

SERFF Tracking Number: FRCS-126073033 State: Arkansas
Filing Company: Federal Life Insurance Company (Mutual) State Tracking Number: 41881
Company Tracking Number: 5147
TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ISWL-L-8035
Project Name/Number: FEDLIFE/65/65

Filing at a Glance

Company: Federal Life Insurance Company (Mutual)

Product Name: ISWL-L-8035

SERFF Tr Num: FRCS-126073033 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 41881

Sub-TOI: L071.301 Current Assumption - Fixed Co Tr Num: 5147

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Author:

Disposition Date: 03/23/2009

Date Submitted: 03/20/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: FEDLIFE/65

Status of Filing in Domicile: Authorized

Project Number: 65

Date Approved in Domicile: 01/15/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/23/2009

Explanation for Other Group Market Type:

State Status Changed: 03/23/2009

Deemer Date:

Created By: Johnna Kemp

Submitted By: Exselsa Cartwright

Corresponding Filing Tracking Number:

Filing Description:

Our fee of \$50.00 has been sent by EFT on this same date.

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

Policy Form L-8035 provides level life insurance coverage based on a Specified Amount elected by the policyowner. Interest is guaranteed.

SERFF Tracking Number:	FRCS-126073033	State:	Arkansas
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Product Name:	ISWL-L-8035		
Project Name/Number:	FEDLIFE/65/65		

The following rider forms will be used with this policy. These are being filed on or about this same date in a separate filing.

- L-8036, which provides term life insurance for an insured child as defined in the rider.
- L-8037, which provides an insurance benefit on an additional insured named in the application.
- L-8038, which provides an accidental death benefit.
- L-8039, which waives the monthly deduction due under the Policy in the case of the insured's total disability.

Application form LA-8020 will be used to apply for this policy. This application is being filed on or about this same date in a separate filing.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Johnna Kemp, Technician	johnna.kemp@firstconsulting.com
1020 Central, Suite 201	800-927-2730 [Phone] 2739 [Ext]
Kansas City, MO 64105	816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

Federal Life Insurance Company (Mutual)	CoCode: 63223	State of Domicile: Illinois
3750 West Deerfield Road	Group Code:	Company Type: Life/Health
Riverwoods, IL 60015	Group Name:	State ID Number:
(847) 520-1900 ext. 340[Phone]	FEIN Number: 36-1063550	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	The fee in your state is \$50.00 per form filing. Therefore, the fee for this filing will be \$50.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Federal Life Insurance Company (Mutual) \$50.00 03/20/2009 26568736

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/23/2009	03/23/2009

SERFF Tracking Number: FRCS-126073033 *State:* Arkansas
Filing Company: Federal Life Insurance Company (Mutual) *State Tracking Number:* 41881
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Single Life

Product Name: ISWL-L-8035
Project Name/Number: FEDLIFE/65/65

Disposition

Disposition Date: 03/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-126073033 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Individual Interest Sensitive Whole Life Policy		Yes

SERFF Tracking Number: *FRCS-126073033* State: *Arkansas*
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 Product Name: *ISWL-L-8035*
 Project Name/Number: *FEDLIFE/65/65*

Form Schedule

Lead Form Number: L-8035

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-8035	Policy/Cont	Individual Interest ract/Fratern Sensitive Whole Life al Policy Certificate	Initial		51.600	L-8035 Policy _1-20- 09_dist.pdf

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

3750 WEST DEERFIELD ROAD • RIVERWOODS, ILLINOIS 60015

1-800-233-3750

INTEREST SENSITIVE WHOLE LIFE INSURANCE POLICY

Federal Life Insurance Company (Mutual) will provide the benefits described in the Policy. The Policy alone governs the rights of the parties.

The endowment benefit provided by this Policy may not qualify as life insurance under Federal tax law and may be subject to adverse tax consequences. A tax advisor should be consulted.

Right to Examine and Cancel: Please examine this Policy carefully. Within 30 days of receiving this Policy, the Owner may return it to the Company at its Home Office, to the agent through whom it was purchased, or to any agent of the Company. If returned, the Policy will be considered void from the beginning, and any premium paid will be refunded. The Company will return all payments made for this Policy within ten days after it received notice of cancellation and the returned Policy. These rights also apply to any Rider that is added to this Policy.

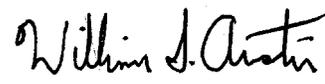
This page, the following pages, the Application, and any incorporated endorsements make up the entire Policy. This Policy is a legal Policy and constitutes the entire legal relationship between you and us.

PLEASE READ THIS POLICY CAREFULLY. This document is a legal Policy and sets forth all the rights and obligations for both you and us. IT IS, THEREFORE, IMPORTANT THAT YOU READ THIS POLICY CAREFULLY.

Executed for Federal Life on the Issue Date by:



Assistant Secretary



President

**Interest Sensitive Whole Life Insurance Policy with Endowment at Age 100 • Fixed Premiums •
Proceeds Payable Upon Death of Insured Prior to Maturity Date • Participating as Described
Herein**

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POLICY SCHEDULE

Policy Number	[FF0999999]	Issue Date	[January 1, 2009]
Insured	[John Smith]	Policy Date	[January 1, 2009]
Issue Age and Sex of Insured	[35 Male]	Maturity Date	[January 1, 2074]
Premium Class	[Non-Tobacco]	Premium Load	[7.50%]
		Policy Fee	\$36
First Premium	[\$1,185.00]	Monthly Expense Charge	[\$7.50]
Premium Interval	[Annual]	Initial Surrender Charge	[\$1,234.00]

Coverage Information

Form	Description	Specified Amount	Annual Premium	Premium Period
[L-8035	Fixed Premium Interest Sensitive Whole Life	\$100,000	\$1,085.00	To Age 100]
[L-7951	Accidental Death Benefit Rider	\$100,000	\$100.00	To Age 70]
Total Annual Premium			[\$1,185.00]	

Surrender Charge Percentages

Year Charge	1	2	3	4	5	6	7	8	9	10	
	[100%]	[95%]	[90%]	[85%]	[80%]	[75%]	[70%]	[65%]	[60%]	[55%]	
Year Charge	11	12	13	14	15	16	17	18	19	20	21+
	[50%]	[45%]	[40%]	[35%]	[30%]	[25%]	[20%]	[15%]	[10%]	[5%]	[0%]

The Cash Surrender Value, if any, will be paid to the Policy Owner on the Maturity Date.

Owner and Beneficiary are as stated in the Application for the Policy unless subsequently changed in accordance with Policy Provisions.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, CONTACT YOUR AGENT OR WRITE OR CALL US AT:

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)
3750 W. DEERFIELD ROAD
RIVERWOODS, IL 60015

1-800-233-3750

POLICY SCHEDULE (CONTINUED)

Table of Guaranteed Values

End of Policy Year	Attained Age	Guaranteed Cash Value	Reduced Paid-Up Insurance	Extended Term Insurance	
				Years	Days
[1	36	0	0	0	0]
[2	37	0	0	0	0]
[3	38	342	2,080	2	245]
[4	39	1,190	6,938	7	280]
[5	40	2,076	11,601	11	270]
[6	41	2,995	16,045	14	265]
[7	42	3,950	20,291	16	323]
[8	43	4,939	24,336	18	206]
[9	44	5,961	28,181	19	296]
[10	45	7,017	31,841	20	274]
[11	46	8,107	35,322	21	181]
[12	47	9,233	38,638	22	38]
[13	48	10,402	41,815	22	215]
[14	49	11,620	44,870	22	349]
[15	50	12,885	47,797	23	72]
[16	51	14,197	50,599	23	129]
[17	52	15,551	53,269	23	157]
[18	53	16,947	55,814	23	162]
[19	54	18,381	58,230	23	145]
[20	55	19,849	60,522	23	107]
[]					
[25	60	27,710	70,352	22	43]
[]					
[30	65	36,320	77,929	20	100]

Nonforfeiture Value Factor per \$1,000 of Basic Death Benefit = [9.175] in all years.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, CONTACT YOUR AGENT OR WRITE OR CALL US AT:

**FEDERAL LIFE INSURANCE COMPANY (MUTUAL)
3750 W. DEERFIELD ROAD
RIVERWOODS, IL 60015
1-800-233-3750**

Terms and Definitions

Attained Age: This is the Insured's age as of his or her last birthday at any time other than the Policy Date.

Base Policy: This means the part of this Policy that is exclusive of any Riders attached to or made a part of it.

Home Office: Federal Life Insurance Company (Mutual), 3750 W. Deerfield Road, Riverwoods, Illinois, 60015.

In force: The Insured's life remains insured under the terms of this Policy.

Insured: This means the person whose life is insured under this Policy.

