

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
Company Tracking Number: UL-TERM-0209  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: INDIVIDUAL TERM LIFE INSURANCE  
Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

## Filing at a Glance

Company: ULLICO Life Insurance Company

Product Name: INDIVIDUAL TERM LIFE INSURANCE SERFF Tr Num: ULCC-126243646 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 43086  
Closed

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: UL-TERM-0209 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Whitham, Kevin Ross, Carla Wallace Disposition Date: 07/31/2009

Date Submitted: 07/29/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: INDIVIDUAL TERM LIFE INSURANCE

Project Number: UL-TERM-0209

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/31/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/31/2009

Created By: Carmen Washington

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carmen Washington

Filing Description:

Re: NEW INDIVIDUAL TERM LIFE INSURANCE FORM FILING

Individual Term Life Insurance Policy, UL-TERM-0209

Application for Life Insurance, ULA-LF-0209

Application Continuation Statement, ULA-SuppCS-0209

Part II – Medical Application for Insurance, ULA-SuppME-0209

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
Company Tracking Number: UL-TERM-0209  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name: INDIVIDUAL TERM LIFE INSURANCE  
Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

Medical Examination Continuation Statement, ULA-SuppMECS-0209  
Accelerated Death Benefit for Terminal Illness Rider, ULR-ADB-TI-0209  
Accidental Death Benefit Rider, ULR-AD-0209  
Children's Term Life Insurance Benefit Rider, ULR-CTR-0209  
Labor Dispute Waiver of Premium Benefit Rider, ULR-LDWP-0209  
Intermediate Endowment Benefit Rider, ULR-IEB-0209  
Accelerated Death Benefit Rider Disclosure, AL-DISC-0209  
Company Filing No.: UL-TERM-0209

ULLICO Life Insurance Company ("ULLICO Life")  
NAIC: 781-86371  
FEIN: 31-0522223

Dear Sir or Madam:

Please find enclosed the above referenced individual life insurance forms. These forms are new and will be marketed through licensed agents. The policy will not be marketed with an illustration.

Individual Term Life Insurance Policy, UL-TERM-0209

This policy provides individual term life insurance benefits that expire at age 95. Three choices of renewable term periods available at issue are: 10-year term, 20-year term, and 30-year term. There are four risk classes: preferred non-tobacco, standard non-tobacco, preferred tobacco, and standard tobacco. Premiums remain level over each 10, 20, or 30 year term period and increase annually thereafter. Premiums vary by issue, gender, face amount band, and risk class.

Application for Life Insurance, ULA-LF-0209

This form is the vehicle by which individual's apply for life insurance coverage.

Application Continuation Statement, ULA-SuppCS-0209

This form is a continuation statement for the applicant and agent to provide additional information if the space provided on an application form is insufficient.

Part II Medical Application for Insurance, ULA-SuppME-0209

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
Company Tracking Number: UL-TERM-0209  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: INDIVIDUAL TERM LIFE INSURANCE  
Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

This form is a medical application form to be completed by an applicant and physician if required as part of the underwriting process.

#### Medical Examination Continuation Statement, ULA-SuppMECS-0209

This form is a continuation statement for the applicant and physician to provide additional information if the space provided on the medical application form is insufficient.

#### Accelerated Death Benefit for Terminal Illness Rider, ULR-ADB-TI-0209

This Accelerated Death Benefit Rider for Terminal Illness, ULR-ADB-TI-0209, provides optional accelerated death benefits for the primary insured. This rider will be offered to policyholders on an optional basis at the time of initial policy issue.

#### Accidental Death Benefit Rider, ULR-AD-0209

This Accidental Death Benefit Rider, ULR-AD-0209, provides optional accidental death insurance benefits for the primary insured. This rider will be offered to policyholders on an optional basis at the time of initial policy issue. This optional benefit rider may also be added after policy issuance if requested by the policyholder.

#### Children's Term Life Insurance Benefit Rider, ULR-CTR-0209

This Children's Term Life Insurance Benefit Rider, UL-CTR-0209, provides optional term life insurance benefits for the primary insured's children. This rider provides a \$10,000 death benefit for a covered child more than 14 days old and prior to the child attaining age 25. This rider will be offered to policyholders on an optional basis at the time of initial policy issue. This optional benefit rider may also be added after policy issuance if requested by the policyholder.

#### Labor Dispute Waiver of Premium Benefit Rider, ULR-LDWP-0209

This Labor Dispute Waiver of Premium Benefit Rider, ULR-LDWP-0209, provides an optional waiver of premium benefit for the policy to which it is attached. This rider waives the primary insured's premium if he or she participates in a lawful strike authorized by his or her labor union, or if he or she is locked-out of employment as a result of a labor dispute between his or her labor union and employer.

#### Intermediate Endowment Benefit Rider, ULR-IEB-0209

This Intermediate Endowment Benefit Rider, ULR-IEB-0209, provides an optional return of premium benefit for

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
Company Tracking Number: UL-TERM-0209  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name: INDIVIDUAL TERM LIFE INSURANCE  
Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

individual term life policies with 20-year or 30-year term periods. This rider will be offered to policyholders on an optional basis at the time of initial policy issue. This optional benefit rider may also be added after policy issuance if requested by the policyholder.

#### Accelerated Death Benefit Rider Disclosure, AL-DISC-0209

Accelerated Death Benefit Rider Disclosure will be provided at the time of application for the Accelerated Death Benefit for Terminal Illness Rider, ULR-ADB-TI-0209, and at the time the accelerated benefit payment request is submitted. This disclosure provides:

1. a brief description of the accelerated benefit and definitions of the conditions or occurrences triggering payment of the benefits and an example of the effect of an accelerated payment on the policy. This disclosure will be provided to the applicant prior to or concurrently with the application. Acknowledgement of the disclosure is required by the applicant's, agent's, and irrevocable beneficiary's signature;
2. disclosure that receipt of accelerated benefits may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. This disclosure also advises that receipt of an accelerated benefit payment may be taxable and assistance should be sought from a personal tax advisor; and
3. disclosure of the administrative fee.

Please advise us of your decision at your earliest convenience.

If you have any questions, please let me know.

