

<i>SERFF Tracking Number:</i>	<i>METF-126102584</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42125</i>
<i>Company Tracking Number:</i>	<i>NWL 7/09</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>/NWL 7/09</i>		

Filing at a Glance

Company: Texas Life Insurance Company
 Product Name: Whole Life Insurance Policy
 TOI: L071 Individual Life - Whole

SERFF Tr Num: METF-126102584 State: Arkansas
 SERFF Status: Closed-Approved- Closed State Tr Num: 42125

Sub-TOI: L071.101 Fixed/Indeterminate
 Premium - Single Life
 Filing Type: Form

Co Tr Num: NWL 7/09 State Status: Approved-Closed
 Reviewer(s): Linda Bird
 Author: Jan Spoede Disposition Date: 04/21/2009
 Date Submitted: 04/16/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number: NWL 7/09
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 04/21/2009

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 04/14/2009
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 04/21/2009
 Created By: Jan Spoede
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Jan Spoede
 Filing Description:

Policy Form NWL 7/09 is a level death benefit whole life policy form. Applications NWLA COVER 7/09 and NWLA 07/09 will be used with this form. Rider form NTIR 7/09 an Accelerated Death Benefit Rider, will be added to all policy forms issued under form number NWL 7/09. This rider is offered at no additional charge to the insured. Rider form NADB 07/09, an Accidental Death Benefit Rider, is available at the option of the insured with form NWL 7/09.

An actuarial memorandum for the policy forms is attached under the Supporting Documents tab as part of the filing.

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 Product Name: Whole Life Insurance Policy
 Project Name/Number: /NWL 7/09

The filing contains no unusual or controversial items from normal Company or industry standards.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830 Waco, TX 76703
 jspoede@texaslife.com
 800-283-9233 [Phone] 6371 [Ext]
 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company P.O. Box 830 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396
 Group Code:
 Group Name:
 FEIN Number: 74-0940890
 State of Domicile: Texas
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Our domiciliary state of Texas requires \$100.00 for a filing. of this type.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$100.00	04/16/2009	27210402

SERFF Tracking Number: METF-126102584 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/21/2009	04/21/2009

SERFF Tracking Number: METF-126102584 *State:* Arkansas
Filing Company: Texas Life Insurance Company *State Tracking Number:* 42125
Company Tracking Number: NWL 7/09
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Insurance Policy
Project Name/Number: /NWL 7/09

Disposition

Disposition Date: 04/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: Whole Life Insurance Policy
 Project Name/Number: /NWL 7/09

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	No Illustration Certification		Yes
Supporting Document	Statement of Policy Cost and Benefit Information for Whole Life		Yes
Supporting Document	Disclosure Accelerated Benefit Terminal Illness		Yes
Supporting Document	Compliance Certification for Bulletin 11-83		Yes
Supporting Document	Certification of review of Bulletin Number 19		Yes
Supporting Document	Certification for Reg 34		Yes
Form	Whole Life Insurance Policy		Yes
Form	Accelerated Benefit Terminal Illness Rider		Yes
Form	Accidental Death Benefit to Age 100		Yes
Form	Application for Level Death Benefit		Yes
Form	Application Cover Page		Yes

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Form Schedule

Lead Form Number: NWL 7/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NWL 7/09	Policy/Cont Whole Life Insurance Initial ract/Fratern Policy al Certificate	Initial		51.400	GENERIC NWL 7-09.pdf
	NTIR 7/09	Policy/Cont Accelerated Benefit ract/Fratern Terminal Illness al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.900	NTIR 7- 09.pdf
	NABD 7/09	Policy/Cont Accidental Death ract/Fratern Benefit to Age 100 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.080	NADB 7- 09.pdf
	NWLA 7/09	Application/ Application for Level Enrollment Death Benefit Form	Initial		45.200	App - NWLA 7-09 MO.pdf
	NWLA Cover 7/09	Application/ Application Cover Enrollment Page Form	Initial		45.200	NWLA COVER 7- 09.pdf

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

www.texaslife.com

Texas Life Insurance Company agrees to pay the death benefit of this policy as shown in the Table of Policy Values Page to the Beneficiary when We receive proper written claim and due proof of the death of the Insured while this policy is in force. Our payment will be subject to the terms and provisions of this policy.

The insurance under this policy is granted in consideration of the application and payment of a premium due on the policy date. It is a legal contract between You and the Company.

Premiums must be paid while the Insured is alive for the time shown in the Policy Specifications.

30 DAY RIGHT TO EXAMINE POLICY. This life insurance policy is a legal contract between the Owner and Us. PLEASE READ IT CAREFULLY. It is important to Us that You are satisfied with this policy. If You are not satisfied, You may return the policy to Our Home Office or to any agent of the Company within 30 days after You receive it. We will refund all the premiums You have paid. The policy will be deemed void from the Policy Date.

In Witness Whereof **Texas Life Insurance Company** has caused this policy to be executed at its Home Office in Waco, Texas to take effect on the Policy Date.



Secretary



President

WHOLE LIFE – NON-PARTICIPATING – NO ANNUAL DIVIDENDS

Premiums payable for the period shown in the Policy Specifications
or until the prior death of the Insured

Net Cash Value payable if Insured is living at attained age 100

TABLE OF CONTENTS

GUIDE TO POLICY PROVISIONS

POLICY SPECIFICATIONS	Page 3
TABLE OF POLICY VALUES	Page 4
DEFINITIONS	Page 5
OWNERSHIP PROVISION	Page 5
SETTLEMENT PROVISION	
Amount of Proceeds	Page 6
GENERAL PROVISIONS	
Cash Value	Page 7
Contestability	Page 7
Suicide	Page 7
Change in Plan	Page 8
Non-Participating	Page 8
Beneficiary Change	Page 8
Assignment	Page 8
Misstatement of Age or Sex	Page 8
Contract	Page 8
Unearned Premium Refund	Page 9
PREMIUM PAYMENT PROVISION	
Where Payable	Page 9
Amount and Frequency	Page 9
Grace Period	Page 9
Policy Years	Page 9
Reinstatement	Page 10
POLICY LOAN PROVISION	
Amount of Loan Available	Page 10
Cash Loan	Page 10
Automatic Premium Loan	Page 10
Loan Interest	Page 11
Repayment of Loan	Page 11
Termination of the Policy	Page 11
NON-FORFEITURE PROVISION	Page 11
DETERMINATION OF POLICY VALUES	
Basis of Policy Values	Page 12
Reserves	Page 12
SETTLEMENT OPTIONS	Page 13

A copy of the Application and any Endorsements or Riders follow page 17.

POLICY SPECIFICATIONS

FORM NO.	DESCRIPTION OF BENEFITS	YEARS PAYABLE	TOTAL ANNUAL PREMIUM
NWL 7/09	Whole Life	[50]	[\$316.00]

INITIAL MODE PREMIUM: [\$316.00 ANNUALLY]

PREMIUM INCLUDES [\$36.00] ANNUAL POLICY FEE

NAME OF INSURED: [JOHN DOE]

POLICY NUMBER: [123456]

POLICY DATE: [AUGUST 1, 2001]

PREMIUM CLASS: [NON-TOBACCO]

ISSUE AGE: [50]

SEX: [MALE]

DEATH BENEFIT: [\$10,000.00]

OWNER: [JOHN DOE]

MATURITY DATE: [AUGUST 1, 2051]

BENEFICIARY: AS DESIGNATED IN THE APPLICATION UNLESS CHANGED AS PROVIDED BY THE POLICY.

TABLE OF POLICY VALUES

NAME OF INSURED: [JOHN DOE]

POLICY NUMBER: [123456]

POLICY DATE: [AUGUST 1, 2001]

ISSUE AGE: [50]

SEX: [MALE]

END OF POLICY YEAR	CASH VALUE	REDUCED* PAID-UP AMOUNT	DEATH BENEFIT
1	(\$0.00)	(\$0.00)	(\$10,000.00)
2	(0.00)	(0.00)	(10,000.00)
3	(140.00)	(536.41)	(10,000.00)
4	(300.00)	(1,100.32)	(10,000.00)
5	(460.00)	(1,616.18)	(10,000.00)
6	(620.00)	(2,088.28)	(10,000.00)
7	(790.00)	(2,552.57)	(10,000.00)
8	(960.00)	(2,977.07)	(10,000.00)
9	(1,140.00)	(3,394.35)	(10,000.00)
10	(1,320.00)	(3,775.42)	(10,000.00)
11	(1,510.00)	(4,151.32)	(10,000.00)
12	(1,700.00)	(4,496.09)	(10,000.00)
13	(1,900.00)	(4,838.68)	(10,000.00)
14	(2,090.00)	(5,130.00)	(10,000.00)
15	(2,290.00)	(5,422.15)	(10,000.00)
16	(2,500.00)	(5,714.32)	(10,000.00)
17	(2,700.00)	(5,961.23)	(10,000.00)
18	(2,910.00)	(6,209.17)	(10,000.00)
19	(3,130.00)	(6,457.17)	(10,000.00)
20	(3,350.00)	(6,685.08)	(10,000.00)
21	(3,570.00)	(6,895.31)	(10,000.00)
Age 60	(1,320.00)	(3,775.42)	(10,000.00)
Age 65	(2,290.00)	(5,422.15)	(10,000.00)

*Subject to contract minimums

DEFINITIONS

AGE: The Insured's age on the policy date.