Issue Age: This is the Insured's age at his or her last birthday as of the Policy Date.

Issue Date: The date this Policy is issued by the Company.

Policy: Unless provided otherwise, Policy means this Policy and all its Riders.

Policy Date: This is the date that coverage begins under the Base Policy and any Riders issued at the same time. It is shown on the Policy Schedule pages. Policy years and months are measured from this date.

Request: This term means a written request, including an Application, reinstatement or change form, authorized by the appropriate person, in a form acceptable to us, sent to our Home Office.

Rider: This means a document titled a Rider that is attached to or that we ask be attached to this Policy. A Rider deletes, modifies or adds benefits to this Policy in addition to any Basic Death Benefit coverage provided by this Policy.

Termination Date: This Policy will terminate on the Maturity Date shown in the Policy Schedule pages.

Parties to the Policy

Company: Federal Life Insurance Company (Mutual). The Company is also referred to in this Policy as "Federal Life", "we", "us" and "our".

Owner: The Owner is named in the Application. The Owner is also referred to as "you," "your" or "yours" in this Policy. While the Insured is alive, you may exercise all rights provided by your Policy. You may exercise such rights by sending a Request to us. A change requested will be effective on the date executed unless this Policy provides otherwise. We will not be liable for payment made or action taken before we received a Request at our Home Office.

You will not need the Beneficiary's consent to exercise your rights if you have reserved the right to change the Beneficiary.

Change of Ownership: You may change the ownership of this Policy by giving us written notice at our Home Office. A change of ownership must be endorsed on this Policy.

Collateral Assignment: You may assign this Policy as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of this Policy. We will not be responsible to an assignee for any payment or other action taken by us before receipt in writing at our Home Office of the assignment.

The interest of any Beneficiary will be subject to any collateral assignment made either before or after the Beneficiary designation.

A collateral assignee is not an owner. A collateral assignment is not a change of ownership. Ownership can be transferred only by complying with the "Change of Ownership" provision above.

Beneficiary: The Beneficiary is listed in the Application or a later endorsement of this Policy. We will pay the Policy proceeds to the Beneficiary unless he or she dies before the Insured. In that case, the Beneficiary's interest will revert to you or your estate, unless the owner has directed otherwise.

Change of Beneficiary: You may designate or change the Beneficiary, during the Insured's lifetime, if you have reserved the right to do so.

A change of Beneficiary will be made upon receipt at our Home Office of your Request. We may require that the Policy be submitted for endorsement to show the designation or change. The Request will then take effect as of the date it is signed. We will not be responsible for any payment or other action taken by us prior to receipt of the Request.

General Provisions

Entire Policy: The Policy, the attached Application, and any attached endorsements or Riders comprise the entire Policy. We issue this Policy in exchange for payment of the first premium and the Application. To issue your Policy, we relied upon the Application. The statements made in the Application are, in the absence of fraud, deemed representations and not warranties. No statement shall be used in defense of a claim under the Policy unless it is contained in a written Application that is endorsed upon or attached to the Policy when issued or delivered.

Authority to Change the Policy: Only our President or Secretary has the power on our behalf to change, modify, or waive any Policy provisions. Any changes, modifications, or waivers must be in writing. We will not be bound by any promises or representations made by any agent or other person, regarding this Policy, including any Riders, except as stated in this paragraph.

When Coverage Begins: An Insured will first become insured under each coverage provided by this Policy after: (a) an appropriate Application or Request for that coverage has been completed and given to us; and (b) our issuance of a Policy or Rider for that coverage. If it becomes effective, any coverage provided by this Policy will take effect on the Policy Date shown in the Policy Schedule pages or in the endorsement adding the Rider coverage.

Coverage Termination: This Policy, and all the coverage it provides, will (except as provided otherwise in any Rider) end on the earliest of: (a) the date of the Insured's death (but any benefits which are due because of the death of the Insured will still be due); (b) the date the grace period ends for a premium in default (but,

if eligible, such coverage may be reinstated); (c) the Maturity Date; or (d) the date you Request that any coverage provided by this Policy be terminated.

Periods of Insurance: All periods of insurance begin and end at 12:01 AM Standard Time at an Insured Person's residence.

Suicide: If the Insured commits suicide while sane or insane, within two years from the Policy Date and while this Policy is in force, our liability is limited to the total premiums paid less any loans, loan interest and partial surrenders.

Incontestability: We cannot contest this contract after it has been in force during the lifetime of the Insured for two years from the Policy Date except for nonpayment of premium and as provided in any attached Rider that contains a clause on incontestability, or in the event of reinstatement. If this Policy lapses and is reinstated, we cannot contest this contract after it has been in force during the lifetime of the Insured for two years from the date of reinstatement except for nonpayment of premium and as provided in any attached Rider that contains a clause on incontestability.

Misstatement of Age or Sex: If the Insured's age or sex has been misstated, the values provided by this Policy and any Riders will be adjusted. Such an adjustment will provide the Policy values that would have been purchased by the premiums paid based on the correct age and sex. Policy values dependent upon the Accumulation Account will be recalculated from inception of the Policy using the Specified Amount and Risk Charges based on the correct age and sex. However, the amount payable at death on the Policy after an adjustment under this section shall not be less than the Cash Surrender Value would have been on the date of death based on the misstated age or sex.

If the Accumulation Account Premium Payment Option is in effect when the values provided by this Policy and any Riders are adjusted due to misstatement of age or sex, and if it is found that one or more premiums were paid with a deduction from the Accumulation Account when there would have been insufficient excess of the Cash Surrender Value over the Guaranteed Cash Value to allow such a deduction, then the following will occur:

- 1) The Accumulation Account will be recalculated assuming that any such premium was not paid under the Accumulation Account Premium Payment Option, and;
- 2) You must pay any such premium to us or elect to have any such premium treated as a Policy Loan.

Conformity with State Statutes: Any provision of this Policy, including any Rider, that is in conflict with the laws of the State where the Insured resides on the date such coverage begins, is amended to comply with the minimum requirements of those laws.

Premiums

Payment of Premiums: The first premium must be paid when we deliver this Policy. Each premium must be paid on or before its due date. All premiums after the first are payable to us either at our Home Office or elsewhere through a representative authorized to receive premium payments. If payment is made to a representative, then we will provide a receipt signed by an officer of the Company. Upon Request, we will provide a receipt for each premium payment.

Amount and Frequency: Premiums may be paid at twelve, six, or three month intervals, or with our consent, monthly at our applicable rates for this Policy. Premium frequency may be changed by written request and with our approval. Any change must be made on a Policy anniversary.

Premium Default: Any premium after the first is in default if it is not paid on or before its due date. Your Policy will then terminate, except as may be provided in this Policy.

Grace Period: We will allow a grace period of 31 days for payment of premium when the Policy is in default. During this period, your Policy will continue in force. If the Insured dies within the grace period, we will deduct any past due premium from the Policy proceeds.

Premium Refund at Death: As part of the Policy proceeds, we will return the portion of any premium paid beyond the end of the Policy month of the Insured's death.

Policy Reinstatement: You may reinstate your Policy within 5 years after the date of premium default but before its termination date. If you surrendered your Policy for its Cash Surrender Value, if any, you may not reinstate it.

Reinstatement of your Policy requires:

- 1) Your Request for such reinstatement within five years following the date that coverage ended;
- 2) Evidence of insurability of the Insured satisfactory to us;
- 3) Payment of all past due premiums with interest from the due date of each premium; and
- 4) Payment or reinstatement of any indebtedness which existed on the date of premium default.

Interest is payable on the date of reinstatement. The interest rate is 6% per year compounded annually.

Other Reinstatement Conditions: No coverage can be reinstated: (a) unless this Base Policy is in force or is also reinstated; or (b) after the earlier of the Maturity Date of the Base Policy, or, if different, the termination date of that coverage; or (c) after that coverage ended other than because of the non-payment of a premium due.

Additional Premiums: On the Policy Date you may pay us a premium in excess of the premium required by the Policy unless the Risk Classification shown on the Policy Schedule is Rated Class. Such Additional Premium must be at least \$250 and must not exceed our maximum limit. It will not reduce the premium required by the Policy.

At our option, we may accept Additional Premiums other than on the Policy Date. Our acceptance of such other Additional Premiums may be subject to evidence of insurability satisfactory to us. Any such Additional Premium will not reduce the premium required by this Policy, must be at least \$250 and must not exceed our maximum limit.

Benefit: The Net Additional Premium is equal to Additional Premium paid less the premium load shown in the Policy Schedule. The Net Additional Premium is used as an Accumulation Net Premium in the calculation of the Accumulation Account.