## Company and Contact

### Filing Contact Information

Carmen Washington, Compliance Analyst cwashington@ullico.com  
8403 Colesville Rd 202-682-8779 [Phone]  
Silver Spring, MD 20910

### Filing Company Information

ULLICO Life Insurance Company CoCode: 86371 State of Domicile: Texas  
8403 Colesville Road Group Code: 781 Company Type: Life and Health

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
 Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
 Company Tracking Number: UL-TERM-0209  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: INDIVIDUAL TERM LIFE INSURANCE  
 Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

Silver Spring, MD 20910 Group Name: Union Labor Group State ID Number:  
 (202) 682-0900 ext. [Phone] FEIN Number: 31-0522223

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$500.00  
 Retaliatory? Yes  
 Fee Explanation: Texas is our domicile state that charges \$100.00 retaliatory fee for policy filing. Arkansas charges \$50.00 per form filing (\$50.00 x 10)=\$500.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ULLICO Life Insurance Company	\$500.00	07/29/2009	29512989

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
Company Tracking Number: UL-TERM-0209  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: INDIVIDUAL TERM LIFE INSURANCE  
Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/31/2009	07/31/2009

*SERFF Tracking Number:*      *ULCC-126243646*                      *State:*                      *Arkansas*  
*Filing Company:*              *ULLICO Life Insurance Company*              *State Tracking Number:*      *43086*  
*Company Tracking Number:*      *UL-TERM-0209*  
*TOI:*                      *L04I Individual Life - Term*                      *Sub-TOI:*                      *L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium*

*Product Name:*                      *INDIVIDUAL TERM LIFE INSURANCE*  
*Project Name/Number:*              *INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209*

## **Disposition**

Disposition Date: 07/31/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
 Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
 Company Tracking Number: UL-TERM-0209  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: INDIVIDUAL TERM LIFE INSURANCE  
 Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	Yes	Yes
Form	Individual Term Life Insurance Policy	Yes	Yes
Form	Application for Life Insurance	Yes	Yes
Form	Part II Medical Application for Insurance	Yes	Yes
Form	Medical Exam Continuation Statement	Yes	Yes
Form	Accelerated Death Benefit for Terminal Illness Rider	Yes	Yes
Form	Accidental Death Benefit Rider	Yes	Yes
Form	Children's Term Life Insurance Benefit Rider	Yes	Yes
Form	Labor Dispute Waiver of Premium Benefit Rider	Yes	Yes
Form	Intermediate Endowment Benefit Rider	Yes	Yes
Form	Accelerated Death Benefit Rider Disclosure	Yes	Yes

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
 Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
 Company Tracking Number: UL-TERM-0209  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: INDIVIDUAL TERM LIFE INSURANCE  
 Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

## Form Schedule

### Lead Form Number: UL-TERM-0209

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UL-TERM-0209	Policy/Contract	Individual Term Life Insurance Policy Certificate	Initial		50.000	INDIVIDUAL TERM LIFE POLICY UL-TERM-0209.pdf
	ULA-LF-0209	Application/Enrollment Form	Application for Life Insurance	Initial		50.600	ULA-LF-0209.pdf
	ULA-SuppME-0209	Application/Enrollment Form	Part II Medical Application for Insurance	Initial		50.700	ULA-SuppME-0209.pdf
	ULA-SuppMECS-0209	Application/Enrollment Form	Medical Exam Continuation Statement	Initial		53.900	ULA-SuppMECS-0209.pdf
	ULR-ADB-TI-0209	Policy/Contract	Accelerated Death Benefit for Terminal Illness Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.800	Accelerated Death Benefit for Terminal Illness.pdf
	ULR-AD-0209	Policy/Contract	Accidental Death Benefit Rider Certificate: Amendment, Insert Page,	Initial		54.900	ACCIDENTAL DEATH BENEFIT RIDER.pdf

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
 Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
 Company Tracking Number: UL-TERM-0209  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: INDIVIDUAL TERM LIFE INSURANCE  
 Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

Policy/Cont	Initial	Initial	Initial
ULR-CTR-0209 Policy/Cont Children's Term Life Insurance Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	50.900	Child Term Benefit-0209.pdf	
ULR-LDWP-0209 Policy/Cont Labor Dispute Waiver of Premium Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	54.000	LABOR DISPUTE WAIVER OF PREMIUM BENEFIT RIDER.pdf	
ULR-IEB-0209 Policy/Cont Intermediate Endowment Benefit Rider Certificate	54.700	INTERMEDIATE ENDOWMENT BENEFIT RIDER.pdf	
AL-DISC-0209 Policy/Cont Accelerated Death Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	40.500	ACCELERATED DEATH BENEFIT RIDER DISCLOSURE.pdf	

**ULLICO Life Insurance Company**

(“We, Us, Our, the Company”)

**Administrative Office: 1504 NW Mock Avenue, Blue Springs, MO 64015**

**Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258**

**Telephone: (816) 229-7191**

**www.ullico.com**

**POLICY NUMBER: 12345**

**POLICY OWNER (“OWNER”): John Doe**

**INSURED: John Doe**

We agree to pay the proceeds to Your beneficiary on the death of the Insured provided coverage is in force and subject to all terms of this policy.

This policy is a legal contract between the Owner and Us.

A policy fee of \$60 per year will be added to the basic premium rate to reflect the cost of issuing this policy, establishing required records, sending premium notices, and other related expenses.

**TEN (10) DAY RIGHT TO EXAMINE POLICY**

You have ten days after You receive this policy to decide if it meets Your needs. If it does not, return it to Our Administrative Office or to the agent from whom You bought it. We will cancel the policy from the Policy Date and give You a full premium refund.

**Please Read This Policy Carefully**

[



**SECRETARY**



**PRESIDENT**

]

**This Policy Contains No War Risk Exclusions**

**GUARANTEED RENEWABLE AND CONVERTIBLE TERM LIFE INSURANCE**

Insurance Payable on the Death of the Insured  
Premiums Payable Until the Death of the Insured  
Convertible  
Non-Participating

## TABLE OF CONTENTS

PROVISION	PAGE
SCHEDULE .....	3
DEFINITIONS .....	4
PAYMENT OF PROCEEDS .....	4
Death Benefit .....	4
PREMIUM .....	5
Payment of Premiums .....	5
Grace Period .....	5
Reinstatement .....	5
RIGHT TO RENEW .....	6
Renewability .....	6
RIGHT TO CONVERT .....	6
Conversion to Permanent Life Insurance .....	6
GENERAL PROVISIONS .....	6
Assignment .....	6
Beneficiary .....	7
Currency .....	7
Entire Contract .....	7
Incontestability .....	8
Misstatement of Age or Sex .....	8
Non-Participating .....	8
Our Consent .....	8
Owner .....	8
Place of Payment .....	9
Policy Date .....	8
Suicide Exclusion .....	9
Termination of Policy .....	9
PAYMENT OPTIONS .....	9
Description of Options .....	9
Annuity Benefits .....	10
Payment Dates .....	10
Choosing an Option .....	10
Age and Survival of Payee .....	10
Death of Payee .....	11
TABLE OF PAYMENTS .....	12
TABLE OF GUARANTEED MAXIMUM ANNUAL RENEWAL PREMIUM RATES .....	13

**SCHEDULE**

**Policy Number:** [ 12345 ]

**Policy Owner (“Owner”):** [ John Doe ]

**Insured:** [ John Doe ]

**Department of Insurance:** [ State Insurance Department ]

**Telephone Number:** [ 1-800-555-5555 ]

**Issue Age:** [ 35 ]

**Sex:** [ Male ]

**Face Amount:** [ \$25,000 ]

**Policy Date:** [ February 1, 2009 ]

**Policy Class:** [ Standard Non-Tobacco ]

**Issue Date:** [ February 1, 2009 ]

**Termination Age:** [ Age 95 ]

**DESCRIPTION OF BENEFITS AND PREMIUMS**

BENEFIT	[ Annual Premium ]	[ Semi-Annual Premium ]	[ Quarterly Premium ]	[ Monthly Premium ]	Term Period
<b>Basic Policy</b> Accelerated Death Benefit Labor Dispute Waiver of Premium	[ \$101.25 ]	[ \$52.65 ]	[ \$26.53 ]	[ \$8.81 ]	10 Years

You may renew this coverage for an additional 10 years at the end of the Term Period shown in this Schedule and prior to Your attainment of age 70. This is explained in the **RENEWAL PRIVILEGE** section of this policy.