BENEFICIARY: The person(s) or entity named in the application to receive the benefits at the Insured's death.

EVIDENCE: Evidence of insurability satisfactory to Us.

INSURED: The person(s) whose life is insured under this policy as shown in the Policy Specifications.

PAYEE: The designated recipient of the Proceeds under a Settlement Option.

POLICY ANNIVERSARY: The same day and month as Your policy date for each succeeding year Your policy remains in force.

POLICY DATE: The effective date of coverage under this policy. The date from which policy anniversaries, policy years, policy months and premium due dates are determined.

POLICY SPECIFICATIONS: Data showing your benefits, cost, Policy Date and Policy Specifications.

PREMIUM: Money paid for this insurance coverage.

PREMIUM IN DEFAULT: A premium not paid before the end of the Grace Period is in default.

PROCEEDS: The amount We are obligated to pay under the terms of this policy.

WE, OUR, OURS, US: Texas Life Insurance Company.

WRITTEN REQUEST: A request in writing signed by You. We may require that Your policy be sent in with Your Written Request.

YOU, YOUR, YOURS: The owner of this policy as shown on the application unless subsequently changed. The owner may be someone other than the Insured.

OWNERSHIP PROVISION

Unless otherwise stated in the application or later changed, the Owner of the policy will be the person listed as Insured of the policy on the Policy Specification Page. You may name a Contingent Owner for the policy. While this policy is in effect, unless otherwise provided, You as Owner have all the rights of this policy. If you die while this policy is in effect, the Contingent Owner is the new owner. If both the Owner and Contingent Owner die before the Insured, the ownership of this policy will automatically pass to the Insured.

You may change the owner while the Insured is living by Written Request. Such change is subject to any existing assignment of this policy. The change becomes effective when we record it. When recorded, the effective date is the date the notice was signed. The change is subject to any proceeds paid or other action taken by Us before the change was recorded.

SETTLEMENT PROVISION

When we receive proof that the insured has died while this contract is in force We will pay the insurance proceeds to the Beneficiary. Unless an option is selected from the Settlement Option section on Page 12 of this Contract, We will pay the Insurance Proceeds in one sum. Payment of the Insurance Proceeds terminates the contract.

We will pay interest on any Insurance Proceeds due when We pay the Insurance Proceeds. The interest rate will accrue beginning on the date of the Insured's death at a rate of 3.25%. Interest will accrue at this rate plus an additional 10% annually beginning with the date that is 31 calendar days from the latest of the following dates:

1. The date that We receive due proof of the Insured's death which includes, but is not limited to a certified copy of the death certificate of the insured or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.
2. The date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
3. The date that legal impediments to payment of proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state or federal reporting requirement.

AMOUNT OF PROCEEDS

The Proceeds are the sum of:

4. the Death Benefit, as shown in the Policy Specifications and Table of Policy Values page; **PLUS**
5. any insurance on the Insured's life that may be provided by riders to this policy; **PLUS**
6. that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; **LESS**
7. any unpaid premium if death occurs during the Grace Period; and **LESS**
8. any outstanding Indebtedness.

If this policy is delivered in Illinois, we will pay interest on the benefits at a rate of 6.0 % per year from the date of the Insured's death to the date of the settlement, unless settlement is made within 15 days following our receipt of the proof of the Insured's death.

If this policy is delivered in Florida, interest will accrue on death benefits at the rate of 8.0% per year from the date of receipt of written notice of the Insured's death.

If this policy is delivered in Arkansas, We will pay interest at the rate of 8.0% per year from the date of receipt of due proof of the Insured's death to the date of settlement. We will not pay interest for a period of less than 30 days. We will immediately pay the Face Amount of this policy, less any premium adjustments, subject to its terms and limits, immediately to the Beneficiary upon receipt of due proof of death. If this policy is in force on a premium-paying basis on the date of the Insured's death, the benefits payable will include premiums paid for any period beyond the end of the policy month in which death occurred.

If this policy is delivered in Oregon, upon receipt of due proof of the Insured's death, We will pay interest at the same rate as other withdrawable policy proceeds from the date of the Insured's death to the date of settlement. We will not pay interest for a period of less than 30 days

GENERAL PROVISIONS

CASH VALUE

Your Contract has a cash value while the Insured is alive. The cash value is the total of: The guaranteed cash value; minus any Contract Loan. If all due premiums have been paid, the guaranteed cash value is as shown in the Table of Values on page 4. There are several ways you can use all or part of the cash value:

take a Contract Loan from us;

surrender the Contract to Us for its full cash value; or,

if You stop paying premiums, the cash value may be used to continue insurance for a limited time or for the Insured's lifetime at a reduced amount.

CONTESTABILITY

Except for nonpayment of premiums and fraud in the procurement of the policy (when permitted by applicable law in the state where this contract is issued for delivery), this Contract will be incontestable after it has been in force during the lifetime of the Insured for two years from the earlier of the Contract Date or the Issue Date. This provision does not apply to any rider that contains its own incontestability clause.

If this policy is reinstated We will not contest the reinstatement after the policy is again in force for two (2) years from the reinstatement date while the Insured is alive. For this purpose, We will only rely on statements made in the application for reinstatement.

SUICIDE

If the Insured commits suicide, while sane or insane, within two (2) years from the date of issue, Our liability under this policy is limited to the premiums paid.

CHANGE IN PLAN

You may change the plan or the amount of insurance or both as long as We both agree.

NON-PARTICIPATING

This policy does not share in our surplus earnings.

BENEFICIARY CHANGE

While this policy is in force, unless otherwise provided: You may change the Beneficiary by Written Request unless the Beneficiary has been designated as irrevocable. We may require You to send the policy to Us. Such change is subject to any existing assignment of this policy. The change becomes effective when We record it. When recorded, the effective date is the date the notice was signed. The change is subject to any proceeds paid or other action taken by Us before the change was recorded.

Death - Unless otherwise provided:

1. If no Beneficiary survives the Insured, the proceeds of the policy will be paid to the Insured's estate or assigns.
2. The interest of any Beneficiary who dies before the Insured will pass to any Beneficiary who survives, share and share alike.
3. If a Beneficiary dies at the same time with the Insured or within 10 days after the death of the Insured, the proceeds will be paid as if the Insured had survived the Beneficiary.

ASSIGNMENT

You may assign this policy if You file the assignment or a certified copy with Us. When filed, Your rights and those of the Beneficiary are subordinate to those of any assignment unless the Beneficiary was effectively designated as an irrevocable Beneficiary prior to the assignment.

No assignment is binding unless We receive it in writing and acknowledge such receipt in writing. We are not responsible for the validity or sufficiency of any assignment. Any claim is subject to proof of interest of the assignee.

The rights of any named Beneficiary are subordinate to those of any assignee, unless the Beneficiary was effectively named as an irrevocable Beneficiary.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex is misstated, the benefits under this policy are those which the premiums paid would buy for the correct age or sex.

CONTRACT

The policy, any policy endorsements or riders and the statements made in the application attached to

this policy constitute the entire contract. All statements made in the application are deemed representations and not warranties. No such statement or statements shall be used in defense of a claim under the Policy unless contained in a written application and unless a copy of such statement or statements be endorsed upon or attached to the policy when issued.

Only Our President, Vice President or Secretary has the power to change, modify, or waive any provisions of this policy.

UNEARNED PREMIUM REFUND

Upon cancellation of this policy or upon death of the Insured, We will refund the unearned premiums for the remainder of the term for which premiums have been paid.

PREMIUM PAYMENT PROVISION

WHERE PAYABLE

Premium payments are payable to Us at the Home Office. Premiums are payable in advance at Our Home Office. Any check or money order should be made payable only to the Company and not to any representative. A receipt for premium payments, signed by one (1) or more of our officers, will be furnished upon request.