Guaranteed Value Provisions

Cash Surrender Value: The Cash Surrender Value of your Policy is (1) plus (2) less (3), where:

- 1) Is the greater of the Accumulation Cash Value and the Guaranteed Cash Value;
- 2) Is the cash value of any dividend additions or dividend accumulations;
- 3) Is any Policy indebtedness.

Basis of Values: Cash Surrender Values will not be less than the minimum required by the insurance laws of the state in which this Policy is delivered. These are based on the 2001 Commissioners Standard Ordinary Mortality Table, with separate rates for males or females and for smokers or nonsmokers, age at last birthday, ultimate rates for the Insured's rating class, and an interest rate of 5%. A detailed statement of the method of computation of Cash Surrender Value has been filed as required with the insurance department of the state in which this Policy is delivered.

Guaranteed Cash Values: Are shown in the Policy Schedule and are calculated as stated in the Basis of Values provisions. The values shown are for completed Policy years and assume premiums are paid for the number of years stated. We will adjust values between Policy anniversaries for any premiums paid and time elapsed during the Policy year. The values shown do not include any dividend additions or dividend accumulations. Any indebtedness is excluded. On Request we will furnish values for years not shown. Any Riders contained in your Policy are subject to the terms of their Guaranteed Value Provision, if any.

Accumulation Cash Value: The Accumulation Cash Value is equal to the Accumulation Account less the Surrender Charge.

Surrender Charge: The Surrender Charge is (1) times (2) times (3), where:

- 1) Is the Surrender Charge Percentage shown in the Policy Schedule for the applicable Policy year;
- 2) Is the Initial Surrender Charge shown in the Policy Schedule;
- 3) Is the Specified Amount shown on the Policy Schedule Page.

Guaranteed Value Options: Within 60 days after premium default, you may elect one of the options shown below. Your choice must be in writing to us.

1. **Cash Surrender:** You may surrender your Policy for its Cash Surrender Value on the date of premium default. We may defer payment of a Cash Surrender Value for not more than 6 months from the date of surrender.
2. **Paid-Up Insurance:** You may continue your Policy as Reduced Paid-Up Insurance. We use the Cash Surrender Value as a net single premium to compute the amount of Paid-Up Insurance. The amount of Paid-Up Insurance is based on the Insured's attained age on the date of premium default. The amount of Paid-Up Insurance may not exceed:
 - a) The amount of insurance of your Policy on the date of premium default; plus
 - b) The amount of any dividend additions or dividend accumulations; less
 - c) Any Policy indebtedness.Any excess value will be refunded to you.
3. **Extended Term Insurance:** You may continue your Policy as Extended Term Insurance. The amount of Extended Term Insurance is:
 - a) The Specified Amount or if greater, the Accumulation Account at the date of premium default multiplied by the applicable death benefit factor from page 16; plus
 - b) The amount of any dividend additions or dividend accumulations; less

- c) Any Policy indebtedness.

The Extended Term Insurance begins on the date of premium default and ends on or before the termination date. We use the Cash Surrender Value as a net single premium to compute the term of Extended Term Insurance and the amount of pure endowment, if any, remaining at the end of such term. The term of Extended Term Insurance is based on the Insured's attained age on the date of premium default. If the Cash Surrender Value is greater than the cost of insurance to the Maturity Date, the excess will be applied as a net single premium to buy a nonparticipating pure endowment payable on the Maturity Date if the Insured is then living.

Option 3 is not available if the risk classification shown in the Policy Schedule is "RATED CLASS".

Automatic Option: Option 3 is the automatic option unless you choose another option. If the risk classification shown in the Policy Schedule is "RATED CLASS", option 2 is the automatic option. The automatic option takes effect at the end of the grace period. You may select another option within 60 days of premium default.

Surrender of Paid-Up and Extended Term Insurance: You may surrender Paid-Up and Extended Term Insurance at any time for its cash value. We calculate the cash value as stated in the Basis of Computation provisions. The cash value of the Paid-Up and Extended Term Insurance is equal to the net single premium for the benefit. If you surrender your Paid-Up or Extended Term Insurance within 31 days after a Policy anniversary, the cash value we use to determine the Cash Surrender Value will not be less than the cash value on that anniversary. We may defer payment of Cash Surrender Value for not more than 6 months from the date of surrender.

Participation: If you continue your Policy under Option 2, it will participate in any divisible surplus. If you continue your Policy under Option 3, it will not participate in any divisible surplus.

Maturity: On the Maturity Date we will pay to you the Cash Surrender Value in exchange for your Policy.

Accumulation Values

Accumulation Account: On the Policy Date, an Accumulation Account is established with an initial balance of zero. Also on the Policy Date the Accumulation Net Premium relating to the first premium paid is added to the Accumulation Account and deductions are made for the Current Cost of Insurance and the Monthly Expense Charge. The Accumulation Account on the end of any Policy month is equal to the sum of (1), (2), (3) and (4):

- 1) Is the Accumulation Account at the beginning of that month less the Current Monthly Deduction for that month;
- 2) Is interest on (1) from the beginning of the month to the end of the Policy month;
- 3) Is the modalized Accumulation Net Premium if paid during that month;
- 4) Is interest accumulated on (3) from the date of receipt to the end of the Policy month.

Accumulation Net Premium: The Accumulation Net Premium is the premium paid less the Policy fee, less the premiums for any Riders attached to the Policy, less any extra premium due to the Policy being in a RATED CLASS, and less the premium load, in that order. The Policy fee and the premium load are shown in the Policy Schedule.

Monthly Deduction: The Current Monthly Deduction for any month is the Current Cost of Insurance for that month plus the Monthly Expense Charge. The Monthly Expense Charge is shown in the Policy Schedule.

Cost of Insurance: The Current Cost of Insurance for any month is equal to (1) times the excess of (2) over (3), where:

- 1) Is the Current Monthly Risk Rate for that month;
- 2) Is the death benefit at the beginning of that month divided by 1.00246627; and
- 3) Is the Accumulation Account at the end of the preceding month.

The Guaranteed Cost of Insurance is defined as above, with Guaranteed Maximum Monthly Risk Rate substituted for Current Monthly Risk Rate. The Current Monthly Risk Rates may be changed by us at any time. The Current Cost of Insurance will never exceed the Guaranteed Cost of Insurance.

Monthly Risk Rates: Maximum Monthly Risk Rates are based on the 2001 Commissioners Standard Ordinary Mortality Table, with separate rates for males or females and for smokers or nonsmokers, age at last birthday, ultimate rates. The Current Monthly Risk Rates actually used may be lower than the rates shown. The Current Monthly Risk Rates may be changed by us at any time. The Current Monthly Risk Rate depends upon the Insured's age, sex, tobacco use status and underwriting classification. For purposes of determining the Current Monthly Risk Rate, the Insured's tobacco use status and underwriting classification are set at the time the Policy is issued. Any change in the Current Monthly Risk Rates will be applied to all Insureds of the same attained age, sex, tobacco use status and underwriting classification.

Interest Rate: The Guaranteed Interest Rate of 3.0% is the minimum annual interest rate used to calculate the Accumulation Account. Current Interest Rates greater than the Guaranteed Interest Rate may be used to calculate the Accumulation Account. The Current Interest Rates may be changed by us at any time. Any portion of the Accumulation Account which is loaned will be calculated using an annual interest rate of 3.0%.

Annual Report: The Company will send you an Annual Report on this Policy. This report will show all information required to be provided by the laws of the state in which this Policy has been delivered.

Illustrative Report: The Company will furnish an illustrative Policy report to you upon request. If you Request more than one report in a Policy year, the Company may charge a \$25.00 fee for each report after the first.

Accumulation Account Premium Payment Option: On or after the first Policy anniversary, if the Cash Surrender Value is in excess of the Guaranteed Cash Value by a sufficient amount, you may elect this premium payment option. Under this option, a premium due on the Policy need not be paid in cash. Instead, such due premium will use all or a portion of such excess as a deduction from the Accumulation Account to pay the premium. A portion of any premium so paid will then be applied as an Accumulation Net Premium as described in the Accumulation Account section and the benefits will be continued inforce until the next premium due date.

For this option to be elected, the Cash Surrender Value on the due date must exceed the Guaranteed Cash Value by an amount at least as large as the Policy premium. You may elect this option by giving us written notice before the end of the grace period of the first premium to be covered by this option.

If, at any time after this option has been elected, the excess of the Cash Surrender Value over the Guaranteed Cash Value is not sufficient to pay the premium then due, you must pay the entire premium due in cash or your contract will terminate except as may be provided in this Policy.