**SCHEDULE**

**Policy Number:** [ 12345 ]

**Policy Owner (“Owner”):** [ John Doe ]

**Insured:** [ John Doe ]

**Department of Insurance:** [ State Insurance Department ]

**Telephone Number:** [ 1-800-555-5555 ]

**Issue Age:** [ 35 ]

**Sex:** [ Male ]

**Face Amount:** [ \$25,000 ]

**Policy Date:** [ February 1, 2009 ]

**Policy Class:** [ Standard Non-Tobacco ]

**Issue Date:** [ February 1, 2009 ]

**Termination Age:** [ Age 95 ]

**DESCRIPTION OF BENEFITS AND PREMIUMS**

BENEFIT	[ Annual Premium ]	[ Semi-Annual Premium ]	[ Quarterly Premium ]	[ Monthly Premium ]	Term Period
<b>Basic Policy</b> Accelerated Death Benefit Labor Dispute Waiver of Premium	[ \$113.50 ]	[ \$59.02 ]	[ \$29.74 ]	[ \$9.87 ]	20 Years

You may renew this coverage for an additional 20 years at the end of the Term Period shown in this Schedule and prior to Your attainment of age 60. This is explained in the **RENEWAL PRIVILEGE** section of this policy.

**SCHEDULE**

**Policy Number:** [ 12345 ]

**Policy Owner (“Owner”):** [ John Doe ]

**Insured:** [ John Doe ]

**Department of Insurance:** [ State Insurance Department ]

**Telephone Number:** [ 1-800-555-5555 ]

**Issue Age:** [ 35 ]

**Sex:** [ Male ]

**Face Amount:** [ \$25,000 ]

**Policy Date:** [ February 1, 2009 ]

**Policy Class:** [ Standard Non-Tobacco ]

**Issue Date:** [ February 1, 2009 ]

**Termination Age:** [ Age 95 ]

**DESCRIPTION OF BENEFITS AND PREMIUMS**

<b>BENEFIT</b>	<b>[ Annual Premium ]</b>	<b>[ Semi-Annual Premium ]</b>	<b>[ Quarterly Premium ]</b>	<b>[ Monthly Premium ]</b>	<b>Term Period</b>
<b>Basic Policy</b>	<b>[ \$143.25 ]</b>	<b>[ \$74.49 ]</b>	<b>[ \$37.53 ]</b>	<b>[ \$12.46 ]</b>	30 Years
Accelerated Death Benefit					
Labor Dispute Waiver of Premium					

You may renew your coverage for an additional 30 years at the end of the Term Period shown in this Schedule and prior to Your attainment of age 50. This is explained in the **RENEWAL PRIVILEGE** section of this policy.

## DEFINITIONS

**Administrative Office**

The address shown on the cover.

**Beneficiary**

The person designated by You to receive the proceeds payable on the death of the Insured.

**Face Amount**

The amount payable as shown in the Schedule on the death of the Insured.

**Issue Age**

The Insured's age as of his or her last birthday on the Policy Date.

**Issue Date**

The date on which this policy was issued by Us.

**Lapse**

Termination of the policy due to non-payment of any premium due.

**Payee**

A person designated by the Beneficiary who is entitled to receive payment under the **PAYMENT OPTIONS** section.

**Payment Option**

The option to provide for the payment of proceeds in other than a lump sum.

**You and Your**

The Owner of this policy.

**We, Our, and Us**

The ULLICO Life Insurance Company

**Written Request**

A request in writing, signed by You, dated, and submitted to Our Administrative Office. The request must be of a form and content acceptable to Us.

## PAYMENT OF PROCEEDS

**Death Benefit**

We will pay the amount owed to the Beneficiary when due proof is filed with Our Administrative Office that the death of the Insured occurred while this policy was in force. Payment is subject to the terms and conditions of this policy. We request that this policy be returned to Us at the time of settlement.

If the policy is in force, the amount payable on the death of the Insured equals:

1. the Face Amount shown in the Schedule; plus
2. any additional amounts payable provided by riders which have been added to this policy; plus
3. any refund of premium paid beyond the policy month of the death of the Insured; minus

**PAYMENT OF PROCEEDS**  
**(continued)**

4. any amount of any unpaid premium if the death occurs during the grace period.

We will pay interest on the amount due from the date of death of the Insured to the date of payment. The rate of interest will be the rate required by law.

We will pay interest as described above, plus additional interest at a rate of 10% annually, until the date the claim is paid beginning 31 calendar days from the latest of:

1. the date We receive due proof of death;
2. the date We receive sufficient information to determine Our liability, the extent of the liability, and appropriate Payee legally entitled to the proceeds; or
3. the date legal impediments to payment that depend on the action of parties other than Us are resolved and sufficient evidence of resolution is provided to Us. Legal impediments to payment include, but are not limited to, the following:
  - 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 state and federal reporting requirements.

**PREMIUMS**

**Payment of Premiums**

You will find the Policy Date, premium amount and premium period in the Schedule. The first premium is payable on or before the Policy Date. All premiums after the first must be paid in advance. Premiums are payable annually, or at other authorized premium frequencies. We will determine the amount of each such premium.

Premiums must be paid to Our Administrative Office or to an agent who is authorized to receive such payment for Us. A receipt will be issued if requested.

If any check, draft, or other such instrument that You use to pay premiums is not paid when presented for payment in due course of business, the premium will be considered unpaid.

**Grace Period**

There is no grace period for the first premium. For each premium after the first, if You do not pay a premium on or before its due date, We will keep this policy in force for 31 days beyond the due date. This is the grace period. If You do not pay the premium by the end of the grace period, this policy will then Lapse.

**Reinstatement**

You may reinstate this policy if it has Lapsed within 5 years after the first unpaid premium was due if You:

1. submit proof of insurability, satisfactory to Us, on the Insured; and
2. pay all overdue premiums with compound interest.

The rate of interest applicable to overdue premiums is compounded daily at an annual rate of 6%. Interest will be calculated from the due date of the unpaid premium to the date of reinstatement.

The election to reinstate this policy must be made by Written Request. The Written Request, and the payment of all amounts owed in 2. above, must be received at Our Administrative Office. The reinstatement will be effective on the date We approve the Written Request.