AMOUNT AND FREQUENCY

The first premium is due on the Policy Issue Date and is payable at Our Home Office or to an authorized agent. The Insured must be alive when the first premium is paid. All premiums, after the first premium, shall be payable in advance. Subject to our minimum, premiums may be paid each year, each six (6) months, each three (3) months or, if we agree, each month, while the Insured is alive. You may change the frequency of premium payments by paying the new premium rate on or before the due date. The entire premium paid, on the basis selected, is deemed fully earned on the date due.

A check or draft given for all or any part of a premium, unless paid upon its presentation to the bank or person drawn on, shall not be considered as valid payment.

GRACE PERIOD

A grace period of 31 days will be allowed for payment of each premium after the first. If You or a payor remit sufficient premium within the grace period, but We receive the payment after the grace period, We will accept the payment to keep the Contract in force if You furnish proof of remittance within the grace period such as: (1) a U.S. mail postmark or (2) other evidence acceptable to Us that the remittance had actually begun in a commercially reasonable manner. When the premium is in default, coverage will cease unless otherwise provided for in the Non-Forfeiture Provision. This policy will continue in force during the grace period. If the Insured dies during the grace period, the unpaid premium will be deducted from the proceeds.

POLICY YEARS

The first year will start on the policy date stated in the Policy Specifications. Second and later years

will start on the respective anniversaries of the policy date.

REINSTATEMENT

This policy may be reinstated at any time within five (5) years after default in payment of premium, if it has not been surrendered for its cash value. The requirements are:

1. Presentation of evidence to Us that the Insured is still insurable according to our normal rules.
2. Payment of all premiums in arrears including interest at 6.0% per year compounded annually.
3. Payment or reinstatement of any policy loan in effect on the date premiums were defaulted, and payment of all interest due on that loan.

POLICY LOAN PROVISION

AMOUNT OF LOAN AVAILABLE

You may borrow any amount up to the net cash value of the policy. The net cash value is equal to the cash value of the policy on the loan date, less:

1. The loan interest that will accrue on the loan to the next policy anniversary date; and
2. The amount of any existing policy loan and interest accrued thereon.

CASH LOAN

You may obtain the cash loan upon Written Request. Your policy will be the sole security for the loan.

We may defer granting the loan, unless made to pay premiums, for a period not exceeding six (6) months from the date Your Written Request is received by the Home Office.

AUTOMATIC PREMIUM LOAN

This provision will apply if You request it in the application or by Written Request. It may be cancelled at any time by Written Request.

Under this provision, any premium becoming due and remaining unpaid at the end of its grace period will automatically be paid. The premium will be charged as a loan against the policy. It is subject to the following conditions:

1. If premiums are payable each month, the frequency will be changed to a less frequent mode as determined by Our rules in effect at the time.
2. If the loan amount available is not sufficient to pay the premium due, this provision will not apply. The "Non-Forfeiture Provision" of this policy will apply.

While this provision is in effect using premium loans, premium payments may be resumed without furnishing evidence of insurability.

LOAN INTEREST

Interest on a loan will never be greater than a rate of 7.4% per year in advance. Loan interest is payable each year on the policy anniversary or as agreed in writing by You and Us. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against the policy.

If this policy is delivered in Alabama, Montana or Mississippi, interest on a loan will be the rate of 8.0% per year.

REPAYMENT OF LOAN

A loan may be repaid at any time while this policy is in force. Failure to do so will not void this policy if the loan is less than the net cash value of the policy.

TERMINATION OF THE POLICY

This policy will terminate without value if the loan against the policy is, at any time, equal to or greater than the net cash value at such time. This policy will not terminate until 31 days after notice has been mailed to the last known address of the owner.

NON-FORFEITURE PROVISION

On default in payment of any premium after a cash value is first available, the following options are available for 60 days:

1. **Net Cash Value.** We will pay a net cash value on surrender of this policy. The net cash value is equal to the cash value as shown on page 4 less any policy loans and accrued interest on any loan. If the policy is surrendered within 30 days after a policy anniversary, the net cash value will not be less than the value on that policy anniversary.
2. **Reduced Paid-Up Insurance.** We will grant non-participating reduced paid-up insurance under this policy. The reduced paid-up insurance is payable at the same time and in the same manner as this policy. The amount of paid-up insurance is that which the net cash value will purchase when applied as a net single premium at the Insured's then attained age. The reduced paid-up insurance will not include any benefits provided by riders.

If no option was chosen, any net cash value will be applied to purchase reduced paid-up insurance. In the event the reduced paid-up insurance would provide a benefit of less than [\$250.00] the company reserves the right to discharge its liability in accordance with the Net Cash Value Provision.

Reduced Paid-up insurance may be surrendered at any time for its net cash value. We will grant a loan against the net cash value of any paid-up insurance. The net cash value of paid-up insurance is equal to the present value of the benefits less any policy loans and interest thereon. If the Reduced Paid-up insurance is surrendered within 30 days after a Policy Anniversary, the net cash value will not be less than the value on that policy anniversary.

We may defer payment of any net cash value for a period not to exceed six (6) months from the date of Written Request.

If this policy is issued in West Virginia, we shall reserve the right to defer the payment of any cash surrender value for a period of 30 days after demand thereof with surrender of the policy.

DETERMINATION OF POLICY VALUES

BASIS OF POLICY VALUES

The guaranteed Policy Values applicable to this policy are shown in the Table of Policy Values. Values shown apply only if the policy is free from a policy loan. Values for policy years not shown will be furnished upon request. Values are shown for the end of a policy year when premiums were paid for the full policy year. If premiums were paid for a part of a policy year, values will be calculated on a consistent basis with allowance for the length of time premiums were paid.

All guaranteed minimum cash values, present values and net single premiums are calculated on the following basis:

1. Interest at 5.00% per year.
2. Mortality as provided in the Commissioners 2001 Standard Ordinary Mortality Tables, curtate; male or female whichever applicable, with distinction for non-tobacco or tobacco use, age last birthday.
3. On the assumption that death benefits are payable at the end of the policy year in which the Insured dies and that premiums are paid annually in advance.

The non-forfeiture values are at least equal to those required by law of the state in which this policy is delivered. A detailed statement of the method of computing values has been filed with the insurance supervisory official of that state. The cash surrender or death benefit that may be available under this policy are not less than the minimum benefits required by any statute of the state in which this policy is issued.

RESERVES

The Actuarial reserves are computed in accordance with the Commissioner's Reserve Valuation Method (CRVM), mortality as provided in the Commissioners 2001 Standard Ordinary Mortality Tables with interest at 4.00%, for male or female, age last birthday, with distinction for non-tobacco or tobacco use, assuming deaths occur throughout the Policy Year and premiums are payable annually. The actuarial reserves are equal to or greater than those required by law of the state in which this Policy is delivered.

SETTLEMENT OPTIONS

Any amount to be paid under this policy will be paid in cash, unless one of the following Settlement Options is chosen. All or part of the amount to be paid may be applied to any Settlement Option.

The amount payable at the Insured's death will earn interest from the date of death until payment is made. Interest will be credited at an effective rate of 3.25% per year or any higher rate We declare.

For all settlement options, systematic payments must be at least \$100.00.

1. **Interest Payments** -- Any amount applied under this option will earn interest that can either be paid to You monthly or left to accumulate. Interest will be credited at an effective rate of 3.25% per year or any higher rate We declare. The first interest payment will be made one (1) month after this option takes effect. The unpaid balance may be withdrawn at any time.
2. **Fixed Period Payments** -- A monthly payment, plus interest, will be made for the number of years chosen, up to a maximum of 30 years. The first payment will be made on the date this option takes effect.
3. **Fixed Amount Payments** -- Payments under this option will be made until the full amount plus interest has been paid. The first payment will be made on the date this option takes effect.
4. **Life Income Payments** -- Monthly payments will be made according to the option chosen below. The first payment will be made on the date this option takes effect.

Payments will be based on the Payee's sex and age on the date the first payment is due. Payment will be subject to satisfactory proof of the Payee's age.

- (a) **Life Income** -- Payments will be made only during the lifetime of the Payee.
- (b) **Life Income with Certain Period** -- Payments will be made for a guaranteed period of either 10 or 20 years. Such payments will be made even if the Payee dies. After the certain period, payments will only be made while the Payee is alive.
- (c) **Life Income with Refund Provision** -- Payments will continue after the Payee dies, until the sum of the payments equals the amount applied under this option. If the Payee is alive when the sum of the payments equals the amount applied under this option, payments will continue until the Payee dies.

We reserve the right to require proof the Payee is alive at any time any payment is made. You may not withdraw any amount applied to any of the life income options.