Loan Provisions

Loans: You may obtain a loan upon written request, if there is sufficient Cash Surrender Value. This Policy assigned to us is the only security needed. No loan will be granted if the Policy is in force as Extended Term Insurance. We may defer making the loan for up to 6 months, unless the loan is made to pay premiums on this Policy. We will grant a loan for an amount less than the Loan Value, which is as follows:

- 1) The Cash Surrender Value; minus
- 2) The accrued interest from the date of the loan to the next anniversary; minus
- 3) Any premium due and unpaid.

Premium Loan: A loan will be made to pay an overdue premium on this Policy if the premium loan provision is in effect. The provision will be effective only if requested in the Application or in a written notice to us. If the Loan Value is insufficient to pay the overdue premium, a premium will be paid for any other frequency permitted by this Policy for which the Loan Value is sufficient. You may elect to revoke the premium loan provision by Request received at our Home Office.

Indebtedness: Indebtedness consists of all unpaid loans and accrued interest. Indebtedness may be repaid at any time. Any indebtedness will be deducted from the Policy proceeds. This Policy will terminate if indebtedness equals or exceeds the Cash Surrender Value before the deduction of any indebtedness. Termination occurs 31 days after a notice has been mailed to you and any assignee on record at the Home Office.

Loan Interest: Interest is payable at an annual effective rate of 8% in arrears. Interest accrues and is payable on a daily basis from the date of the loan. Unpaid interest is added to the loan principal and is subject to interest on the same terms.

Dividend Provisions

Dividends: This Policy is eligible to share in our divisible surplus, if any. That share is called a **dividend**. Dividends are determined once a year by us and credited at the end of each Policy year. We will pay no dividend for the first Policy year.

It is not expected that any dividends will be payable on this Policy.

Dividend Options: You may use each dividend under one of the following options:

- 1) **Cash:** We pay the dividend in cash.
- 2) **Premium Payment:** We apply your dividend to the payment of the due premium for this Policy. Any remaining due premium must be paid at the same time.
- 3) **Dividend Accumulation:** We accumulate the dividend with interest compounded annually. Our guaranteed interest rate is 3% per year.
- 4) **Dividend Additions:** We apply the dividend as a net single premium to purchase additional paid-up insurance. The net single premium is based on the 2001 CSO ALB ultimate mortality tables and 3% interest per annum. The additional insurance is payable at the same time and under the same conditions as this Policy; and shares in any divisible surplus.

Option 2 is the automatic option unless you choose another option. Dividends on dividend additions will be used under Option 4.

Change of Option: You may, by Request, change the dividend option at any time. A change of dividend option applies only to dividends we credit after receipt of such a Request.

Post-Mortem Dividend: As part of this Policy's death benefit, we will pay a pro-rata portion of any dividend due at the end of the Policy year of the Insured's death under this Policy.

Withdrawal of Dividends: Dividend accumulations under this Policy may be withdrawn by Request at any time. Any remaining dividend accumulations for this Policy will be payable:

- 1) As part of this Policy's death benefit amount payable;
- 2) On the Maturity Date of the Basic Death Benefit coverage; or
- 3) At the end of the grace period of any premium in default under this Policy.

Policy Proceeds

Payment of Proceeds: We will pay the proceeds of this Policy to the Beneficiary while it is in force; and upon receipt of proof of the Insured's death. Such amount will be paid in a lump sum unless a Payment Option is elected. If there is more than one Beneficiary, we will pay proceeds to the Beneficiaries in equal shares, unless you by Request instruct otherwise. Our payment of any death benefit is subject to the other terms of this Policy. See also the provisions relating to premiums, incontestability, misstatement of age or sex, and suicide. This Policy must be returned to us when we pay the proceeds.

Death Benefit Claim Settlement: Settlement will be made within two months after we receive in writing due proof of the Insured's death. We may also require due proof of the existence, identity, or age of the Insured or of a Beneficiary before we pay any death benefits. Interest will be added to the death benefit as required by law. Any payment we make in good faith fully discharges us to the extent of our payment.

Claims of Creditor: To the extent permitted by law, Policy proceeds will be exempt from the claims of creditors of any payee.

Amount of Proceeds: The Policy proceeds we will pay upon the death of the Insured are:

- 1) The Specified Amount or if greater, the Accumulation Account at the monthiversary before the date of death multiplied by the applicable death benefit factor from page 16; **PLUS**
- 2) Any additional death benefits covering the Insured provided by any Riders in force on the date of death; **PLUS**
- 3) Any dividend accumulations and/or additions; **PLUS**
- 4) Any unpaid dividend pro-rated for the Policy year of the Insured's death; **PLUS**
- 5) The portion of any premium paid beyond the end of the Policy month of the Insured's death; **MINUS**
- 6) Any premium due and unpaid at the date of the Insured's death; **MINUS**
- 7) Any indebtedness.

Payment Options

Election of Payment Option: We will pay the Policy proceeds, Maturity Value or Cash Surrender Value in a single sum unless a payment option is elected. Any election or change of Payment Option must be made in writing to us at our Home Office.

During the lifetime of the Insured and subject to any assignment, you may elect any one of our Payment Options and change any election if you have reserved the right to do so.

If you did not elect a Payment Option, the Beneficiary may elect any one of our Payment Options when Policy proceeds are payable.

Payee: The payee is the person receiving payments under a Payment Option. We will require due proof of the payee's age and sex for any Payment Option involving a life income. We may require proof that a payee is living on the date any payment is to be made.

The contingent payee is the person named to receive payments if the payee is not alive.

Payment Options are available only with our consent if payments are to be made to an executor, administrator, trustee, corporation, partnership or association.

Conditions: Payment Options are not available if the Policy proceeds, Maturity Value or Cash Surrender Value to be used are less than \$3,000 or any payment would be less than \$30. Options involving life income are not available for payees over age 85.

Death of Payee: At the death of the payee, we will pay any remaining payments under the terms of the Payment Option, unless the contingent payee elects, in writing, to receive the present value of any remaining guaranteed payments in a single sum.

If a contingent payee has not been named or dies before the payee, we will pay the present value of any remaining guaranteed payments under the terms of the Payment Option in a single sum to the estate of the payee.

Payment Options: You may select from among the Payment Options listed below.

- 1) **Life Income:** The amount to be paid under this option will be paid during the lifetime of the Annuitant. Payments will cease with the last payment due prior to the death of the Annuitant.
- 2) **Life Income with 120 Monthly Income Payments Guaranteed:** The amount to be paid under this option will be paid during the lifetime of the Annuitant with a guaranteed period of 120 months. If the Annuitant dies prior to the end of this guaranteed period, the Beneficiary will receive the remaining guaranteed payments.
- 3) **Joint and Survivor Income:** The amount to be paid under this option will be paid during the joint lifetimes of the Annuitant and a designated second person. Payments will continue as long as either is living.

Other Payment Options: The amount and period under any other option will be determined by us. Payment Options not set forth in the Policy are available only if they are approved by both you and us. We may elect to make available an immediate annuity Policy as a Payment Option if requested by the Policy Owner.

Frequency and Amount of Payments: All payments will be mailed within 10 business days of the scheduled payment date. Payments will be made based on the Payment Option and the frequency of payments selected.

If any payment would be or becomes less than \$30, we may change the frequency of payments to an interval that results in payments of at least \$30. In no event will we make payments under a Payment Option less frequently than annually.

Guaranteed Purchase Rates: The guaranteed interest basis for Payment Options is 1.50%. The mortality basis is the Annuity 2000 Mortality Table projected with Scale G to the year of annuitization. Upon request, we will furnish you the guaranteed purchase rates for ages and periods not shown below. Payments under any Payment Option will not be less than those provided by the application of an equivalent amount to the purchase of a single premium immediate annuity Policy offered by us at that time to payees of the same class and age for the same Payment Option.