## **RIGHT TO RENEW**

### **Renewability**

While insurance is in effect, You may apply to renew for an additional term period as stated in the Schedule and as provided in this provision. You must complete a new application and provide evidence of the Insured's insurability which is satisfactory to Us. The face amount will remain the same. The premium will be based on the Insured's age at the time You renew his or her insurance.

At the end of a Term Period and on each policy anniversary thereafter while coverage is in effect, You may renew for an additional one year period, up to the Insured's Termination Age shown in the Schedule. New evidence of the Insured's insurability will not be required. The face amount will remain the same. The premium will be based on the Insured's age at the time You renew this coverage. The premium will not exceed the premium shown on the Table of Guaranteed Maximum Annual Renewal Premium Rates shown in this policy.

## **RIGHT TO CONVERT**

### **Conversion to Permanent Life Insurance**

You may convert this policy to a permanent life insurance policy at any time prior to the earlier of:

1. the Insured's attainment of age 70, if the Insured was less than age 65 at the time this policy was initially issued, otherwise 5 years; or
2. the end of the term period.

The amount of life insurance will not exceed the Face Amount under this policy.

The insured's insurance must be in effect on the date the conversion is requested.

New evidence of insurability will not be required. However, any application attached to this policy may be made a part of the converted policy. It may be used to contest benefits under the converted policy during the balance of time that it may be contested under this policy's incontestability and suicide provisions. If the converted policy contains additional coverage for which evidence of insurability was provided, new contestability and suicide provisions may apply to that coverage. Once the conversion has been made, coverage under this policy ends.

The converted policy will become effective when we receive the first premium. The first premium must be paid within 31 days from the date coverage under this policy ends. The new premium will be based on the insured's age at the time you convert to the new policy.

## **GENERAL PROVISIONS**

### **Assignment**

An assignment is a transfer of all or some of the policy rights and privileges to someone else. If You assign this policy, Your rights and the rights of anyone who is to receive payment, are subject to the terms of that assignment. If the Beneficiary appointment in effect is irrevocable, written consent of such a Beneficiary is required. A change of Owner is an absolute assignment.

No assignment will take effect unless We receive the Written Request. When received, the assignment will take effect as of the date it was signed unless otherwise specified by the Owner. This is subject to payment or other action taken by Us before it was received. We are not responsible for the validity of any assignment.

## **GENERAL PROVISIONS** **(continued)**

### **Beneficiary**

While the Insured is living, You may appoint one or more Beneficiaries and may revoke an appointment unless You made it irrevocable. If You have reserved the right to change the Beneficiary, You may do so by Written Request. You must revoke any previous appointments and designate the new person or persons to be Beneficiary.

No appointment or change in appointment will take effect unless We receive the Written Request. When received, the Written Request will take effect as of the date it was signed unless otherwise specified by the Owner, subject to payment or other action taken by Us before it was received.

The Beneficiary of this policy will be as stated in the application unless later changed. We will pay the amount due at the death of the Insured under the Beneficiary appointment in effect at the date of death. If more than one Beneficiary has been appointed and one or more of them dies, the proceeds will be paid to the surviving Beneficiaries equally, unless otherwise designated. If no Beneficiary is alive at the death of the Insured, or if none has been appointed, We will pay the proceeds to You or to Your estate.

### **Currency**

All amounts payable under this policy must be paid in United States currency.

### **Entire Contract**

The entire contract is made up of:

1. this policy, which includes the Schedule;
2. the attached application, including any supplementary applications; and
3. any riders or endorsements.

All statements made in an application are, in the absence of fraud, deemed to be representations and not warranties. We will not use any statement to avoid this policy or to deny a claim unless it is contained in a written application that is made a part of this policy.

Only an officer of the Company may modify this policy or waive any of Our rights or requirements. Any change in this policy must:

1. be in writing; and
2. bear the signature of at least one officer.

An Agent is not an officer of the Company.

## **GENERAL PROVISIONS** **(continued)**

### **Incontestability**

We will not contest this policy after it has been in force during the Insured's lifetime for two years from its Issue Date, except for the following:

1. failure to pay premiums;
2. any benefit provided by an optional rider; or
3. fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated policy, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

### **Misstatement of Age or Sex**

If the Insured's date of birth or sex has been misstated, the amounts payable under the policy will be the amounts that the premiums paid would have purchased for the correct date of birth and sex.

### **Non-Participating**

This is a nonparticipating policy. This policy will not share in any of the Company's profits or surplus earnings. The Company will not pay dividends on this Policy.

### **Our Consent**

If Our consent is required, it must be given in writing. It must bear the signature of an officer of the Company.

### **Owner**

The Owner of this policy is stated on the application, unless later changed.

While the Insured is living, as Owner You may exercise all rights and privileges granted by this policy, subject to the terms of any beneficiary appointment or assignment.

All rights as Owner expire at the death of the Insured.

These are Your principal rights as owner:

1. to appoint or change beneficiaries;
2. to receive amounts payable prior to the death of the Insured; and
3. to assign this policy.

No change in Owner designation will take effect unless We receive the notification. When received, the notification will take effect as of the date it was signed unless otherwise specified by the Owner. This is subject to payment or other action taken by Us before it was received.

## **GENERAL PROVISIONS (continued)**

### **Place of Payment**

All amounts payable by Us will be payable at Our Administrative Office.

### **Policy Date**

The Policy Date is shown in the Schedule. It is the date this policy goes into effect.

Policy years, months, and anniversaries are measured from the Policy Date. The first day of each policy year is the policy anniversary.

### **Suicide Exclusion**

We will not pay the Face Amount if the Insured commits suicide (while sane or insane) within two years from the Issue Date of this policy. Instead, We will be liable only for the amount of the premium paid.

### **Termination of Policy**

This policy will terminate as of the earliest date:

1. the policy Lapses;
2. the Insured's death;
3. the policy is surrendered;
4. the full Face Amount is paid as a claim under any accelerated benefit rider attached to this policy; or
5. the Insured reaches the Termination Age, as shown on the Schedule.

## **PAYMENT OPTIONS**

### **Description of Options**

Proceeds will be paid as a lump sum unless otherwise provided. As described below, We will offer other payment options which make periodic payments of the proceeds. Your payments will never be less than the guarantees provided below.

#### OPTION 1: PAYMENTS OF A FIXED AMOUNT

To have the proceeds paid in equal amounts at 1, 3, 6 or 12 month intervals. The amount of each payment will be as stated in the election of this option. The payments will be made until the proceeds are exhausted. We will pay interest at a rate of not less than 2 ½% per year.

#### OPTION 2: PAYMENTS FOR A FIXED PERIOD

To have the proceeds paid in equal amounts at 1, 3, 6 or 12 month intervals for a fixed number of years, not to exceed 30 years. The amount of each payment will be determined with interest at a rate not less than 2 ½% per year.