5. **Other Settlement Options** -- Any amount payable under this policy may be paid in any manner agreed to by Us.

Payment Frequency

Annual, semi-annual or quarterly payments may be made instead of monthly.

Settlement Option Rates

1. **Interest Payments, Fixed Period Payments and Fixed Amount Payments** -- Amounts applied to these options will earn interest at rates declared annually by Us. The minimum effective rate will be 3.25% per year. Interest in excess of 3.25% will increase the amount of payments or, for the Fixed Amount Payments Option, the period of payments will be lengthened. The present value of any unpaid payment will be based on the 3.25% interest rate. We may offer higher guaranteed rates with certain conditions on amounts and withdrawals.
2. **Life Income Options** -- Payments will be based on rates declared by Us. Payment will not be less than the minimums described in the Minimum Income Tables on pages 15 and 16.

Basis of Values

Minimum income rates are based on the Annuity 2000 Male or Female Individual Annuity Mortality Table. Interest is assumed at the rate of 3.25% per year.

SETTLEMENT OPTION TABLES
MINIMUM MONTHLY INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

OPTION 2 - FIXED PERIOD PAYMENTS					
Number of Years	Monthly payment	Number of Years	Monthly payment	Number of Years	Monthly payment
1	84.56	11	8.97	21	5.44
2	42.96	12	8.35	22	5.27
3	29.09	13	7.82	23	5.11
4	22.16	14	7.37	24	4.97
5	18.01	15	6.99	25	4.84
6	15.24	16	6.65	26	4.71
7	13.27	17	6.35	27	4.60
8	11.79	18	6.08	28	4.50
9	10.64	19	5.84	29	4.40
10	9.72	20	5.63	30	4.31

The equivalent annual, semi-annual and quarterly payments equal 11.813, 5.957 and 2.991 times the monthly payments shown, respectively.

OPTION 4 - LIFE INCOME PAYMENTS						
MALE			Age Last Birthday of Payee when 1st Payment is Payable	FEMALE		
20 Year Certain	10 Year Certain	Life Only		20 Year Certain	10 Year Certain	Life Only
\$2.96	\$2.96	\$2.96	0-5	\$2.91	\$2.91	\$2.91
2.96	2.97	2.97	6	2.92	2.92	2.92
2.97	2.98	2.98	7	2.93	2.93	2.93
2.99	2.99	2.99	8	2.94	2.94	2.94
3.00	3.00	3.00	9	2.94	2.95	2.95
3.01	3.01	3.01	10	2.95	2.96	2.96
3.02	3.02	3.03	11	2.96	2.97	2.97
3.03	3.04	3.04	12	2.98	2.98	2.98
3.04	3.05	3.05	13	2.99	2.99	2.99
3.06	3.06	3.06	14	3.00	3.00	3.00
3.07	3.08	3.08	15	3.01	3.01	3.01
3.08	3.09	3.09	16	3.02	3.02	3.03
3.10	3.11	3.11	17	3.03	3.04	3.04
3.11	3.12	3.12	18	3.05	3.05	3.05
3.13	3.14	3.14	19	3.06	3.06	3.07
3.15	3.15	3.16	20	3.08	3.08	3.08
3.16	3.17	3.17	21	3.09	3.09	3.10
3.18	3.19	3.19	22	3.11	3.11	3.11
3.20	3.21	3.21	23	3.12	3.13	3.13
3.22	3.23	3.23	24	3.14	3.14	3.14
3.24	3.25	3.25	25	3.15	3.16	3.16
3.26	3.27	3.27	26	3.17	3.18	3.18
3.28	3.29	3.29	27	3.19	3.20	3.20
3.30	3.31	3.32	28	3.21	3.22	3.22
3.33	3.34	3.34	29	3.23	3.24	3.24
3.35	3.36	3.37	30	3.25	3.26	3.26
3.38	3.39	3.40	31	3.27	3.28	3.28
3.41	3.42	3.42	32	3.30	3.31	3.31
3.43	3.45	3.45	33	3.32	3.33	3.33
3.46	3.48	3.48	34	3.35	3.36	3.36
3.49	3.51	3.52	35	3.37	3.38	3.39

SETTLEMENT OPTION TABLES
MINIMUM MONTHLY INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

OPTION 4 - LIFE INCOME PAYMENTS						
MALE			Age Last Birthday of Payee when 1st Payment is Payable	FEMALE		
20 Year Certain	10 Year Certain	Life Only		20 Year Certain	10 Year Certain	Life Only
\$3.52	\$3.55	\$3.55	36	\$3.40	\$3.41	\$3.41
3.56	3.58	3.59	37	3.43	3.44	3.44
3.59	3.62	3.63	38	3.46	3.47	3.48
3.63	3.66	3.67	39	3.49	3.50	3.51
3.66	3.70	3.71	40	3.52	3.54	3.54
3.70	3.74	3.75	41	3.55	3.57	3.58
3.74	3.79	3.80	42	3.59	3.61	3.62
3.78	3.83	3.85	43	3.63	3.65	3.66
3.83	3.88	3.90	44	3.66	3.69	3.70
3.87	3.93	3.95	45	3.70	3.73	3.74
3.92	3.99	4.01	46	3.74	3.78	3.79
3.96	4.04	4.07	47	3.79	3.83	3.84
4.01	4.10	4.13	48	3.83	3.88	3.89
4.06	4.16	4.19	49	3.88	3.93	3.94
4.12	4.22	4.26	50	3.93	3.98	4.00
4.17	4.29	4.33	51	3.98	4.04	4.06
4.23	4.36	4.40	52	4.03	4.10	4.12
4.28	4.43	4.48	53	4.08	4.17	4.19
4.34	4.51	4.56	54	4.14	4.23	4.26
4.40	4.59	4.65	55	4.20	4.30	4.33
4.47	4.68	4.75	56	4.26	4.38	4.41
4.53	4.77	4.84	57	4.32	4.46	4.50
4.59	4.87	4.95	58	4.39	4.54	4.59
4.66	4.97	5.06	59	4.45	4.63	4.68
4.72	5.07	5.18	60	4.52	4.72	4.78
4.79	5.18	5.31	61	4.59	4.82	4.89
4.85	5.30	5.44	62	4.66	4.92	5.00
4.92	5.43	5.59	63	4.73	5.03	5.12
4.98	5.55	5.75	64	4.80	5.15	5.25
5.04	5.69	5.91	65	4.88	5.27	5.39
5.10	5.83	6.09	66	4.95	5.40	5.54
5.16	5.97	6.28	67	5.02	5.54	5.69
5.21	6.13	6.48	68	5.08	5.68	5.87
5.26	6.28	6.70	69	5.15	5.83	6.05
5.31	6.44	6.93	70	5.21	5.99	6.25
5.36	6.61	7.17	71	5.27	6.16	6.46
5.40	6.77	7.43	72	5.32	6.33	6.69
5.43	6.94	7.71	73	5.37	6.51	6.95
5.47	7.12	8.01	74	5.41	6.70	7.22
5.50	7.29	8.33	75	5.45	6.89	7.51
5.52	7.47	8.67	76	5.48	7.09	7.83
5.54	7.64	9.03	77	5.51	7.29	8.17
5.56	7.81	9.42	78	5.54	7.49	8.54
5.58	7.98	9.84	79	5.56	7.68	8.94
5.59	8.15	10.28	80	5.58	7.88	9.38

Values for other ages will be provided upon request.

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Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

www.texaslife.com

WHOLE LIFE – NON-PARTICIPATING – NO ANNUAL DIVIDENDS

Premiums payable for the period shown in the Policy Specifications
or until the prior death of the Insured

Net Cash Value payable if Insured is living at attained age 100

Texas Life Insurance Company

A Stock Company

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ACCELERATED BENEFIT TERMINAL ILLNESS RIDER

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application. There is no charge for this Rider prior to the time a benefit is paid under this Rider. This Rider is subject to all provisions, terms, definitions and limitations of the Policy, which are not in conflict with the provisions of this Rider.

DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATION-OF-LIFE INSURANCE BENEFIT IS PAID

The benefit paid under this Rider will reduce the Death Benefit and other values under the Policy to which this Rider is attached, as described below. The Benefit paid under this Rider may be taxable. See a tax consultant or advisor.

