female.
3.9) Minimum Specified Amount	Varies according to date of issue. Will never be less than \$25,000.
3.10) Final Conversion Date	Will contain the date the conversion period ends. This date will be calculated for a particular policy, and will depend upon the Policy Date, Issue Age of the Insured, and the length of the conversion period. The length of the conversion period will vary by the length of the level period of term insurance elected. The conversion periods are 8, 12, 15, and 20 years for the 10, 15, 20, and 30 year level term policies, respectively. However, in all cases conversion must occur prior to the Insured reaching Attained Age 65. Therefore, for issue ages 65 and greater, conversion is not available.
3.11) State Ins. Dept. Telephone #	Varies according to Issue State

Premium and Death Benefit Information (on page 3)	Reason
3.12) Specified Amount	Varies according to owner's election and underwriting decision. Will never be less than \$25,000. The maximum is unlimited and subject to underwriting approval.
3.13) Premium Class	Varies according to underwriting decision. May be Standard, Preferred, or Preferred Plus
3.14) Payment Frequency	Varies by the premium mode elected by the owner in effect on the Policy Date. May be Annual, Semi-Annual, Quarterly, or Monthly.
3.15) Rate Type	Varies according to underwriting decision. May be Non-Tobacco or Tobacco.
3.16) Initial Premium	Varies based on the Policy Type, Premium Class, Rate Type, Issue Age of Insured, Sex of Insured, Specified Amount, Payment Frequency, Premium Class Multiple, flat extras (if any) and premium for any elected riders.
3.17) Total Annual Premium	Varies based on the Initial Premium and Payment Frequency.

Benefit and Premium Breakdown section (on page 3)	This section contains a listing of the policy and rider forms issued based on the Policy Owner's elections, any ratings and/or flat extras assigned in underwriting, and the annual premium attributable to each respective item.
3.18) Annual Premium column	Amounts vary according to specific policy or rider characteristics. These are based on an annual Payment Frequency.
3.19) Payable to Year column	Dates vary according to when the displayed premium is no longer payable (i.e. end of the level period, or when coverage terminates for a particular item).
3.20) Premium Class Multiple	Varies according to underwriting decision. Will only appear if table rating has been assigned. Value may range from 1.50 to 5.00.
3.21) Permanent Flat	Will only appear if a flat extra has been assigned over a permanent duration (from issue through Attained Age 95). Annual Premium varies according to underwriting decision and ranges from \$0 to \$25 times the Specified Amount divided by 1000. Payable to Year is the year the Insured reaches Attained Age 95.
3.22) Temporary Flat	Will only appear if a flat extra has been assigned over a temporary duration. Annual Premium varies according to underwriting decision and ranges from \$0 to \$25 times the Specified Amount divided by 1000. Payable to Year is the year the flat extra ends.
Modal Premium Comparison section (on page 3)	This section provides a basis for the Owner to compare the relative periodic and annual cost based on election of each available Payment Frequency.
3.23) Premium amounts	Vary according to the total of the Annual Premium amounts shown in the Benefit and Premium Breakdown section. These are specific to each policy.
3.24) Total Annual Premium by Payment Frequency	Vary according to the Premium Frequency and Payment amount times the respective Modal Premium Factors shown.

Table (on page 3A)	Reason
3.25) Policy Owner	Varies based on information supplied in the application
3.26) Policy Number	Varies according to new issues
3.27) Policy Year	Varies according to Issue Age of Insured. Will continue until Attained Age 95.
3.28) Attained Age	Varies according to Issue Age of Insured.
3.29) Guaranteed Premium	Varies according to specific policy characteristics, but will not change after the Policy Date. The guaranteed Premium for the base Policy including premium for the Waiver of Premium Rider, if elected, is displayed for each Policy Year. The Premium is based on an annual Payment Frequency.

Table (on page 3B)	Reason
3.30) Policy Owner	Varies based on information supplied in the application
3.31) Policy Number	Varies according to new issues

Table (on page 3C)	Reason
3.32) Policy Owner	Varies based on information supplied in the application
3.33) Policy Number	Varies according to new issues

Application Form LAA-0110AO	Reason
Page 4 – Medical Information Bureau Disclosure Notice Address	The address is bracketed as it could possibly change over time.



AMENDATORY ENDORSEMENT

attached to and made a part of this policy issued by

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

If the Death Benefit Proceeds of the Policy or any death benefit payable under any riders attached to this Policy are not paid within thirty days after the date that Proof of the Death for the Insured has been furnished to us, we will pay interest on these amounts. Interest shall be paid from the date of the Insured's death at a rate of eight percent per year.

A handwritten signature in black ink that reads "Robert W. Horn III".