#### OPTION 3: LIFE INCOME

To have the proceeds paid in equal amounts each month, in advance, during the Payee's lifetime. The following plans may be chosen:

1. Life: payments ceasing on death of the Payee; or
2. Life with 10 Years Certain: payments for a minimum guaranteed period of 10 years.

## **PAYMENT OPTIONS** (continued)

The amount of the payments will be based on the Payee's age and sex. Age will be determined from the nearest birthday at the due date of the first payment. Guaranteed payments are shown in the sample that applies to OPTION 3: LIFE INCOME. The rates were determined using the Annuity 2000 Table and an effective annual interest rate of 2 ½%.

### OPTION 4: JOINT LIFE INCOME

To have the proceeds paid in equal amounts each month, in advance, for as long as one of the Payees is alive. The following plans may be chosen:

1. Life: payments ceasing on death of the final living Payee ; or
2. Life with 10 Years Certain: payments for a minimum guaranteed period of 10 years.

The amount of the payments will be based on the age and sex of each of the two Payees. Guaranteed payments are shown in the sample that applies to OPTION 4: JOINT LIFE INCOME. The rates were determined using the Annuity 2000 Table and an effective annual interest rate of 2 ½%.

### **Annuity Benefits**

The benefits under OPTION 3: LIFE INCOME or OPTION 4: JOINT LIFE INCOME, at the time of their commencement, will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

### **Payment Dates**

The interest periods and payment dates of the options will be calculated from the date on which the proceeds become payable.

### **Choosing an Option**

You may choose, change or revoke an option, by Written Request, at any time while the Insured is living. However, if the Beneficiary appointment in effect is irrevocable, the written consent of such a Beneficiary is required.

If an option is not in effect at the death of the Insured or if payment is to be made in a lump sum, the Beneficiary may choose an option. The choice must be made within one year after the proceeds are payable and before any payment has been made.

An option may not be chosen if either of the following conditions exist:

1. the amount to be applied under the option is less than \$1,000; or
2. any periodic payment under the option would be less than \$20.

### **Age and Survival of Payee**

We have the right to require proof of age of the Payee before payments begin. If payment depends on the survival of the Payee, from time to time We may require satisfactory proof that the Payee is alive.

**PAYMENT OPTIONS**  
**(continued)**

**Death of Payee**

If the Payee, or the last surviving Payee, dies before all the guaranteed payments have been made, We will make a lump sum payment to the estate of the last surviving Payee.

The lump sum payment will equal:

1. the balance of any proceeds, with accrued interest, remaining unpaid under OPTION 1: PAYMENTS OF A FIXED AMOUNT; or
2. the commuted value of any guaranteed payments remaining unpaid under OPTION 2: PAYMENTS FOR A FIXED PERIOD, OPTION 3: LIFE INCOME, and OPTION 4: JOINT LIFE INCOME.

Commutation is the payment of a lump sum equal to the present value of any remaining payments. Commuted values are calculated at an interest rate of 2 ½% per year.

**TABLE OF PAYMENTS**  
(Based on \$1,000 net proceeds)

**Option 3 – Life Income**

**Male Payee – Monthly Life Income**

Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain
40	\$3.24	\$3.24	65	\$5.40	\$5.21	75	\$7.73	\$6.82
45	\$3.49	\$3.47	66	\$5.57	\$5.35	76	\$8.06	\$7.00
50	\$3.79	\$3.76	67	\$5.76	\$5.50	77	\$8.41	\$7.18
55	\$4.18	\$4.13	68	\$5.95	\$5.65	78	\$8.78	\$7.36
			69	\$6.16	\$5.80	79	\$9.18	\$7.53
60	\$4.69	\$4.61	70	\$6.38	\$5.97	80	\$9.61	\$7.70
61	\$4.82	\$4.72	71	\$6.62	\$6.13	85	\$12.24	\$8.46
62	\$4.95	\$4.83	72	\$6.87	\$6.30	90	\$15.82	\$8.98
63	\$5.09	\$4.95	73	\$7.14	\$6.47	94	\$19.54	\$9.23
64	\$5.24	\$5.21	74	\$7.42	\$6.65	95	\$20.63	\$9.27

**Female Payee – Monthly Life Income**

Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain
40	\$3.08	\$3.08	65	\$4.90	\$4.81	75	\$6.94	\$6.41
45	\$3.28	\$3.28	66	\$5.05	\$4.93	76	\$7.24	\$6.61
50	\$3.54	\$3.53	67	\$5.20	\$5.07	77	\$7.57	\$6.81
55	\$3.84	\$3.85	68	\$5.36	\$5.21	78	\$7.93	\$7.01
			69	\$5.54	\$5.36	79	\$8.31	\$7.22
60	\$4.31	\$4.26	70	\$5.73	\$5.51	80	\$8.73	\$7.42
61	\$4.41	\$4.36	71	\$5.94	\$5.68	85	\$11.40	\$8.32
62	\$4.52	\$4.46	72	\$6.16	\$5.85	90	\$15.19	\$8.92
63	\$4.64	\$4.57	73	\$6.40	\$6.03	94	\$18.95	\$9.20
64	\$4.77	\$4.68	74	\$6.66	\$6.22	95	\$19.99	\$9.25

**Option 4 – Joint Life Income**

**Male and Female Payee – Monthly Life Income**

Age of Male Payee on Date of Settlement	Monthly Payment Life Only				Monthly Payment Life with 10 Years Certain			
	Age of Female Payee on Date of Settlement				Age of Female on Date of Settlement			
	60	65	70	75	60	65	70	75
60	\$3.83	\$4.05	\$4.25	\$4.41	\$3.77	\$3.98	\$4.27	\$4.31
65	\$3.98	\$4.28	\$4.58	\$4.84	\$3.91	\$4.20	\$4.48	\$4.72
70	\$4.09	\$4.48	\$4.90	\$5.31	\$4.02	\$4.38	\$4.77	\$5.15
75	\$4.18	\$4.63	\$5.17	\$5.76	\$4.09	\$4.52	\$5.02	\$5.55

Rates not shown will be calculated on the same basis as the above and will be provided upon request.