TABLES FOR PAYMENT OPTIONS

Option 1: Monthly Life Income per \$1,000

Year of Annuitization	2010		2020		2030		2040	
Age	Male	Female	Male	Female	Male	Female	Male	Female
30	3.15	3.06	3.12	3.03	3.09	3.00	3.06	2.97
35	3.30	3.18	3.25	3.14	3.21	3.10	3.18	3.07
40	3.48	3.32	3.42	3.28	3.37	3.23	3.32	3.20
45	3.70	3.51	3.63	3.45	3.57	3.40	3.51	3.35
50	3.98	3.74	3.89	3.67	3.82	3.60	3.74	3.54
55	4.34	4.05	4.23	3.95	4.13	3.87	4.04	3.79
60	4.82	4.45	4.68	4.33	4.55	4.22	4.43	4.12
65	5.48	4.99	5.29	4.83	5.12	4.68	4.96	4.55
70	6.38	5.75	6.13	5.53	5.89	5.33	5.69	5.16
75	7.62	6.86	7.26	6.54	6.95	6.26	6.66	6.02
80	9.35	8.48	8.85	8.02	8.41	7.61	8.02	7.26
85	11.76	10.89	11.08	10.21	10.48	9.62	9.96	9.11

Option 2: Monthly Life Income with 10 Year Guarantee per \$1,000

Year of Annuitization	2010		2020		2030		2040	
Age	Male	Female	Male	Female	Male	Female	Male	Female
30	3.16	3.06	3.12	3.03	3.09	3.00	3.06	2.97
35	3.30	3.17	3.25	3.14	3.21	3.10	3.17	3.07
40	3.47	3.32	3.42	3.27	3.37	3.23	3.32	3.19
45	3.69	3.50	3.62	3.44	3.56	3.39	3.50	3.35
50	3.96	3.73	3.87	3.66	3.80	3.60	3.73	3.54
55	4.30	4.03	4.20	3.94	4.10	3.86	4.02	3.78
60	4.74	4.41	4.61	4.29	4.50	4.19	4.39	4.10
65	5.31	4.91	5.15	4.76	5.01	4.63	4.87	4.51
70	6.02	5.57	5.83	5.39	5.65	5.22	5.48	5.07
75	6.85	6.42	6.63	6.19	6.42	5.98	6.23	5.79
80	7.73	7.40	7.51	7.16	7.30	6.92	7.10	6.70
85	8.52	8.34	8.35	8.13	8.18	7.93	8.02	7.73

Option 3: Monthly Joint and Last Survivor Income per \$1,000

Year of Annuitization	2020				2040			
Female Age	45	55	65	75	45	55	65	75
Male Age								
45	3.25	3.41	3.52	3.59	3.18	3.32	3.42	3.47
55	3.35	3.63	3.90	4.09	3.26	3.52	3.76	3.92
65	3.40	3.80	4.30	4.78	3.31	3.67	4.10	4.52
75	3.43	3.89	4.59	5.54	3.34	3.74	4.36	5.18

Cash Value Accumulation Test Death Benefit Factors

Age at Last Birthday	Male		Female		Age at Last Birthday	Male		Female	
	Nonsmoker	Smoker	Nonsmoker	Smoker		Nonsmoker	Smoker	Nonsmoker	Smoker
0	16.03437	18.87771	13.07339	15.21015	50	2.87913	3.22300	2.45656	2.65352
1	15.58298	18.28620	12.67855	14.71116	51	2.78598	3.11905	2.38474	2.57512
2	15.08276	17.67569	12.25539	14.20449	52	2.69650	3.01960	2.31584	2.50048
3	14.56898	17.05996	11.82705	13.69891	53	2.61072	2.92453	2.24998	2.42943
4	14.05346	16.45559	11.40117	13.20487	54	2.52858	2.83357	2.18725	2.36179
5	13.54932	15.86833	10.98616	12.72589	55	2.45020	2.74648	2.12773	2.29736
6	13.06190	15.29811	10.58534	12.26178	56	2.37547	2.66318	2.07122	2.23596
7	12.59224	14.74897	10.19927	11.81492	57	2.30409	2.58353	2.01747	2.17741
8	12.13824	14.22192	9.82645	11.38582	58	2.23566	2.50729	1.96596	2.12144
9	11.69945	13.71221	9.46650	10.97133	59	2.16991	2.43424	1.91634	2.06785
10	11.27664	13.21938	9.11978	10.57102	60	2.10685	2.36409	1.86871	2.01653
11	10.86917	12.74449	8.78577	10.18544	61	2.04656	2.29669	1.82326	1.96730
12	10.47947	12.28965	8.46592	9.81575	62	1.98917	2.23195	1.78020	1.92010
13	10.10831	11.85235	8.16057	9.46026	63	1.93466	2.16971	1.73958	1.87479
14	9.75432	11.43416	7.86875	9.11981	64	1.88290	2.10983	1.70128	1.83119
15	9.42114	11.03270	7.59264	8.79281	65	1.83363	2.05224	1.66496	1.78924
16	9.10835	10.64602	7.33183	8.47789	66	1.78664	1.99687	1.63030	1.74887
17	8.81189	10.27439	7.08760	8.17755	67	1.74163	1.94364	1.59698	1.71003
18	8.52972	9.91614	6.85707	7.88907	68	1.69843	1.89251	1.56479	1.67272
19	8.25766	9.57067	6.63669	7.61181	69	1.65689	1.84342	1.53358	1.63691
20	7.99344	9.23744	6.42502	7.34565	70	1.61698	1.79629	1.50333	1.60257
21	7.73630	8.91449	6.22082	7.08909	71	1.57876	1.75111	1.47412	1.56974
22	7.48564	8.60295	6.02340	6.84210	72	1.54238	1.70788	1.44616	1.53844
23	7.24139	8.30171	5.83272	6.60385	73	1.50793	1.66651	1.41958	1.50861
24	7.00394	8.00988	5.64843	6.37395	74	1.47518	1.62692	1.39412	1.48022
25	6.77315	7.72831	5.47048	6.15240	75	1.44400	1.58906	1.36972	1.45311
26	6.54963	7.45610	5.29876	5.93941	76	1.41428	1.55284	1.34637	1.42717
27	6.33348	7.19431	5.13294	5.73422	77	1.38602	1.51819	1.32407	1.40233
28	6.12375	6.94158	4.97188	5.53648	78	1.35927	1.48506	1.30291	1.37854
29	5.91906	6.69795	4.81468	5.34605	79	1.33413	1.45336	1.28300	1.35573
30	5.71974	6.46302	4.66095	5.16258	80	1.31056	1.42299	1.26433	1.33383
31	5.52575	6.23643	4.51073	4.98572	81	1.28855	1.39421	1.24686	1.31317
32	5.33707	6.01813	4.36433	4.81552	82	1.26799	1.36725	1.23049	1.29406
33	5.15408	5.80775	4.22200	4.65163	83	1.24871	1.34191	1.21502	1.27633
34	4.97705	5.60518	4.08403	4.49404	84	1.23063	1.31797	1.20036	1.25978
35	4.80560	5.41029	3.95038	4.34282	85	1.21377	1.29541	1.18660	1.24428
36	4.64009	5.22291	3.82100	4.19758	86	1.19812	1.27391	1.17387	1.22941
37	4.48025	5.04263	3.69612	4.05792	87	1.18369	1.25361	1.16216	1.21530
38	4.32616	4.86887	3.57569	3.92328	88	1.17043	1.23483	1.15147	1.20237
39	4.17781	4.70115	3.45972	3.79338	89	1.15827	1.21738	1.14171	1.19042
40	4.03477	4.53937	3.34811	3.66807	90	1.14710	1.20089	1.13281	1.17902
41	3.89713	4.38341	3.24085	3.54721	91	1.13666	1.18422	1.12449	1.16683
42	3.76480	4.23313	3.13801	3.43072	92	1.12662	1.16692	1.11643	1.15328
43	3.63775	4.08838	3.03956	3.31868	93	1.11682	1.14967	1.10843	1.13911
44	3.51593	3.94911	2.94549	3.21092	94	1.10701	1.13283	1.10026	1.12465
45	3.39913	3.81522	2.85571	3.10745	95	1.09687	1.11648	1.09163	1.11025
46	3.28716	3.68661	2.76983	3.00820	96	1.08571	1.10008	1.08194	1.09572
47	3.17965	3.56321	2.68750	2.91314	97	1.07246	1.08254	1.07005	1.07989
48	3.07605	3.44493	2.60811	2.82235	98	1.05564	1.06149	1.05443	1.06027
49	2.97585	3.33158	2.53108	2.73586	99	1.03284	1.03458	1.03251	1.03428