THIS IS AN ACCELERATED BENEFIT TERMINAL ILLNESS RIDER WHICH WILL PROVIDE EITHER A LUMP SUM BENEFIT AMOUNT OR PERIODIC PAYMENTS AS AGREED UPON BETWEEN THE OWNER AND US UPON THE FIRST OCCURRENCE OF A QUALIFYING EVENT. THIS RIDER WILL TERMINATE AFTER WE HAVE PAID AN ACCELERATED BENEFIT. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION. NO RIDER (OR COMBINATION OF RIDERS) CAN ACCELERATE MORE THAN 50% OF THE DEATH BENEFIT AS SHOWN IN THE TABLE OF POLICY VALUES FOR THE POLICY YEAR IN WHICH THE ACCELERATED BENEFIT IS PAID.

BENEFIT ENTITLEMENT

- The accelerated benefit under this Rider is payable only once regardless of the subsequent occurrence of the same or different condition.
- The Policy and this Rider must be in force.
- The accelerated benefit shall be payable to the Owner or the owner's estate.
- After the payment of an accelerated benefit, the Company will send the Owner a statement showing the effect of the payment on the Policy.
- If the Insured dies before an accelerated benefit is paid, no payment will be made under this Rider.
- The Company must receive written consent of all irrevocable beneficiaries and all assignees.

Accidental death benefits, if any, will not be affected by the acceleration of benefits.

BENEFIT

Upon receipt of the Physician's Statement establishing the occurrence of a Qualifying Event, the Owner may request up to 50% of the Death Benefit as shown in the Table of Policy Values for the applicable policy year; however, the combined benefits accelerated under this Rider and any other accelerated benefit provisions or Riders attached to the Policy may not exceed 50% of the Death Benefit as shown in the Table of Policy Values for the applicable policy year in the Policy to which this Rider is attached.

The amount of the accelerated benefit provided will be reduced by:

- An actuarial discount for 12 months. The interest rate used in the calculation will be as declared by the Board of Directors but not greater than 8%;
- Any premium due and unpaid during the Policy's grace period which applies to the period before the date of entitlement;
- An administrative expense charge as determined by the Company. This charge will not exceed \$100.00.

You may elect a settlement option, as provided in the policy, for all or part of the accelerated benefit. Unless a settlement option is elected and approved by us, the accelerated benefit will be paid in a lump sum. If a settlement option is elected we reserve the right to set a minimum on the amount placed under the option.

ADJUSTMENTS TO THE POLICY

On the date payment is made, the Death Benefit shown in the Table of Policy Values for all remaining policy years will be reduced by the applicable percentage. The Policy's base premium will also be reduced by the applicable percentage. The premium rate for any other Riders on the Policy will not be reduced.

Future policy values will be calculated according to the methods described in the policy using amounts described above.

Upon the death of the Insured, the balance of the Death Benefit will be paid.

INCONTESTABILITY

We will not contest the Rider or any death benefit increase, after this Rider or any increase has been in force for two years after its effective date during the lifetime of the Insured.

SUICIDE

We reserve the right to request that you return the difference between the accelerated benefit payment and the premiums paid to us if:

1. the Insured dies from suicide while sane or insane within two years of the Policy Date of the Policy to which this Rider is attached; and
2. the amount of the accelerated benefit payment was greater than the premiums paid for coverage under the Policy.

CLAIM REQUIREMENTS

Written notice of a claim may be given to us anytime after the date the Insured has a Qualifying Event. Notice sent by, or on behalf of, the Insured to Our Administrative Office will be considered notice to us.

When you make a claim for payment of the Terminal Illness Benefit, within twenty days, We will give You and any irrevocable beneficiary a written statement detailing the following:

1. The amount payable if the claim is approved;
2. The fact that such payment reduces the Contract's Insurance Proceeds, cash values, and loan values;
3. The premium amount required to continue coverage following acceleration; and
4. The expense charges associated with accelerating the death benefit.

DEFINITIONS

Benefit Ratio is the result of dividing (a) by (b) where, (a) is the requested accelerated benefit, and (b) is the Original Death Benefit.

First Diagnosed means diagnosis, treatment or advice by a Physician or manifested symptoms having occurred for the first time and while the Policy and Rider are in force.

Physician means a duly licensed medical practitioner licensed in the U.S., other than the Insured or a member of the Insured's immediate family, practicing within the scope of his/her license. The definition of Physician does not include:

1. any person related to the Insured by blood or marriage;
2. any person with whom the Insured currently has or has had a business relationship; or
3. a Physician who is the Insured or Owner of the Policy.

Immediate Family means the spouse, child, brother, sister, parent or grandparent of the Insured or the Owner.

Original Death Benefit means the Death Benefit shown in the Policy to which this Rider is attached. Original Death Benefit excludes any insurance provided by another Benefit Rider.

Qualifying Event means a determination by a physician, while the Contract and the Rider are then in force, that the Insured is Terminally Ill. It includes a life expectancy determination. A Qualifying Event is not deemed to occur unless the Physician's determination is recorded at or near the time of the determination in the Insured's medical records. Also, when a claim for the benefit is made: (1) the Physician must provide Us with a certified written medical opinion and supporting due proof satisfactory to Us that the Insured is Terminally Ill; and (2) upon demand, You and the Insured must consent to a second medical diagnosis by a Physician We choose. If the second medical diagnosis is that the Insured is not Terminally Ill, You and the Insured consent to a third medical diagnosis by another Physician agreed to by You and Us. We will then rely on the two medical opinions which are in agreement. The second and third diagnoses will be at Our expense. They will require a physical examination.

Terminally Ill means a medical condition of the Insured that, notwithstanding appropriate medical care, will result in a life expectancy of 12 months or less from the date of a Physician Statement.

EXCLUSIONS AND LIMITATIONS

We will not pay a benefit amount for any condition that is not diagnosed as a Qualifying Event.

REINSTATEMENT

After termination of the Contract, this rider will be reinstated if the Contract is reinstated.

TERMINATION OF COVERAGE UNDER THIS RIDER

Coverage provided under this Rider will terminate on the earliest of the following dates:

1. the Monthly Anniversary on or next following Our receipt of the Owner's written request to terminate this Rider;
2. the date the Policy terminates or matures;
3. the date of lapse;
4. the date any non-forfeiture option in the Policy becomes effective;
5. the date the Insured dies; or
6. the date a benefit is paid under this Rider.

However the termination of the Rider for any reason other than payment of the terminal illness benefit does not prevent payment of the benefit under the Rider, if the Insured had a Qualifying Event while the Rider was in force.

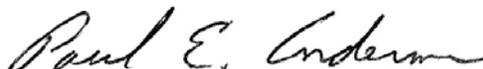
CONSIDERATION

This benefit is made available to the Owner. The Owner is not eligible for benefits under this Rider if required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise. The Owner is also not eligible for benefits under this Rider if required by a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement.

The benefit provided under this Rider is payable to the Policy Owner unless otherwise designated. Should the Insured die before the settlement of a pending claim under this Rider, payment will be made pursuant to the base policy and no benefit will be made under this rider. The proceeds will be paid to the designated Beneficiary under the Policy. Such designation must be in writing to Us and will be effective on the date We receive it. After payment of the accelerated benefit, the Company will notify the Policy Owner of the effect of the payment by sending You a policy endorsement which includes a statement of cash values, policy loans, premiums, cost of insurance charges and death benefit.

Any portion of the death benefit remaining after reduction of the death benefit due to payment of any acceleration-of-life insurance and related charges shall be paid upon the death of the Insured. The acceleration-of-life insurance benefits, related charges and the balance of the death benefit of the life insurance contract shall constitute full settlement on maturity of the face amount on the contract.

Signed at the Home Office of the Company and effective on the same day as the policy; unless a later signing and effective date is shown here:


Secretary


President

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

www.texaslife.com

ACCIDENTAL DEATH BENEFIT TO AGE 100

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application. This Rider is subject to all provisions, terms, definitions and limitations of the Policy which are not in conflict with the provisions of this Rider. This rider does not have cash or loan values.

ACCIDENTAL DEATH BENEFIT

If the Insured dies within 180 days after an injury that occurs while coverage under the Policy and this Rider is in force, We will pay to the Beneficiary the Rider Benefit Amount, as defined herein, if any, provided:

1. The death of the Insured Person is directly caused by an accidental bodily Injury, independent of all other causes, which is supported by an autopsy, if requested by the company (autopsy will be performed at the expense of the Company, unless prohibited by law); and
2. Such Injury occurs while the Policy and this Rider are in force; and
3. Such Injury and the Insured's death are not intentionally self-inflicted.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

If the Insured dies within 90 days after an Injury which was sustained while the Insured was riding as a fare paying passenger on a Common Carrier, and while coverage under the Policy and this Rider is in force, We will pay to the Beneficiary an amount equal to twice the Rider Benefit Amount, if any, provided:

1. The death of the Insured is directly caused by an accidental bodily Injury sustained while the Insured was riding as a fare paying passenger on a Common Carrier, independent of all other causes, which is supported by an autopsy, if requested by the company (autopsy will be performed at the expense of the Company, unless prohibited by law); and
2. Such Injury occurs while the Policy and this Rider are in force; and
3. Such Injury and the Insured's death are not intentionally self-inflicted.