**TABLE OF GUARANTEED MAXIMUM ANNUAL RENEWAL PREMIUM RATES  
PER \$1,000 OF FACE AMOUNT**

<u>Age</u>	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	<u>Male</u>	<u>Male</u>	<u>Female</u>	<u>Female</u>
28	\$3.12	\$5.46	\$1.80	\$2.85
29	\$3.09	\$5.43	\$1.89	\$3.03
30	\$3.06	\$5.52	\$1.98	\$3.21
31	\$3.03	\$5.70	\$2.10	\$3.45
32	\$3.06	\$4.74	\$2.22	\$3.69
33	\$3.15	\$5.91	\$2.37	\$3.99
34	\$3.21	\$6.15	\$2.55	\$4.38
35	\$3.36	\$6.51	\$2.76	\$4.77
36	\$3.51	\$6.93	\$2.97	\$5.16
37	\$3.72	\$7.74	\$3.15	\$5.49
38	\$3.99	\$8.01	\$3.30	\$5.82
39	\$4.23	\$8.70	\$3.48	\$6.18
40	\$4.56	\$9.54	\$3.69	\$6.57
41	\$4.95	\$10.53	\$3.93	\$7.02
42	\$5.43	\$11.70	\$4.20	\$7.59
43	\$6.00	\$13.02	\$4.53	\$8.22
44	\$6.63	\$14.34	\$4.92	\$8.97
45	\$7.32	\$15.66	\$5.37	\$9.84
46	\$8.01	\$16.77	\$5.91	\$10.86
47	\$8.58	\$17.61	\$6.54	\$12.12
48	\$9.03	\$18.69	\$7.23	\$13.62
49	\$9.60	\$20.10	\$8.01	\$15.30
50	\$10.35	\$21.93	\$8.88	\$17.10
51	\$11.31	\$24.15	\$9.87	\$19.08
52	\$12.48	\$26.82	\$10.98	\$21.21
53	\$13.83	\$30.00	\$12.15	\$23.52
54	\$15.54	\$33.39	\$13.38	\$25.98
55	\$17.46	\$36.90	\$14.79	\$28.59
56	\$19.44	\$40.14	\$16.32	\$31.38
57	\$21.36	\$43.23	\$17.94	\$34.20
58	\$23.28	\$46.86	\$19.62	\$37.14
59	\$25.53	\$51.33	\$21.33	\$40.29
60	\$28.26	\$51.33	\$23.13	\$43.56
61	\$31.59	\$56.79	\$25.11	\$47.10
62	\$35.46	\$63.06	\$27.21	\$50.85
63	\$39.69	\$69.78	\$29.43	\$54.69
64	\$44.10	\$76.50	\$31.86	\$58.83
65	\$48.60	\$83.07	\$34.56	\$63.30
66	\$53.34	\$89.43	\$37.50	\$68.16
67	\$58.20	\$95.85	\$40.77	\$73.56
68	\$63.33	\$102.42	\$44.40	\$79.47
69	\$69.09	\$109.65	\$48.36	\$85.98
70	\$75.81	\$117.93	\$52.83	\$93.33

**TABLE OF GUARANTEED MAXIMUM ANNUAL RENEWAL PREMIUM RATES  
PER \$1,000 OF FACE AMOUNT  
(continued)**

<u>Age</u>	Non-Tobacco <u>Male</u>	Tobacco <u>Male</u>	Non-Tobacco <u>Female</u>	Tobacco <u>Female</u>
71	\$83.97	\$128.10	\$57.93	\$101.55
72	\$93.51	\$139.92	\$63.51	\$110.49
73	\$103.56	\$151.83	\$69.60	\$120.24
74	\$114.36	\$164.73	\$76.35	\$130.44
75	\$126.12	\$179.07	\$83.76	\$141.15
76	\$139.38	\$194.97	\$91.89	\$152.73
77	\$154.80	\$213.36	\$100.89	\$165.21
78	\$172.71	\$234.45	\$110.70	\$178.68
79	\$192.78	\$257.67	\$121.47	\$193.17
80	\$215.16	\$283.05	\$134.85	\$211.23
81	\$239.49	\$310.02	\$151.29	\$233.31
82	\$265.26	\$337.77	\$168.69	\$256.05
83	\$293.40	\$367.35	\$186.96	\$279.27
84	\$324.69	\$400.80	\$207.33	\$303.45
85	\$359.49	\$438.72	\$227.97	\$325.80
86	\$397.77	\$479.85	\$252.36	\$351.63
87	\$439.14	\$523.56	\$282.48	\$383.67
88	\$483.12	\$569.13	\$314.25	\$415.74
89	\$529.26	\$615.99	\$345.87	\$445.08
90	\$575.22	\$661.26	\$369.15	\$461.76
91	\$620.46	\$704.34	\$391.41	\$475.44
92	\$667.86	\$748.56	\$428.31	\$504.99
93	\$717.84	\$794.28	\$478.32	\$546.81
94	\$770.49	\$843.06	\$540.60	\$605.10
95	Termination Age	Termination Age	Termination Age	Termination Age

**ULLICO Life Insurance Company**

(“We, Us, Our, the Company”)

**| Administrative Office: 1504 NW Mock Avenue, Blue Springs, MO 64015**

**Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258**

**Telephone: (816) 229-7191**

**www.ullico.com |**

**GUARANTEED RENEWABLE AND CONVERTIBLE TERM LIFE INSURANCE**

Insurance Payable on the Death of the Insured  
Premiums Payable Until the Death of the Insured  
Convertible  
Non-Participating

# ULLICO Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: P.O. Box 1360, Blue Springs, MO 64013

Telephone: (816) 229-7191

www.ullico.com

## Individual Life Insurance Application

### Section 1: Please tell Us about the Proposed Insured.

Proposed Insured's Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Mr  Mrs  Ms  Miss

Address \_\_\_\_\_  
(street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
(state, country)

Male  Female Marital Status \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

U.S. Citizen  Yes  No If No, Date of Entry \_\_\_\_\_ Permanent Resident  Yes  No

If not a citizen, Visa type & # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Tobacco Use: Have you ever used any form of tobacco or nicotine products?  Yes  No

If Yes, date of last use \_\_\_\_\_ Type and quantity of tobacco or nicotine products used \_\_\_\_\_

Currently employed?  Yes  No Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Occupation \_\_\_\_\_ Duties \_\_\_\_\_

Employer Address \_\_\_\_\_  
(street, city, state, zip)

Union Name \_\_\_\_\_ Local # \_\_\_\_\_

Personal Earned Income \$ \_\_\_\_\_ Household Income \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_

### Section 2: Please tell Us about the Owner, if the Owner is different from the Proposed Insured.

Owner's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
(street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
(state, country)

U.S. Citizen Yes No If No, Date of Entry \_\_\_\_\_ Permanent Resident Yes No

If not a citizen, Visa type & # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

**Complete if Owner is a Trust**

Exact Name of Trust \_\_\_\_\_ Trust Tax ID \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_ State in which Trust Established \_\_\_\_\_

Current Trustee (s) \_\_\_\_\_ Date of Trust \_\_\_\_\_

**Section 3: Please provide the followed required benefit information.**

Product [Legacy Advantage (term life) Term Period  10-Year  20-Year  30-Year  
[Protector Advantage (whole life)  Honor Advantage (final expense)  Other \_\_\_\_\_]

Requested amount of insurance \_\_\_\_\_ Premium Class quoted \_\_\_\_\_

Please check any requested riders or provisions:

Children’s Term Life  Intermediate Endowment Benefit (20-Year and 30-Year Term Life only)  
 Accidental Death \$ \_\_\_\_\_  Disability Waiver of Premium

Automatic Loan Provision (Whole Life only). If elected, overdue premium may be deducted from, and become a loan against, available cash value. ]

- 1. Does the Proposed Insured currently have any existing individual life insurance policy or annuity contract? Yes No.
- 2. Will any existing Life insurance policy or annuity be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value, or used as a source of premium for the coverage being applied for? Yes No.