Guaranteed Monthly Cost of Insurance per 1,000 of Current Amount at Risk

Age at Last Birthday	Male	Female	Male	Female	Age at Last Birthday	Male	Female	Male	Female
	Nonsmoker	Nonsmoker	Smoker	Smoker		Nonsmoker	Nonsmoker	Smoker	Smoker
0	0.060	0.035	0.060	0.035	50	0.288	0.247	0.560	0.476
1	0.038	0.026	0.038	0.026	51	0.315	0.275	0.612	0.532
2	0.028	0.019	0.028	0.019	52	0.347	0.306	0.674	0.591
3	0.020	0.017	0.020	0.017	53	0.385	0.338	0.749	0.656
4	0.018	0.016	0.018	0.016	54	0.433	0.373	0.838	0.725
5	0.018	0.015	0.018	0.015	55	0.487	0.412	0.933	0.798
6	0.018	0.016	0.018	0.016	56	0.542	0.455	1.032	0.877
7	0.018	0.018	0.018	0.018	57	0.596	0.500	1.123	0.956
8	0.018	0.018	0.018	0.018	58	0.649	0.547	1.210	1.039
9	0.019	0.018	0.019	0.018	59	0.712	0.595	1.313	1.127
10	0.020	0.018	0.020	0.018	60	0.789	0.645	1.439	1.220
11	0.023	0.021	0.023	0.021	61	0.883	0.701	1.594	1.320
12	0.028	0.023	0.028	0.023	62	0.991	0.760	1.772	1.426
13	0.033	0.026	0.033	0.026	63	1.110	0.822	1.963	1.534
14	0.043	0.028	0.043	0.028	64	1.235	0.890	2.155	1.652
15	0.055	0.030	0.055	0.030	65	1.365	0.966	2.343	1.779
16	0.064	0.033	0.072	0.036	66	1.496	1.049	2.525	1.917
17	0.073	0.034	0.086	0.039	67	1.634	1.141	2.710	2.071
18	0.077	0.036	0.095	0.043	68	1.780	1.243	2.899	2.240
19	0.078	0.038	0.103	0.047	69	1.944	1.355	3.108	2.426
20	0.079	0.038	0.108	0.049	70	2.135	1.482	3.348	2.637
21	0.079	0.039	0.113	0.053	71	2.369	1.626	3.643	2.874
22	0.079	0.040	0.119	0.055	72	2.642	1.785	3.988	3.132
23	0.080	0.040	0.125	0.058	73	2.932	1.958	4.337	3.415
24	0.081	0.042	0.132	0.061	74	3.244	2.151	4.717	3.711
25	0.083	0.043	0.139	0.066	75	3.586	2.363	5.142	4.024
26	0.087	0.046	0.147	0.070	76	3.972	2.596	5.616	4.364
27	0.088	0.048	0.151	0.074	77	4.425	2.855	6.167	4.732
28	0.087	0.050	0.152	0.079	78	4.953	3.138	6.804	5.130
29	0.086	0.053	0.151	0.084	79	5.550	3.450	7.512	5.562
30	0.085	0.055	0.150	0.089	80	6.221	3.840	8.293	6.103
31	0.084	0.058	0.151	0.096	81	6.957	4.321	9.131	6.770
32	0.085	0.062	0.153	0.103	82	7.744	4.834	10.004	7.462
33	0.088	0.066	0.159	0.111	83	8.613	5.377	10.945	8.176
34	0.089	0.071	0.164	0.122	84	9.591	5.986	12.022	8.926
35	0.093	0.077	0.171	0.133	85	10.693	6.608	13.263	9.626
36	0.098	0.083	0.181	0.143	86	11.924	7.349	14.630	10.443
37	0.103	0.088	0.193	0.153	87	13.276	8.275	16.111	11.469
38	0.111	0.092	0.207	0.162	88	14.740	9.264	17.685	12.509
39	0.118	0.097	0.223	0.172	89	16.306	10.260	19.337	13.473
40	0.127	0.103	0.242	0.183	90	17.898	11.002	20.967	14.026
41	0.138	0.109	0.265	0.195	91	19.496	11.718	22.550	14.483
42	0.151	0.117	0.293	0.211	92	21.207	12.920	24.209	15.479
43	0.167	0.126	0.326	0.229	93	23.053	14.579	25.961	16.910
44	0.184	0.137	0.363	0.250	94	25.044	16.696	27.875	18.950
45	0.204	0.149	0.399	0.274	95	27.068	19.066	29.850	21.426
46	0.223	0.164	0.436	0.302	96	29.095	21.473	31.771	23.860
47	0.239	0.182	0.467	0.337	97	31.313	23.075	33.848	25.340
48	0.251	0.201	0.491	0.379	98	33.749	23.959	36.100	25.941
49	0.267	0.223	0.521	0.426	99	36.433	25.825	38.549	27.584

FEDERAL LIFE

INSURANCE COMPANY (MUTUAL)
3750 WEST DEERFIELD ROAD
RIVERWOODS, ILLINOIS 60015
1-800-233-3750

**INTEREST SENSITIVE WHOLE LIFE
INSURANCE POLICY**

FIXED PREMIUMS TO AGE 100

ENDOWMENT AT AGE 100

**PROCEEDS PAYABLE UPON DEATH
OF INSURED PRIOR TO MATURITY
DATE**

**PARTICIPATING AS DESCRIBED
HEREIN**

<i>SERFF Tracking Number:</i>	<i>FRCS-126073033</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Life Insurance Company (Mutual)</i>	<i>State Tracking Number:</i>	<i>41881</i>
<i>Company Tracking Number:</i>	<i>5147</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.301 Current Assumption - Fixed Premium - Single Life</i>
<i>Product Name:</i>	<i>ISWL-L-8035</i>		
<i>Project Name/Number:</i>	<i>FEDLIFE/65/65</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR RDB.pdf		
AR COC.pdf		
AR Constent to rate.pdf		
Autho - 2009_dist.pdf		
8055 Arkansas.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment:		
LA-8020 Application_john doe_dist.pdf		

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Federal Life Insurance Company (Mutual)

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
L-8035	51.6


Paul R. Murphy, FSA, MAAA
Actuary

March 6, 2009

Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Federal Life Insurance Company (Mutual)
Form Title(s): Individual Interest Sensitive Whole Life Policy
Form Number(s): L-8035

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.


Paul R. Murphy, FSA, MAAA
Actuary

March 6, 2009
Date

EXHIBIT A (REVISED)**CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL**

NAME OF COMPANY: Federal Life Insurance Company (Mutual)

FORM NUMBER(S): L-8035

The Company does hereby consent and agree:

A) that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to the policy form number(s) indicated above must be filed with the Insurance Commissioner for the State of Arkansas ("commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.


Paul R. Murphy, FSA, MAAA
Actuary

March 6, 2009

Date



Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015 • (847) 520-1900

January 26, 2009

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Federal Life Insurance Company (Mutual)

By: Paul R. Murphy

Title: Actuary

Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015

1-800-233-3750

IMPORTANT INFORMATION

If you have any questions concerning your Policy, you may contact the following:

Federal Life Insurance Company (Mutual)

3750 West Deerfield Road

Riverwoods, Illinois 60015

1-800-233-3750

Your Insurance Agent

Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

1-800-282-9134



Federal Life Insurance Company (Mutual)(The Company)

3750 West Deerfield Road • Riverwoods, Illinois 60015

PART I - Application/Enrollment Form ("APP/EF") for Life Insurance and/or Disability Insurance

1. Proposed Insured(s)			Soc. Sec. No.	Phone Numbers	Birthplace	Birth			Age	Sex
First Name	Middle	Last				Month	Day	Year		
a. Insured John Q. DOE			111-11-1111	999-999-9999	Any STATE	11	11	1950	99	M
b. Joint Insured										

2. Street Address 123 Any STREET		City, State and Zip Any City, Any STATE 11111	County	How Long? 10 yrs
-------------------------------------	--	--	--------	---------------------

3. Is every proposed insured a permanent resident of the United States? Yes No

4. Employer Name and Address		Your Job Title and Duties	How Long?
Proposed Insured: ABC Insurance		Any Job	10 yrs
Proposed Joint or Additional Insured:			

5. Owner - If other than Insured		Relationship	Soc. Sec. No.
Street Address		City, State and Zip	County

6. Insurance Requested:		7. Florida Only: Pursuant to Florida Statutes, we invite you to provide us with the name and address of a second addressee in the space below. This legislation and procedure is intended to provide additional assurance that you receive notice of premium due for your policy: Name _____ Street _____ City, State, Zip _____
a. Life Insurance Plan <u>ABC Plan</u> Face Amount \$ <u>50,000</u> If Universal Life or Annual Renewable Term: Option <input type="checkbox"/> A <input type="checkbox"/> B		
b. Disability Income Insurance Plan _____ Class _____ Monthly Indemnity \$ _____ Benefit Period _____ Waiting Period _____		

8. Supplemental Benefits		Amount Applied For
<input type="checkbox"/> Disability Income Rider (Not available on all plans) ... \$ _____ <input type="checkbox"/> Occupational <input type="checkbox"/> Non-occupational <input type="checkbox"/> 10 Year Extra Term Rider \$ _____ <input type="checkbox"/> Accidental Death Benefit \$ _____ <input type="checkbox"/> Children's Term Rider \$ _____ <input type="checkbox"/> Spouse Term Rider \$ _____		<input type="checkbox"/> Money Back Rider (If available) <input type="checkbox"/> Initial Specified Amount Continuation Rider <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Additional Insured Rider <input type="checkbox"/> Other _____

9. Automatic Premium Loan Requested? Yes No

10. Payment Plan Annual Semi-Annual Quarterly EFT List Bill
 Visa, MasterCard, or Discover (Complete Form L-8015) _____

11. Beneficiary: Enter full names, Social Security numbers, and relationships to Insured.

Primary: JANE DOE Soc. Sec. No. 111-11-1111 Relationship Sister

Contingent: _____ Soc. Sec. No. _____ Relationship _____

Items 12 through 27 apply to all persons proposed for insurance in Question 1:

	Proposed Insured	Proposed Joint or Additional Insured
	Yes No	Yes No

12. Does any proposed insured now have any life insurance, annuities, or disability income insurance:

a. In force with any company? Yes No Yes No

b. Applications or enrollment forms pending with any company? Yes No Yes No

c. Which will be replaced or changed because of this APP/EF? Yes No Yes No

If **Yes** to 12a., 12b., or 12c., give details below and submit any needed replacement forms.