Secretary

A handwritten signature in black ink that reads "Mark R. Frank".

President

SERFF Tracking Number: NWPA-126363065 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 44106
 Company Tracking Number: NWLA-436-M2
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Individual Level Term Life Insurance Policy
 Project Name/Number: /

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)
10/29/2009	Form	Policy Specification Pages - 10 Year Term	11/17/2009	NWLA-436-M2_10_Yr_Term_PSP.pdf (Superseded)
10/29/2009	Form	Policy Specification Pages - 15 Year Term	11/17/2009	NWLA-436-M2_15_Yr_Term_PSP.pdf (Superseded)
10/29/2009	Form	Policy Specification Pages - 20 Year Term	11/17/2009	NWLA-436-M2_20_Yr_Term_PSP.pdf (Superseded)
10/29/2009	Form	Policy Specification Pages - 30 Year Term	11/17/2009	NWLA-436-M2_30_Yr_Term_PSP.pdf (Superseded)

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [10] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Policy Type: Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2017]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$1,928.15]	Total Annual Premium***: [\$1,928.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [10] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$351.00]	[2019]
[Premium Class Multiple - 1.50]	[\$138.00]	[2019]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$26.00]	[2019]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$1,928.15]	1.000	[\$1,928.15]
Semi-Annual [\$1,002.64]	0.520	[\$2,005.28]
Quarterly [\$510.96]	0.265	[\$2,043.84]
Monthly [\$171.61]	0.089	[\$2,059.32]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,315.00	31	65	\$7,337.00
2	36	\$1,315.00	32	66	\$8,030.00
3	37	\$1,315.00	33	67	\$8,732.00
4	38	\$1,315.00	34	68	\$9,488.00
5	39	\$1,315.00	35	69	\$10,271.00
6	40	\$815.00	36	70	\$11,220.00
7	41	\$815.00	37	71	\$12,282.00
8	42	\$815.00	38	72	\$13,677.00
9	43	\$815.00	39	73	\$15,149.00
10	44	\$815.00	40	74	\$16,697.00
11	45	\$1,475.00	41	75	\$18,389.00
12	46	\$1,579.00	42	76	\$20,234.00
13	47	\$1,696.00	43	77	\$22,376.00
14	48	\$1,768.00	44	78	\$24,878.00
15	49	\$1,855.00	45	79	\$27,767.00
16	50	\$1,974.00	46	80	\$30,917.00
17	51	\$2,122.00	47	81	\$34,503.00
18	52	\$2,321.00	48	82	\$38,238.00
19	53	\$2,535.00	49	83	\$42,266.00
20	54	\$2,800.00	50	84	\$46,725.00
21	55	\$3,120.00	51	85	\$51,707.00
22	56	\$3,453.00	52	86	\$57,228.00
23	57	\$3,814.00	53	87	\$63,258.00
24	58	\$4,134.00	54	88	\$69,720.00
25	59	\$4,505.00	55	89	\$76,538.00
26	60	\$4,641.00	56	90	\$83,652.00
27	61	\$5,108.00	57	91	\$90,344.00
28	62	\$5,666.00	58	92	\$97,319.00
29	63	\$6,274.00	59	93	\$104,676.00
30	64	\$7,010.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds**

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [15] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Policy Type: Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2021]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$1,996.15]	Total Annual Premium***: [\$1,996.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [15] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$392.00]	[2024]
[Premium Class Multiple - 1.50]	[\$159.00]	[2024]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$32.00]	[2024]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$1,996.15]	1.000	[\$1,996.15]
Semi-Annual [\$1,038.00]	0.520	[\$2,076.00]
Quarterly [\$528.98]	0.265	[\$2,115.92]
Monthly [\$177.66]	0.089	[\$2,131.92]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,383.00	31	65	\$7,337.00
2	36	\$1,383.00	32	66	\$8,030.00
3	37	\$1,383.00	33	67	\$8,732.00
4	38	\$1,383.00	34	68	\$9,488.00
5	39	\$1,383.00	35	69	\$10,271.00
6	40	\$883.00	36	70	\$11,220.00
7	41	\$883.00	37	71	\$12,282.00
8	42	\$883.00	38	72	\$13,677.00
9	43	\$883.00	39	73	\$15,149.00
10	44	\$883.00	40	74	\$16,697.00
11	45	\$883.00	41	75	\$18,389.00
12	46	\$883.00	42	76	\$20,234.00
13	47	\$883.00	43	77	\$22,376.00
14	48	\$883.00	44	78	\$24,878.00
15	49	\$883.00	45	79	\$27,767.00
16	50	\$1,974.00	46	80	\$30,917.00
17	51	\$2,122.00	47	81	\$34,503.00
18	52	\$2,321.00	48	82	\$38,238.00
19	53	\$2,535.00	49	83	\$42,266.00
20	54	\$2,800.00	50	84	\$46,725.00
21	55	\$3,120.00	51	85	\$51,707.00
22	56	\$3,453.00	52	86	\$57,228.00
23	57	\$3,814.00	53	87	\$63,258.00
24	58	\$4,134.00	54	88	\$69,720.00
25	59	\$4,505.00	55	89	\$76,538.00
26	60	\$4,641.00	56	90	\$83,652.00
27	61	\$5,108.00	57	91	\$90,344.00
28	62	\$5,666.00	58	92	\$97,319.00
29	63	\$6,274.00	59	93	\$104,676.00
30	64	\$7,010.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds**