If the answer to Question 1 is “Yes”, provide the completed required state replacement form(s). If the answer to Question 2 is “Yes”, provide the completed required state replacement form(s) and provide the following information about the existing insurance or annuity:

Insurance Company	Insured or Annuitant	Policy or Contract Number

- 3. If a replacement is involved, is it intended as a 1035 exchange? Yes No. If “Yes”, provide the necessary forms.
- 4. For the Proposed Insured, provide details below for all in-force and/or pending insurance, on both a formal or informal basis, with ULLICO Life Insurance Company and any other insurance company. Include those policies or applications owned personally or by a third party, including but not limited to individuals, charities, life settlement or viatical companies.  
If none, Proposed Insured please initial here \_\_\_\_\_.

Proposed Insured	Insurance Company	Business/ Personal/ Settlement	Issue Year/ Pending	Formal/ Informal	Total Face Amount	Policy Number

5. State the ultimate amount of life insurance coverage that will be in place on each life with the issue of this policy and any other pending application with another company. \$\_\_\_\_\_
6. Is the policy being applied for through this application being purchased with the purpose of being assigned or sold to a third party or will it replace a policy that has been assigned or sold to a third party?  Yes  No.

**Primary Beneficiary** \_\_\_\_\_ Percentage \_\_\_\_\_  
 (attach additional pages, signed and dated, if needed)

SSN \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_

Primary Beneficiary Address \_\_\_\_\_  
 (street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (state, country)

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

**Primary Beneficiary** \_\_\_\_\_ Percentage \_\_\_\_\_  
 (attach additional pages, signed and dated, if needed)

SSN \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_

Primary Beneficiary Address \_\_\_\_\_  
 (street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (state, country)

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

**Contingent Beneficiary** \_\_\_\_\_ Percentage \_\_\_\_\_  
 (attach additional pages, signed and dated, if needed)

SSN \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_

Contingent Beneficiary Address \_\_\_\_\_  
 (street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(state, country)

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

**Contingent Beneficiary** \_\_\_\_\_ Percentage \_\_\_\_\_  
(attach additional pages, signed and dated, if needed)

SSN \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_

Contingent Beneficiary Address \_\_\_\_\_  
(street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(state, country)

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

**Complete if Beneficiary is a Trust**

Exact Name of Trust \_\_\_\_\_ Trust Tax ID \_\_\_\_\_  
(attach additional pages, signed and dated, if needed)

Current Trustee (s) \_\_\_\_\_ Date of Trust \_\_\_\_\_

*Unless otherwise directed, the insurance proceeds shall be divided equally among all persons who are named as primary beneficiary and who survive the Proposed Insured; but if none survive, equally among all persons who are named as contingent beneficiaries and who survive the Proposed Insured.*

**Section 4: Please provide the following required premium and billing information.**

The initial premium must be included with the Application. Subsequent premium payments must be paid as stated in the policy at Our Administrative Office.

Will the premium for this policy be financed through a single or multiple loan(s) from a private or public lender now or in the future? Yes No.

Amount of initial premium included with application \$ \_\_\_\_\_

Pay initial premium by credit card. (Credit Card is only available for the initial premium. Subsequent premiums must be paid by direct bill or bank draft.)

Visa  MasterCard Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name shown on card \_\_\_\_\_

Mode of Premium Payment:  Annual  Semi-Annual  Quarterly  Monthly (Bank Draft only)

Method  Direct Bill  Bank Draft (complete Bank Draft Authorization)

**Complete if Payor is other than the Owner**

Payor Name \_\_\_\_\_ SSN/TID \_\_\_\_\_

Address \_\_\_\_\_  
(street, city, state, zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
(state, country)

Relationship to Proposed Insured \_\_\_\_\_

**Section 5: Please provide the following required information about the Proposed Insured.**

1. Within the past 5 years, has the Proposed Insured:
  - (a) Been treated for or been advised or diagnosed by a medical professional to have treatment for, or consider treatment for alcohol or any drugs of abuse? .....  Yes  No
  - (b) Been convicted of operating a vehicle while intoxicated or impaired, or had your driver's license suspended or revoked? .....  Yes  No
  - (c) Been declined, postponed, denied reinstatement, or offered a rated or modified life insurance policy? .....  Yes  No
  - (d) Been convicted of a felony or currently on probation or parole? .....  Yes  No
  - (e) Been in a hospital, clinic, or other medical facility for surgery or have been advised to have surgery, observation, tests, or treatment and not done so, except those tests related to the Human Immunodeficiency Virus (AIDS virus)? .....  Yes  No
  - (f) Used: heroin, morphine, other narcotics, ecstasy, opium derivatives, marijuana, cocaine, crack, barbiturates, amphetamines, methamphetamines, or hallucinogens or any other illegal, restricted, or controlled substances except as prescribed by a physician? .....  Yes  No
  - (g) Been or is now disabled? .....  Yes  No
  - (h) Consulted a physician to have tests performed such as an Electrocardiogram (EKG), X-Ray, Blood tests, or been hospitalized for any reason? .....  Yes  No
  
2. Within the past 7 years, has the Proposed Insured been diagnosed by a medical professional as having or been advised to have or had treatment for:
  - (a) Internal cancer including melanoma, leukemia, Hodgkin's disease, lymphoma, or have had more than one occurrence of any cancer in your lifetime (excluding basal or squamous cell skin cancer)? .....  Yes  No
  - (b) Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? .....  Yes  No
  - (c) Any heart disease/disorder including heart attack, high blood pressure, angina or chest pain, heart murmur, congestive heart failure, Cardiomyopathy, heart or circulatory surgery (including pacemaker, by-pass, heart valve replacement, angioplasty, stent placement), or any procedure to improve circulation to the heart or brain? .....  Yes  No
  - (d) Alzheimer's, dementia, schizophrenia, bipolar disorder, emotional or psychiatric disorder, depression, Lou Gehrig's disease (ALS), Huntington's Disease, Parkinson's disease, cerebral palsy, cystic fibrosis, multiple sclerosis, epilepsy, attempted suicide, stroke, or transient ischemic attack (TIA/Mini Stroke)? .....  Yes  No
  - (e) Any Lung or respiratory disorder including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, emphysema, tuberculosis, asthma, sleep apnea or required the use of oxygen to assist in breathing? .....  Yes  No
  - (f) Diabetes, amputation of a body part caused by disease, paralysis, ulcerative Colitis, Crohn's disease, rheumatoid arthritis, chronic fatigue disorder, circulatory or blood disorders, or Systemic lupus erythematosus (SLE)? .....  Yes  No
  - (g) Chronic Kidney (renal) disease, dialysis, kidney insufficiency, kidney failure or end stage kidney disease? .....  Yes  No
  - (h) Liver disease, cirrhosis, hepatitis or liver failure? .....  Yes  No



**Section 6: Please read the information below, then sign and date this form.**

**PROPOSED INSURED'S STATEMENT**

I have read the completed application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. I agree that this application will be the basis for, and will become part of, the policy that is issued. The above representations are true to the best of my knowledge and belief. I agree the policy shall not be in effect until it has been issued by ULLICO Life Insurance Company ("the Company") and all premiums have been paid. I understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy's Incontestability provision. I understand that the agent has no authority to approve the application, change the policy, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and all eligibility requirements are met. I understand that the USA Patriot Act requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows Us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided. I am not being paid cash and have not been promised services as an inducement to enter into this application for life insurance. I acknowledge receipt of a copy of the Information Practices Notice, MIB Pre-Notice, and Fair Credit Reporting Act Notice.