Person	Company Name	Disability Monthly Benefit	Life Face Amount	Date Applied or Issued

13. Has any proposed insured been declined, postponed, or offered a rated or modified life insurance policy, or been denied reinstatement within the past 7 years? Yes No Yes No

14. In the past 3 years has any proposed insured: a. Flown other than as a scheduled airline passenger? Yes No Yes No

14b. Engaged in, or intend to engage in, motorized racing, hang gliding, ballooning, sky or scuba diving, mountain or rock climbing, base jumping, bungee jumping, backcountry skiing or any other hazardous activity? Yes No Yes No

If **Yes** to either 14a. or 14b., complete the appropriate questionnaire.

15. Has any proposed insured made claim for or received disability payment for an injury or sickness in the past 5 years? Yes No Yes No

16. Within the past 5 years: a. Has any proposed insured had three or more moving violations, or had their license suspended or revoked? Yes No Yes No

b. Has any proposed insured been convicted of, or is any proposed insured awaiting trial for reckless driving or driving under the influence of alcohol or drugs? Yes No Yes No

If **Yes** to 16a. or 16b., please list details below:

Person's Name _____ Date of Incident _____ Driver's License No. _____ State _____

17. Has any proposed insured ever been convicted of, or are they awaiting trial for a felony? Yes No Yes No

18. Is any proposed insured serving a term of parole or probation assigned by a court of law? Yes No Yes No

For Office Use Only:

Part I: No. _____ Is Corrected To Read: _____

Part II – APP/EF Non-Medical Report

19. Present height and weight a. Proposed insured ___ ft. ___ in. ___ lbs. b. Proposed joint or additional insured ___ ft. ___ in. ___ lbs.
 c. Has any proposed insured lost more than 10 lbs. in the past 12 months? Yes No Yes No

If **Yes** to 19c., please answer below:
 Proposed insured's weight loss _____ lbs. Proposed joint or additional insured's weight loss _____ lbs.
 Reason for loss if known: _____

20. Has any proposed insured used any form of tobacco or nicotine products within the past 24 months? Yes No Yes No

Has any proposed insured in the past 10 years:

21. a. Used illegal drugs or used restricted or controlled drugs except as prescribed for that person by a physician? Yes No Yes No
 If **Yes**, list all drugs, when used, how often, and by whom: _____

b. Had treatment or been advised by a medical professional to have treatment for drug use? Yes No Yes No
 If **Yes**, Dates: _____ Details: _____

c. Had treatment or been advised by a medical professional to limit the use of, seek treatment for or receive treatment for alcohol use? Yes No Yes No
 If **Yes**, Dates: _____ Details: _____

22. In the past 7 years, has any proposed insured had, been told they had, or consulted a medical professional for any disease or disorder of the organs or conditions below?

a. Heart attack, heart disease, high blood pressure, angina, palpitations, heart murmur, chest pain, congestive heart failure, stroke, anemia or any other disease or disorder of the circulatory, cerebrovascular, or cardiovascular system or blood vessels? Yes No Yes No

b. Epilepsy, seizures, convulsions, fainting spells, multiple sclerosis, paralysis, depression, anxiety, mental illness, suicide attempt, eating disorder, dementia, Alzheimer's, or any other disease or disorder of the brain or nervous system? Yes No Yes No

c. Emphysema, chronic obstructive pulmonary disease (COPD), asthma, shortness of breath, chronic cough, sleep apnea, or any other disease or disorder of the lungs or respiratory system? Yes No Yes No

d. Cancer, tumor, cyst, polyps, melanoma or other malignancy? Yes No Yes No

e. Ulcer, colitis, Crohn's disease, hepatitis, cirrhosis, pancreatitis or any other disease or disorder of the stomach, gall bladder, intestines, colon, rectum, liver or pancreas? Yes No Yes No

f. Diabetes, thyroid, pituitary or other gland? Yes No Yes No

g. Breasts, prostate, male or female reproductive organs? Yes No Yes No

h. Kidneys, bladder or urinary system, sugar, albumin or blood in the urine? Yes No Yes No

CONDITIONAL RECEIPT

Federal Life Insurance Company (Mutual) ("The Company") has received from _____

- a payment of \$_____ for the insurance applied/enrolled for with the APP/EF.
- an authorization for payment of premiums by participation in the Electronic Funds Transfer Plan or the Credit Card Billing Plan for the insurance applied/enrolled for with the APP/EF.

This receipt is not valid unless it is signed by an agent of The Company. This receipt is not valid unless the amount paid with the APP/EF, if paid by check or draft, is honored on first presentation for payment, or the authorization for payment of premium remains in effect until the first premium is transmitted to The Company.

IMPORTANT: The payment or authorization for payment of premiums is received subject to the following conditions:

- (A) 1. If the medical examinations required by The Company are completed; and
2. If The Company at its Home Office is satisfied that, at the time of completing Part I and Part II of the APP/EF each person to be covered was insurable under The Company's rules for insurance on the plan, in the amount, and at the class of risk to be applied/enrolled for in Part I of the APP/EF;

Then, and only after these conditions are met, the insurance applied/enrolled for shall be effective from the date of Part II, or the date requested in the APP/EF, whichever is the latest, regardless of any change of insurability of each person to be covered occurring after completion of both parts of the APP/EF. If less than the full first premium has been paid for such insurance, it shall remain in effect only for the fraction of one year that the payment made for such insurance bears to the annual premium for such insurance.

The Company shall not be required to make insurance effective for an amount which, together with any amount effective in The Company on each person to be covered would exceed the following limits: (a) \$100,000 of life insurance if such person is age 16 – 65 and is insurable as a standard class of risk, or \$25,000 at all other ages and classes of risk; and (b) \$50,000 of benefits for death by accident. Any insurance applied/enrolled for as alternate or additional to the plan and amount of insurance applied/enrolled for in the APP/EF shall not become effective under this conditional receipt.

- (B) If the conditions of (A) are met for the insurance applied/enrolled for in the APP/EF, except that if any person to be covered is not insurable under The Company's rules for benefits for disability or accidental death as applied/enrolled for, the life insurance, and any portion of such benefits for which the Proposed Insured is insurable under The Company's rules, shall be effective as provided in (A).
- (C) If family insurance or children's insurance is applied/enrolled for and the conditions of (A) are met for such insurance except that one or more of the persons to be covered are not insurable under The Company's rules for such insurance, the family insurance or children's insurance for which the other persons to be covered are insurable under The Company's rules shall be effective as provided in (A).

Except as provided in this conditional receipt, any Contract issued by The Company shall not take effect unless the full first premium is paid and such Contract is delivered to the Owner during the lifetime of each person to be covered by such Contract, and all the statements and answers given in the APP/EF continue to be true and complete to the best of the Proposed Insured's (Owner's) knowledge and belief as of the date of delivery of such Contract.

Neither the agent nor the medical examiner is authorized to accept risks or pass upon insurability, to modify contracts, or to waive any of The Company's rights or requirements.

IMPORTANT: The payment is received subject to the conditions of this receipt. This conditional receipt does not provide any insurance until after its conditions are met.

Agent Name Bill Agest Agent Signature Bill Agest Date 11/11/2007

If you do not hear from The Company regarding the proposed insurance within 30 days, notify The Company at its Home Office in Riverwoods, Illinois, giving the name of the agent, date and amount paid.

Make checks payable only to Federal Life Insurance Company (Mutual). Do not make check payable to the agent. Do not leave payee blank.

----- DETACH HERE -----

Notice To Applicant/Enrollee:

Medical Information Bureau

Information regarding your insurability will be treated as confidential. Federal Life Insurance Company (Mutual) or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. If you apply to or enroll with 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 in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have 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 Park, Suite 400, Braintree, MA 02184-8734.

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

DETACH HERE-----

Fair Credit Reporting Act

Notice to Applicant/Enrollee: Federal law requires that notice of investigation be given to persons applying or enrolling for insurance.