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [20] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Policy Type: Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2024]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$2,023.15]	Total Annual Premium***: [\$2,023.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [20] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$406.00]	[2029]
[Premium Class Multiple - 1.50]	[\$166.00]	[2029]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$38.00]	[2029]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$2,023.15]	1.000	[\$2,023.15]
Semi-Annual [\$1,052.04]	0.520	[\$2,104.08]
Quarterly [\$536.13]	0.265	[\$2,144.52]
Monthly [\$180.06]	0.089	[\$2,160.72]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,410.00	31	65	\$7,337.00
2	36	\$1,410.00	32	66	\$8,030.00
3	37	\$1,410.00	33	67	\$8,732.00
4	38	\$1,410.00	34	68	\$9,488.00
5	39	\$1,410.00	35	69	\$10,271.00
6	40	\$910.00	36	70	\$11,220.00
7	41	\$910.00	37	71	\$12,282.00
8	42	\$910.00	38	72	\$13,677.00
9	43	\$910.00	39	73	\$15,149.00
10	44	\$910.00	40	74	\$16,697.00
11	45	\$910.00	41	75	\$18,389.00
12	46	\$910.00	42	76	\$20,234.00
13	47	\$910.00	43	77	\$22,376.00
14	48	\$910.00	44	78	\$24,878.00
15	49	\$910.00	45	79	\$27,767.00
16	50	\$910.00	46	80	\$30,917.00
17	51	\$910.00	47	81	\$34,503.00
18	52	\$910.00	48	82	\$38,238.00
19	53	\$910.00	49	83	\$42,266.00
20	54	\$910.00	50	84	\$46,725.00
21	55	\$3,120.00	51	85	\$51,707.00
22	56	\$3,453.00	52	86	\$57,228.00
23	57	\$3,814.00	53	87	\$63,258.00
24	58	\$4,134.00	54	88	\$69,720.00
25	59	\$4,505.00	55	89	\$76,538.00
26	60	\$4,641.00	56	90	\$83,652.00
27	61	\$5,108.00	57	91	\$90,344.00
28	62	\$5,666.00	58	92	\$97,319.00
29	63	\$6,274.00	59	93	\$104,676.00
30	64	\$7,010.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds**

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.

POLICY SPECIFICATION PAGES

The Policy Specification Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental application. Information regarding any new elections or change of parties you make after the Policy Date will be provided to you in writing

POLICY INFORMATION

Policy Owner: [John Doe]	Policy Date: [November 1, 2009]
Insured: [John Doe]	Policy Type: [30] Yr Guaranteed Level Term Life
Issue State: [ANY STATE]	Policy Type: Ins to Attained Age 95
Issue Age of Insured: [35]	Policy Number: [0000000000]
Sex of Insured: [Male]	Minimum Specified Amount: [\$25,000]
Final Conversion Date*: [October 31, 2029]	State Ins. Dept. Telephone #: [123-456-7890]

PREMIUM AND DEATH BENEFIT INFORMATION

Specified Amount: [\$100,000]	Premium Class: [Standard]
Payment Frequency: [Annual]	Rate Type: [Non-Tobacco]
Initial Premium**: [\$2,327.15]	Total Annual Premium***: [\$2,327.15]

Benefit and Premium Breakdown

Form	Annual Premium	Payable to Year****
[NWLA-436-M2] [30] Yr Guaranteed Level Term Life Ins to Attained Age 95	[\$599.00]	[2039]
[Premium Class Multiple - 1.50]	[\$262.00]	[2039]
[Permanent Flat]	[\$300.00]	[2069]
[Temporary Flat]	[\$500.00]	[2014]
[NWLA-439-AO] [Waiver of Premium Disability]	[\$53.00]	[2039]
[NWLA-438-M2] [20 Year Spousal Term Insurance Rider 50.000 Units]	[\$223.00]	[2029]
[Premium Class Multiple - 1.50]	[\$79.00]	[2029]
[Permanent Flat]	[\$150.00]	[2029]
[Temporary Flat]	[\$125.00]	[2014]
[Waiver of Premium Disability]	[\$10.00]	[2029]
[NWLA-437-M2] [Children's Insurance Rider 5.000 Units]	[\$25.00]	[2039]
[Waiver of Premium Disability]	[\$1.15]	[2039]

Modal Premium Comparison

Listed below are the payments you will make if you decide to pay your Premium on a modal basis. The Total Annual Premium you pay is higher when you elect to pay on a modal basis (other than annual).