DEFINITIONS

Insured means the person defined in the policy as the "Insured". This benefit does not apply to any other person covered under Riders or Benefits attached to the policy.

Common Carrier means a commercial airliner, train, bus, boat or ship, subway or streetcar operated as a scheduled Common Carrier.

Injury means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness or any other condition. The Injury must occur after the Insured Person's coverage has become effective under this Rider and while the coverage is in force.

CONSIDERATION

The annual premium for this Rider is shown in the Policy Specifications for this policy. The premium for this Rider will be included in the premium for this policy, for the mode of payment, as shown in the Policy Specifications of the policy. The premium will be payable for the number of years shown in the Policy Specifications or until prior death of the Insured. Any premium for this policy falling due on or after this Rider ceases to be in force will be reduced by the premium for this Rider.

EXCLUSIONS AND LIMITATIONS

We will not pay any benefits under this Rider for loss caused by:

- 1. war, declared or undeclared;
- 2. active military duty in the service of any country;
- 3. participation in a riot, civil commotion or insurrection;
- 4. committing suicide, while sane or insane;
- 5. physical or mental disease or infirmity of any kind;
- 6. committing or trying to commit a felony or other illegal act;
- 7. drug abuse or addiction, including alcoholism, or intoxication or being under the influence of narcotics, or hallucinogens, unless taken as prescribed by a Physician;
- 8. poison, gas or fumes voluntarily taken, absorbed, or inhaled and which are not administered on the advice of a Physician;
- 9. medical or surgical treatment of a disease or illness;
- 10. hang gliding, skydiving, rock or mountain climbing, or participation in a speed or endurance contest;
- 11. incarceration;
- 12. commission or attempt to commit a felony or participation in an illegal occupation or activity; or
- 13. travel or flight on, or descent from, any kind of aircraft if the Insured;
 - a. has any duties aboard such aircraft;
 - b. is receiving any kind of training or instructions;
 - c. the aircraft is operated by or for any military force.

TERMINATION OF COVERAGE UNDER THIS RIDER

Coverage provided under this Rider will terminate on the earliest of the following dates:

- 1. the premium paid to date following Our receipt of the Owner's written request to surrender;
- 2. the date the Insured reaches age 100;
- 3. the date the Insured dies;
- 4. the date of lapse;
- 5. the Maturity Date of the Policy, as shown in the Policy Specifications; or
- 6. the date a benefit is paid under this rider.

The termination of this rider shall not prejudice the payment of benefits for any accident that occurred while the rider was in force.

Signed at the Home Office of the Company and effective on the same day as the policy; unless a later signing and effective date is shown here: _____



SECRETARY



PRESIDENT

TEXAS LIFE INSURANCE COMPANY
Application for Individual Whole Life Insurance
Level Death Benefit NWLA 7/09 MO

Telephone Interview Completed:
 Yes Case # _____
 No Best Time To Call:
 Day _____ Time _____

SECTION 1 - APPLICATION FOR INSURANCE

First Name	MI	Last Name (indicate if hyphenated name)	State of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Age
Address		City	State	Zip Code	Height	Weight
Automatic Premium Loan will be provided. <input type="checkbox"/> No Check if APL is NOT desired.		Social Security No.	Phone No.		Alternate Phone or Cell No.	
Do you have any existing life insurance or annuity contracts in force? Will the proposed insurance replace any existing life insurance or annuity? If Yes, give name of Company and face amount: _____ In the past year, have you had any life insurance contract rated?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Underwriting Class Have you used nicotine in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Level <input type="checkbox"/> Level With ADB Rider	Face Amount \$	Premium Amount \$	Requested Effective Date (if other than issue date)			

BILLING MODES: A S/A Q M (EFT) **PAY FIRST PREMIUM BY:** Check Draft Credit Card

SECTION 2 - BENEFICIARY DESIGNATION

Primary	Address	Relationship to Insured
Contingent	Address	Relationship to Insured

SECTION 3 - OWNER FOR POLICY IF OTHER THAN PROPOSED INSURED

First Name	MI	Last Name (indicate if hyphenated)	Date of Birth	Social Security No. or Tax ID
Address		City	State	Zip Code
				Relationship to Insured

SECTION 4 - IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES", LEVEL COVERAGE CAN NOT BE ISSUED

1) Have you ever been diagnosed or treated by a medical professional for: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are you now, or have you been in the past 90 days: confined to a Hospital, Psychiatric or Nursing Facility, receiving Home Health Care or need personal assistance performing activities of daily living such as bathing, dressing, eating, toileting, moving about or personal assistance taking medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you ever been medically diagnosed as having, been treated for, or been prescribed or taken medication for: a) life expectancy of 12 months or less; any end stage disease or condition? b) Parkinson's Disease; Sickle Cell Anemia; Alzheimer's Disease or Dementia; or have you been prescribed any of the following medications: Aricept, Reminyl, Razadyne, Cognex, Namenda, and Exelon? c) Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Cirrhosis, Systemic Lupus (SLE), Congestive Heart Failure (CHF), or Cardiomyopathy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have you ever received or been advised you needed to receive: an Organ or Tissue Transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have you been advised or recommended to have any diagnostic testing, surgery, Home Health Care, or hospitalization which has not been completed or for which the results have not been received, or been advised to take any medication and have not been compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Currently, or in the past 2 years have you had, been medically diagnosed, treated, taken or been prescribed medication for: a) Kidney Disease, Dialysis, Renal Insufficiency or Renal Failure; Chronic Hepatitis, Hepatitis C; or Liver Disease? b) Tuberculosis, Black Lung, Cystic Fibrosis, or other Chronic Respiratory Disorders (excluding Asthma), or used oxygen equipment to assist in breathing (excluding CPAP or Nebulizer)? c) Alcohol Abuse, Drug Abuse, used Illegal Substances, or been confined to a Correctional Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7) Currently, or in the past 2 years have you had, been medically diagnosed, treated, taken or been prescribed medication for: Brain Tumor, Internal Cancer, Leukemia or Melanoma (excluding Basal/Squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) In the past 2 years have you: a) Had an occurrence of or been diagnosed for: Stroke; Transient Ischemic Attack (TIA); Aneurysm; Heart Attack; or b) Had Brain, Heart or Circulatory surgery, Bypass surgery, Angioplasty, Stent insertion, or any procedure to improve circulation, such as Femoral bypass (lower extremities) or Endarectomy (carotid arteries)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9) In the past 2 years, have you experienced complications of diabetes (Type 1 or Type 2) such as: a) Neuropathy, Amputation, or Retinopathy; Diabetic Coma, Insulin Shock or Diabetic Shock?; or are you b) Taking Insulin for Diabetes combined with medications for any Heart or Circulatory disorder (excluding medications for Blood Pressure or Cholesterol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Texas Life Insurance Company, Administrative Office, 100 Centerview Drive, Suite 100, Nashville, TN 37214

MEDICAL AUTHORIZATION: I, THE PROPOSED INSURED, AUTHORIZE any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc. ("MIB"), consumer reporting agency, employer, relative, friend or neighbor to give to Texas Life Insurance Company or its reinsurer(s) all information it holds that pertains to medical consultations, treatments, surgeries, prescription drug records, and hospital confinements which relate to the physical and mental condition of myself. This Authorization also includes information about drugs or alcoholism or any other medical history information. I understand that such information will be used to determine eligibility for insurance, or for benefits under existing insurance. I further authorize Texas Life Insurance Company to release any information obtained only to reinsuring companies, MIB, or other persons or Organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may further authorize. As to this Authorization, I agree that a photographic copy will be as valid as the original and that it will be valid for 24 months from the date the Authorization is signed and may be revoked by sending written notice to Texas Life Insurance Company. I know that I, or my representative may request a copy of this Authorization.

APPLICANT'S STATEMENT: I have read the completed Application. The above representations are true to the best of my knowledge and belief. I agree the policy shall not be in effect until the initial premium has been paid in full and the policy has been issued by Texas Life Insurance Company during the lifetime of the Proposed Insured. I understand that the information on this Application will be relied upon to determine insurability and underwriting class, and that incorrect information may result in coverage being contested, subject to the policy Incontestability Provision. I understand that the agent has no authority to change or approve the Application, change the policy, waive any policy provisions or has no authority to approve a claim. I understand no insurance will be effective until the date stated in the policy and the initial premium has been collected and/or honored by your financial institution.