In making this application/enrollment for insurance to Federal Life Insurance Company (Mutual), it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request to the Home Office of The Company within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. (See Notice to Applicant/Enrollee – regarding Medical Information Bureau.)

Notice Of Information Practices – To our Contractholders, Applicants/Enrollees and insureds:

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on the information provided by you. We may also seek information from others, such as medical professionals who have treated you or family members covered under such insurance.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

The above is a general description of The Company's and its agents' information practices. If you would like to receive a more detailed explanation of those practices, please contact:

Policyholder Services – Federal Life Insurance Company (Mutual) – 3750 West Deerfield Road – Riverwoods, Illinois 60015

Federal Life Insurance Company (Mutual)("The Company")

Health Insurance Portability and Accountability Act (HIPAA) Authorization to obtain and disclose certain data

- A. I hereby authorize the release of any and all records and information within your possession, custody or control regarding me pursuant to this Authorization. Any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition are to be released. Such records and information to be released may include, but should not be limited to, the following: alcohol abuse treatment, drug abuse treatment, psychiatric treatment, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKGs.
- For Wisconsin only:** *Information about AIDS or HIV status is limited to a positive diagnosis made by a member of the medical profession. HIV test results received at an anonymous counseling and testing site or results from a home test kit are not subject to disclosure.*
- B. This information will be used to determine my eligibility for insurance, underwrite my application or enrollment form for insurance, determine my eligibility for benefits under any temporary insurance, and if the contract is issued, determine my eligibility and contestability of the contract.
- C. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, the Veteran's Administration, insurance company, MIB, INC. ("MIB"), employer, consumer reporting agency or other organization, institution or person, that has any records or knowledge of me or my health to give to The Company or its reinsurers, any such information when this authorization or a copy of it is shown.
- D. Data about mental illness, alcoholism, and the use of drugs is to be included.
- E. The Company or its reinsurers may make a brief report about me or my children to other companies to which I have applied/enrolled or may apply/enroll for coverage.
- F. This authorization is good for 24 months after it is signed. **For AZ only 180 days in the case of HIV related information** A copy of this authorization will be as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.
- G. The company may obtain an investigative consumer report on me. I want to be interviewed if such a report is obtained.
- H. I may revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization or other law allows The Company to contest a claim under the contract or to contest the contract itself, by sending a written request to:
Federal Life Insurance Company (Mutual) – 3750 W. Deerfield Rd. – Riverwoods, IL 60015

For all states except Oklahoma:

I understand that my revocation of this authorization will not affect uses and disclosures of my health information by the Recipient for purposes of underwriting, claims administration and other matters associated with my application/enrollment for insurance and the administration of any contract issued as a result of that application/enrollment.

For Oklahoma only:

However I realize that any such revocation may be a basis for denying the policy being applied for. I realize such failure to sign an authorization statement may impair the ability of a regulated insurance agency to process applications and may be a basis for denying an application.

- I. I understand that the signing of this authorization will not affect uses and disclosures of my health information by the Recipient for purposes of underwriting, information necessary to consider my application.
- J. I hereby acknowledge that The Company is subject to federal privacy regulations. I understand that information released to The Company will be used and disclosed as described in The Company's privacy policy, but that upon disclosure to any person or organization that is not a health plan or health care provider, the information may no longer be protected by federal privacy regulations.
- K. I have read this authorization. I also have read and have received the NOTICE REGARDING MIB, Inc., and the NOTICE UNDER THE FAIR CREDIT REPORTING ACT.

Name of Proposed Insured	Date	Signature of Proposed Insured or Proposed Insured's Personal Representative

Description of Authority of Personal Representative (if applicable) _____

Name of Proposed Joint or Additional Insured	Date	Signature of Proposed Joint or Additional Insured or Proposed Joint or Additional Insured's Personal Representative

Description of Authority of Joint Insured's Personal Representative (if applicable) _____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading may be committing a crime which is subject to criminal and civil penalties.

Note: The following states require that alternate statements regarding insurance fraud be given. If you are a resident of any of the following states, please consider the following statements as replacement for the above statement.

Arkansas & Louisiana – 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.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia – Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky, Ohio & Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia, and Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

Minnesota – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Mexico – 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 civil fines and criminal penalties.

Oklahoma – Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

Bank Draft Plan **Checking** – Attach Voided Check **Savings** – Include Transit/Routing and Bank Account Numbers

Request For Electronic Funds Transfer Plan

ACH Transit/Routing Number _____ Bank Account Number _____

Bank Name _____ Bank Phone Number _____

I (we) authorize Federal Life Insurance Company (Mutual) to initiate deductions from the bank account at the transit/routing number listed above. I (we) understand and agree that this authorization remains in effect until discontinued by the company or me upon thirty (30) days written notice. If the company is unable to deduct premiums from my (our) account, I (or the contract owner) must pay the premium directly when due to keep the insurance coverage in force. Requests to withdraw funds on a specific day cannot be honored. If you do not specify a draw period we will withdraw funds from the 20th-25th of each month.

Please withdraw funds from 7th- 12th or 20th- 25th of each month.

Please withdraw the initial premium from my bank account Yes No

Contract Owner's Name _____ Contract Number(s) _____

Signature of Bank Account Holder _____ Dated _____

Agent's Report – To be completed by Field Underwriter (“APP/EF” means Application/Enrollment Form)

	Proposed Insured	Proposed Joint or Additional Insured
1.a. Prior residential addresses within 2 years		
b. Prior employers and addresses within 2 years		

2. Check requirements for exams or special tests. Med Urine EKG Blood Med Urine EKG Blood

3. Has the name of any person in question No. 1. of the APP/EF changed in the past 7 years? If **Yes**, complete below: **Yes** **No**
 Person _____ Former Name _____ Date Changed _____ Reason _____

4. How long have you known proposed insured? _____ How known? _____

5. Who first suggested the purchase of this insurance?
 Agent Proposed Insured Owner Other _____

6. Purpose of insurance (Insurable Interest): _____

7. a. Did you personally see the proposed insured? **Yes** **No**

b. Was the APP/EF signed by the proposed insured in your presence after all questions were answered? **Yes** **No**

If either 7a. or 7b. are answered **No**, explain: _____

8. Are you aware of anything about the health, habits, hobbies, or other factors which might affect the insurability of the proposed insured? **Yes** **No**
 If **Yes**, explain: _____

9. Did you quote a special class extra premium for this contract? **Yes** **No**
 If **Yes**, Table Rating? _____ Why? _____

10. If Insured is age 0 through 14, answer questions below:

a. Number of brothers _____ sisters _____ Do they all have same amount of insurance as Insured? **Yes** **No**

b. If less than 1 year of age, what was birth weight? _____ lb. _____ oz. c. Did you see the child? **Yes** **No**

If **No**, explain: _____

d. Amount of life insurance in force and/or requested on father: \$ _____ mother: \$ _____

11. **Annual Earned Income:** Insured \$ _____ Joint Insured \$ _____

12. Your calculation of the annual premium:

a. Life Insurance		b. If Universal Life,	
Base Plan	\$ _____	indicate planned periodic premium	\$ _____
Policy/Certificate Fee	\$ _____		\$ _____
Waiver of Premium	\$ _____		\$ _____
Accidental Death Benefit	\$ _____		\$ _____
Other Benefits and Riders	\$ _____	c. Disability Insurance	
Subtotal	\$ _____	Base Plan	\$ _____
Return of Premium Rider	\$ _____	Other Benefits and Riders	\$ _____
TOTAL	\$ _____		\$ _____
		TOTAL	\$ _____

d. Amount of money submitted with APP/EF: \$ _____

13. Is this Keyman Insurance? Yes No

Remarks: _____

14. **Agent's Commission** to be shared with: Name _____ % _____ No. _____ Situation Code _____

I certify that: **Statements By Agent:**

- I asked and carefully explained each question to the proposed insured and owner/applicant before recording each answer prior to the APP/EF being signed;
- The answers in this APP/EF and Agent's Report are complete and accurate to the best of my knowledge and belief;
- The proposed insured and agent know that any fraudulent statement of material misrepresentation in the application/enrollment form may result in loss of coverage under the contract;
- I have no personal knowledge of any other factors which may have an effect on the proposed insured's insurability;
- If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application/enrollment form and before I deliver the contract, I will inform the Company of the change and agree to withhold delivery of the contract until instructed by the Company to do so;
- I have explained to the proposed insured that if money is submitted with this APP/EF, conditions of the Conditional Receipt must be met;
- I have made no agreement whereby anyone has received or is to receive directly or indirectly, in settlement of the premium on the proposed insurance any concession or rebate from the full regular premium according to The Company's table of rates.

Agent's Signature _____ Agent's Printed Name _____ Date _____