Payment Frequency and Premium*****	Modal Premium Factors	Total Annual Premium by Payment Frequency
Annual [\$2,327.15]	1.000	[\$2,327.15]
Semi-Annual [\$1,210.12]	0.520	[\$2,420.24]
Quarterly [\$616.69]	0.265	[\$2,466.76]
Monthly [\$207.12]	0.089	[\$2,485.44]

*This Policy may be converted subject to the terms of this Policy and Final Conversion Date, if available.

**The Initial Premium indicated above is based on the Payment Frequency you elected also shown above. You may elect to pay Premium on a modal basis (other than annual). We accept Premium on a modal basis semi-annually, quarterly or monthly.

***The Total Annual Premium indicated above shows Premium, at the Payment Frequency shown above, for all coverage provided by the base Policy and any optional riders you elected.

****Premium is payable until the earlier of Policy Anniversary in the Payable to Year specified or the death of the Insured.

*****The Premium amount for each modal frequency is calculated by multiplying the Annual Premium by the applicable Modal Premium Factor. To calculate the total Premium you pay on an annual basis for each modal frequency multiply the Premium required for the modal frequency by the number of payments in a year (e.g., for quarterly modal frequency you multiply by four).

POLICY SPECIFICATION PAGES (CONT.)

The guaranteed Premium for the base Policy (including any Waiver of Premium Rider Premium attributable to the base Policy) is listed in the table below, based on an annual payment frequency. Total annual premium required for payment frequencies other than annual will be greater than shown in the table. Premium is due at the beginning of the applicable payment frequency (annual, semi-annual, quarterly, monthly).

POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM	POLICY YEAR	ATTAINED AGE	GUARANTEED PREMIUM
1	35	\$1,714.00	31	65	\$7,337.00
2	36	\$1,714.00	32	66	\$8,030.00
3	37	\$1,714.00	33	67	\$8,732.00
4	38	\$1,714.00	34	68	\$9,488.00
5	39	\$1,714.00	35	69	\$10,271.00
6	40	\$1,214.00	36	70	\$11,220.00
7	41	\$1,214.00	37	71	\$12,282.00
8	42	\$1,214.00	38	72	\$13,677.00
9	43	\$1,214.00	39	73	\$15,149.00
10	44	\$1,214.00	40	74	\$16,697.00
11	45	\$1,214.00	41	75	\$18,389.00
12	46	\$1,214.00	42	76	\$20,234.00
13	47	\$1,214.00	43	77	\$22,376.00
14	48	\$1,214.00	44	78	\$24,878.00
15	49	\$1,214.00	45	79	\$27,767.00
16	50	\$1,214.00	46	80	\$30,917.00
17	51	\$1,214.00	47	81	\$34,503.00
18	52	\$1,214.00	48	82	\$38,238.00
19	53	\$1,214.00	49	83	\$42,266.00
20	54	\$1,214.00	50	84	\$46,725.00
21	55	\$1,214.00	51	85	\$51,707.00
22	56	\$1,214.00	52	86	\$57,228.00
23	57	\$1,214.00	53	87	\$63,258.00
24	58	\$1,214.00	54	88	\$69,720.00
25	59	\$1,214.00	55	89	\$76,538.00
26	60	\$1,214.00	56	90	\$83,652.00
27	61	\$1,214.00	57	91	\$90,344.00
28	62	\$1,214.00	58	92	\$97,319.00
29	63	\$1,214.00	59	93	\$104,676.00
30	64	\$1,214.00	60	94	\$112,448.00

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

**Option 1 - Life Income with Payments Guaranteed
Monthly Installments for each \$1,000 of Proceeds**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & Under	10 & Under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & Over	100 & Over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

POLICY SPECIFICATION PAGES (CONT.)

Tables For Settlement Options

Option 2 - Joint & Survivor Life Income
Monthly Installments for each \$1,000 of Proceeds

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

The Option 1 and Option 2 Settlement option tables are based on the Male Annuity 2000 Mortality table (male ages set back five years, female ages set back ten years) with male projection scale G at 2.50% interest.