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 may subject such person to criminal and civil penalties.

I Acknowledge receipt of the following notices and disclosures:

- (a) "Description of Information Practices" required by Public Law 91-508 and other information practices statutes,
- (b) Pre Notification - Fair Credit Reporting Act, and
- (c) Notice Concerning the Medical Information Bureau.

I have paid the sum of \$ _____ with this Application, dated at _____ CITY STATE
 this _____ day of _____ 20_____.

X _____ X _____
 Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

AGENT'S STATEMENT: I did not observe and I am not aware of any other information that might affect the insurability or underwriting class of the proposed insured. I certify that any information recorded by me on this application is true and accurate to the best of my knowledge. I further certify that I have interviewed the applicant face to face, and witnessed the applicant's signature. In addition, To the best of my knowledge the applicant does does not have existing life insurance policies or annuity contracts and the insurance applied for will will not replace any existing life insurance or annuity.

➔ _____
 Licensed Agent's Signature State License No.

 Print Agent #1 Name Agent # % Split

Administrative Use:

IF MONTHLY BANK DRAFT - ATTACH VOIDED CHECK AND SIGN AUTHORIZATION

As a convenience to me, I hereby request and authorize you to initiate debit entries, whether by electronic or paper means, with these debits made to my account and drawn by Texas Life Insurance Company, Nashville, Tennessee provided there are sufficient collected funds in that account to pay the same upon presentation. I agree that your rights in respect to such debit shall be the same as if they were a check drawn on you and signed personally by me. I hereby agree that if any debit is not paid by me for any reason with or without cause or whether such nonpayment is intentional, inadvertent or otherwise, you shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance. This authorization is to remain in full force and effect until revoked by me upon 30 days advance written notice, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit to my account.

Transit / Routing #	Account #	Draft Start Date	<input type="checkbox"/> Checking – Attach Void Check (Deposit slip not acceptable)
		Month _____ Day _____	<input type="checkbox"/> Savings – Deposit slip acceptable

_____ X _____
 Printed name, as it appears on bank records Signature, as it appears on bank records Date
 NWLA 7/09 MO

MAIL TO: Applicant Agent

Texas Life Insurance Company
Administrative Office:
100 Centerview, Suite 100
Nashville, Tennessee 37214
Customer Service: 866.215.5343

Level Death Benefit APPLICATION

DESCRIPTION OF INFORMATION PRACTICES

To Our Policyholders, Applicants and Insured's:

This description of the Information Practices of Texas Life Insurance Company and your agent is being provided in accordance with the requirement of the Insurance Information and Privacy Protection Law in effect in your state of residence.

In order to properly underwrite and administer your insurance coverage we must collect a certain amount of information. You are our most important source of information, but we may also collect or verify information by contacting other sources, such as medical professionals, which have provided care to you or members of your family proposed for coverage. In some circumstances we may disclose personal information to third parties without your specific authorization. You have the right to be told about and obtain access to certain items of personal information in our files. You also have the right to request correction of information you believe to be inaccurate. If you would like to receive a more detailed description of our information practices, please write us at our Administrative Office: 100 Centerview, Suite 100, Nashville, Tennessee 37214.

PRE-NOTIFICATION - PUBLIC LAW 91-508 – FAIR CREDIT REPORTING ACT

This is to inform you that as a part of the Company's underwriting procedure for processing applications for insurance, an investigative report by a consumer reporting agency may be made concerning you and any person requesting insurance whereby information is obtained from personal interviews with neighbors, friends, associates or others acquainted with you, and those to be insured, as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. This written request should be directed to the Company at 100 Centerview, Suite 100, Nashville, Tennessee 37214.

Leave top portion with the Applicant

Detach On the Dotted Line

If you elect to pay the Initial Advanced Premium with a bank draft

- You must attach a VOID check or the document indicated below.
- If the appropriate documentation is not attached, the application will be held until the required document is received.

Attach VOID CHECK or Deposit Slip Here

- **Checking Accounts** – attach blank VOID check only, deposit slip not acceptable
- **Savings Accounts** – Attach a deposit slip or the top portion of your bank statement showing the account information or complete a Bank Account Verification Form.
- **Debit Card user** – Complete a Bank Account Verification Form. (To draft your account we must have your checking or savings account number, not your Debit Card number.)
- **Credit Cards** – Master Card and Visa only - Complete a Credit Card Authorization Form.
- **Draft for Electronic Check** – Attach the "Echeck" form and follow directions on the form.

Remember to post the Initial Advanced Premium to your check register.

NOTICE CONCERNING THE MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. Texas Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of 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 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 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 Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Texas Life Insurance Company or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Receipt of Advanced Premium

The following should be completed if an application is taken and the initial advanced premium is given to the agent.

Received from _____ the sum of \$ _____ as an initial advanced premium on an Insurance Application on the life of _____.

No coverage will be in effect until the effective date of the policy and the first premium has been collected during the lifetime of the insured. If for any reason the application is not approved, this payment will be refunded in full.

If the first premium is paid by bank draft the applicant must check the appropriate box on the application, and submit a bank draft authorization. The bank draft authorization must contain the signature of an authorized person for the account. You must attach a VOID check, or complete the Bank Account Verification form

Date _____ Agent's Signature _____

The Company accepts payment by check, draft, or money order subject to its being collected and/or honored by your financial institution. No coverage will be effective if the financial institution does not honor the initial advanced premium. Checks, drafts, or money orders must be made payable to Texas Life Insurance Company. Do NOT leave payee blank or make payable to the agent.

Remember to post the Initial Advanced Premium to your check register.

Leave top portion with the Applicant

<i>SERFF Tracking Number:</i>	<i>METF-126102584</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42125</i>
<i>Company Tracking Number:</i>	<i>NWL 7/09</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>/NWL 7/09</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
NWL Read_Cert.pdf		
NTIR Read_Cert.pdf		
NADB Read_Cert.pdf		
NWLA Read_Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The application that will be used with the policy form is part of this filing. It is under the Form Schedule Tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: No Illustration Certification		
Comments:		
Attachment:		
No Illus Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Policy Cost and Benefit Information for Whole Life		
Comments:		
Attachment:		
NWL CB 7.09.pdf		

SERFF Tracking Number: METF-126102584 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 42125
Company Tracking Number: NWL 7/09
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance Policy
Project Name/Number: /NWL 7/09

Item Status: **Status Date:**

Satisfied - Item: Disclosure Accelerated Benefit
Terminal Illness

Comments:

Attachment:
NTIRD 7-09.pdf

Item Status: **Status Date:**

Satisfied - Item: Compliance Certification for Bulletin
11-83

Comments:

Attachment:
AR Cert of Bull 11-83.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification of review of Bulletin
Number 19

Comments:

Attachment:
AR Cert of Bull 19.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification for Reg 34

Comments:

Attachment:
AR Cert Reg 34.pdf



**CERTIFICATION OF READABILITY
FORM NWL 7/09**

This is to certify that Texas Life Insurance Company Form NWL 7/09 has achieved a Flesch Reading Ease Score of 51.40.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a horizontal line underneath the name.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 17 March 2009



**CERTIFICATION OF READABILITY
FORM NTIR 7/09**

This is to certify that Texas Life Insurance Company Form NTIR 7/09 has achieved a Flesch Reading Ease Score of 46.90.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a horizontal line underneath the name.

Michael R. Khoury

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 10 March 2009



**CERTIFICATION OF READABILITY
FORM NADB 7/09**

This is to certify that Texas Life Insurance Company Form NADB 7/09 has achieved a Flesch Reading Ease Score of 48.08.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a horizontal line underneath the name.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 19 March 2009



**CERTIFICATION OF READABILITY
FORM NWLA 7/09 & NWLA COVER 7/09**

This is to certify that Texas Life Insurance Company Form NWLA 7/09 & NWLA Cover 7/09 have achieved a Flesch Reading Ease Score of 45.20.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a horizontal line underneath the name.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

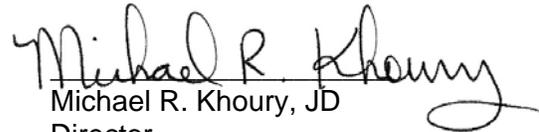
Date: 30 March 2009

TEXASLIFE INSURANCE COMPANY

Notification of policy form to be marketed without illustrations

Form: NWL 7/09

Texas Life Insurance Company herein is providing notification that it intends to market the above referenced form without the use of an illustration.



Michael R. Khoury, JD
Director
Product Development, Claims, &
Records

Date: 10 March 2009

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

www.texaslife.com

Statement of Policy Cost and Benefit Information For Whole Life

Presented to: John Doe

Agent: Joe Agent

Policy # 123456

Premium Class: Standard

MALE Attained Age: 50

Date of Statement: March 14, 2003

Policy Values

Year	Annualized Premium	Death Benefit Beginning of Year	Cash Surrender Value
1	\$338.00	\$10,000.00	\$0.00
2	\$338.00	\$10,000.00	\$0.00
3	\$338.00	\$10,000.00	\$170.00
4	\$338.00	\$10,000.00	\$340.00
5	\$338.00	\$10,000.00	\$510.00
6	\$338.00	\$10,000.00	\$690.00
7	\$338.00	\$10,000.00	\$870.00
8	\$338.00	\$10,000.00	\$1,050.00
9	\$338.00	\$10,000.00	\$1,250.00
10	\$338.00	\$10,000.00	\$1,440.00
11	\$338.00	\$10,000.00	\$1,640.00
12	\$338.00	\$10,000.00	\$1,840.00
13	\$338.00	\$10,000.00	\$2,050.00
14	\$338.00	\$10,000.00	\$2,250.00
15	\$338.00	\$10,000.00	\$2,460.00
16	\$338.00	\$10,000.00	\$2,670.00
17	\$338.00	\$10,000.00	\$2,880.00
18	\$338.00	\$10,000.00	\$3,100.00
19	\$338.00	\$10,000.00	\$3,320.00
20	\$338.00	\$10,000.00	\$3,540.00
AGE			
60	\$338.00	\$10,000.00	\$1,640.00
65	\$338.00	\$10,000.00	\$2,670.00
70	\$338.00	\$10,000.00	\$3,770.00

Life Insurance Cost Indices

Surrender Cost	10	22.94	Net Payment	10	33.84
	20	23.64		20	33.84

An explanation of the intended use of these indices is provided in the "Life Insurance Buyer's Guide". These indices are useful only for comparison of relative costs of two or more similar policies.

1 Values calculated assume premiums are payable in advance as scheduled, no policy loans are taken.

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

www.texaslife.com

DISCLOSURE ACCELERATED BENEFIT TERMINAL ILLNESS

THIS IS AN ACCELERATED BENEFIT TERMINAL ILLNESS RIDER WHICH ONLY PROVIDES EITHER A LUMP SUM BENEFIT AMOUNT OR PERIODIC PAYMENTS AS AGREED UPON BETWEEN THE OWNER AND US UPON THE FIRST DIAGNOSIS OF A TERMINAL ILLNESS. THIS RIDER WILL TERMINATE AFTER WE HAVE PAID AN ACCELERATED BENEFIT. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION. NO RIDER (OR COMBINATION OF RIDERS) CAN ACCELERATE MORE THAN 50% OF THE DEATH BENEFIT AS SHOWN IN THE TABLE OF POLICY VALUES FOR THE POLICY YEAR IN WHICH THE ACCELERATED BENEFIT IS PAID.

CONSEQUENCES OF RECEIVING ACCELERATED BENEFIT

The benefit paid under the Rider will reduce the Death Benefit and other values under this Policy to which the Rider is attached, as described below. The Benefit paid under the Rider may be taxable. **See a tax consultant or advisor. Also, payment of this benefit may adversely affect your eligibility for Medicaid or other governmental benefits or entitlements.**

BENEFIT

Upon receipt of a Physician's Statement establishing the occurrence of a qualifying event, the Owner may request up to 50% of the Death Benefit as shown in the Table of Policy Values for the applicable policy year; however, the combined benefits accelerated under this Rider and any other accelerated benefit provisions or Riders attached to the Policy may not exceed 50% of the Death Benefit as shown in the Table of Policy Values for the applicable policy year in the Policy to which this Rider is attached.

The amount of the accelerated benefit provided will be reduced by:

- An actuarial discount for 12 months. The interest rate used in the calculation will be as declared by the Board of Directors but not greater than 8%;
- Any premium due and unpaid during the Policy's grace period which applies to a period before the date of entitlement; and
- An administrative expense charge as determined by the Company. This charge will not exceed \$100.

ADJUSTMENTS TO THE POLICY

On the date payment is made, the Death Benefit shown in the Table of Policy Values for all remaining policy years will be reduced by the applicable percentage. The policy's base premium will also be reduced by the applicable percentage. The premium rate for any other Riders or Policy Fee on the Policy will not be reduced.

Future Policy values will be calculated according to methods described in the Policy using amounts described above.

Upon the death of the Insured, the balance of the Death Benefit will be paid.

DEFINITIONS

Benefit Ratio is the result of dividing (a) by (b) where: (a) is the requested accelerated benefit; and (b) is the Original Death Benefit.

First Diagnosed means diagnosis, treatment or advice by a Physician or manifested symptoms having occurred for the first time and while the Policy and Rider is in force.

Physician means a duly licensed medical practitioner licensed in the U.S., other than Insured or a member of the Insured's Immediate Family, practicing within the scope of his/her license. The definition of Physician does not include:

1. any person related to the Insured by blood or marriage; or
2. any person with whom the Insured currently has or has had a business relationship; or
3. a Physician who is the Insured or Owner of the Policy.

Immediate Family means the spouse, child, brother, sister, parent or grandparent of the Insured or the Owner.

Original Death Benefit means the Death Benefit shown in the Policy to which this Rider is attached. Original Death Benefit excludes any insurance provided by another benefit rider.

Qualifying Event means a determination by a physician, while the Contract and the Rider are then in force, that the Insured is Terminally Ill. It includes a life expectancy determination. A Qualifying Event is not deemed to occur unless the Physician's determination is recorded at or near the time of the determination in the Insured's medical records. Also, when a claim for the benefit is made: (1) the Physician must provide Us with a certified written medical opinion and supporting due proof satisfactory to Us that the Insured is Terminally Ill; and (2) upon demand, You and the Insured must consent to a second medical diagnosis by a Physician We choose. If the second medical diagnosis is that the Insured is not Terminally Ill, You and the Insured consent to a third medical diagnosis by another Physician agreed to by You and Us. We will then rely on the two medical opinions which are in agreement. The second and third diagnoses will be at Our expense. They will require a physical examination.

Terminally Ill means a medical condition of the Insured, notwithstanding appropriate medical care, will result in a life expectancy of 12 months or less from the date of the physician's statement.

EXCLUSIONS AND LIMITATIONS

We will not pay a benefit amount for any condition that is not diagnosed as a Terminal Illness.

TERMINATION OF COVERAGE UNDER THIS RIDER

Coverage provided under this Rider will terminate on the earliest of the following dates:

1. the Monthly Anniversary on or next following Our receipt of the Owner's written request to terminate this Rider;
2. the date the Policy terminates or matures;
3. the date of lapse;
4. the date any non-forfeiture option in the Policy becomes effective;
5. the date the Insured dies; or
6. the date a benefit is paid under this Rider.

NUMERICAL ILLUSTRATION FOR ACCELERATED BENEFITS TERMINAL ILLNESS RIDER

The following example for Level Death Benefit is based upon a Male, Age 50, and Non -Tobacco

BEFORE Initial Coverage with No Claims		AFTER A \$5,000 Accelerated Benefit claim is paid under the Terminal Illness Benefit Rider	
Policy Death Benefit:	\$10,000	Policy Death Benefit:	\$5,000
Policy Indebtedness	\$ 500	Policy Indebtedness	\$ 250
	<u>Monthly Premium</u>		<u>Monthly Premium</u>
Policy Premium:	\$ 26.32	Policy Premium:	\$13.16
Terminal Illness Accelerated Benefit Premium:	\$ -0-	Terminal Illness Accelerated Benefit Premium:	\$ -0-
Accidental Death Benefit:	\$ 1.55	Accidental Death & Dismemberment Premium:	\$ 1.55
Total Monthly Premium	\$27.87	Total Monthly Premium	\$ 14.71



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form NWL 7/09 does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written in a cursive style and is positioned above a horizontal line.

Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 6 April 2009



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written over a horizontal line.

Michael Khoury, JD

Director

Product Development, Claims and Records

Date: 6 April 2009

TEXASLIFE

INSURANCE COMPANY

CERTIFICATION OF COMPLIANCE

This is to certify that the actuarial demonstration for policy form NWL 7/09 is in compliance with Regulation 34 for the state of Arkansas (Valuation and Nonforfeiture), and that when calculating reserves under the minimum reserve method in Regulation 34, in no case shall the reserves be less than the actual cash surrender values provided for under the policy contract.



Joseph Barclay Cole, FSA, MAAA
Actuary

Date: 4/7/09