The purpose of this insurance application is not to sell or assign it to any type of viatical settlement, senior settlement, or life settlement company.

I understand that state insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued, and that I should consult with legal advisors if I have any questions about these matters.

**AUTHORIZATION**

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran's Administration, insurance company, MIB, Inc., pharmacy manager, pharmacy, insurance laboratory, a consumer reporting agency, a Department of Motor Vehicles, my employer, or any other person or organization that has any record of information about me to give ULLICO Life Insurance Company, its reinsurers or its authorized representatives information about my health, other insurance coverage, employment, age, general character, finances, participation in hazardous activities, medical care or advice about any physical or mental condition including information about drugs, alcoholism, or other information ULLICO Life Insurance Company requires to determine insurability or eligibility of benefits. I further authorize the sources listed above except for MIB, Inc. to give such information to a consumer reporting agency acting on behalf of ULLICO Life Insurance Company. This authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent the company has taken action in reliance on this authorization. Notice of revocation may be sent, in writing, to the Company at its administrative office address. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for 30 months from the date signed.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Proposed Insured/Owner Signature**

Signed at (city, state) \_\_\_\_\_ Date \_\_\_\_\_

Proposed Insured X \_\_\_\_\_

Owner X \_\_\_\_\_  
(if Owner is other than Proposed Insured)





**CONDITIONAL RECEIPT**

**IF WITHIN THE PAST 3 YEARS ANY PROPOSED INSURED HAS BEEN TREATED FOR OR CONSULTED WITH A PHYSICIAN CONCERNING HEART DISEASE, STROKE OR CANCER, NO PAYMENT MAY BE ACCEPTED WITH THIS APPLICATION.**

No coverage will become effective before policy deliver unless and until all conditions below are met.

**CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE BEFORE POLICY DELIVERY**

- If (1) An amount equal to the first modal premium for the policy applied for is submitted, and
- (2) All underwriting requirements including any medical examinations required by the Company's rules, are completed and received in our Administrative Office no later than 60 days after the date of your application, and
- (3) The Proposed Insured is on the effective date indicated, insurable for insurance exactly as applied for without modification of the premium class, or amount under the Company's rules and practices, and
- (4) As of the effective date, the health (and all factors affecting insurability of each person proposed for insurance must be as stated in the application.

THEN insurance under the terms and conditions of the policy applied for shall become effective on the latest of (a) the date of the application, (b) the date of completion of all underwriting requirements, and (c) any date of issue requested in the application.

IF ANY OF THE ABOVE CONDITIONS IS NOT MET THE LIABILITY OF THE COMPANY SHALL BE LIMITED TO THE RETURN OF THE AMOUNT SUBMITTED WITH THE APPLICATION

The amount of insurance which may become effective before policy delivery shall not exceed \$50,000. No agent has the authority to alter the terms or conditions of this receipt.

Received from \_\_\_\_\_

the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_)

In connection with an application for insurance with the ULLICO Life Insurance Company (the Company) which bears the same date and serial number as this receipt. All premium checks must be payable to ULLICO Life Insurance Company. Do not make check payable to the agent or leave the payee blank.

Signed at (city, state) \_\_\_\_\_ Date \_\_\_\_\_

This receipt shall be void if given for check or draft which in not honored on first presentation.

Agent	Name(s) of Proposed Insured(s)	Date
-------	--------------------------------	------

## MIB, Inc. PRE-NOTICE

Information regarding your insurability will be treated as confidential. ULLICO Life Insurance Company, 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 another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply ULLICO Life Insurance Company with the information in its file.

Upon receipt of a request from you, the 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 the MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

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

LEAVE THIS NOTICE WITH OWNER

## INFORMATION PRACTICES NOTICE

ULLICO Life Insurance Company, like other insurance companies, sometimes evaluates the medical history and other personal information about applicants to determine their eligibility for certain policies. (Personal information includes information such as age, occupation, physical condition, health history, habits, general reputation, credit and avocation.) We also use this information for the administration of Your insurance coverage after it is in force.

We rely heavily on information provided by You. We may also supplement this information from other sources, such as medical professionals or institutions that have treated You or family members covered under Your policy, insurance support organizations, other insurance companies to which You have applied, and employers.

Any information You give Us regarding Your insurability and any information received from other sources will be treated as strictly confidential. In some situations, and in compliance with applicable law, We may disclose necessary items of information to third parties, who may retain a copy and disclose the information to others for whom they perform such services, without Your specific authorization. Unless You request otherwise, Your name, address, date of birth and phone number may be used by Us or Our affiliates to inform you of other insurance products or services that are available. We may also disclose this information to: (1) an organization performing administrative, business or professional services for Us; (2) other insurance companies to which You apply; and (3) your physician or medical professional.

You have the right to be told about, and to copy, if you wish, items of personal information that appear in Our files. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR PRIVACY PRACTICES. IF YOU WOULD LIKE A MORE DETAILED EXPLANATION OF OUR PRACTICES AND THE CIRCUMSTANCES UNDER WHICH WE MAY USE OR DISCLOSE INFORMATION, PLEASE WRITE TO OUR PRIVACY OFFICER AT ULLICO Life insurance Company, [Privacy Officer, 1625 Eye Street NW, Washington DC 20006.]

LEAVE THIS NOTICE WITH OWNER

**Mail to:**  
**ULLICO Life Insurance Company**  
[ Administrative Office: P.O. Box 1360, Blue Springs, MO 64013]

**Part II – Medical Application for Insurance**

Proposed Insured's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

1. (a) Name and address of personal physician (if none, indicate no personal physician): \_\_\_\_\_  
\_\_\_\_\_

(b) Date and reason for last consultation with personal physician: \_\_\_\_\_

(c) What treatment was given, diagnosis, and medication prescribed? \_\_\_\_\_  
\_\_\_\_\_

2. Within the past 5 years, has the Proposed Insured:

- (a) Been examined, advised to have or received treatment by any physician or medical facility? .....  Yes  No
- (b) Had a checkup, consultation, illness, or surgery? .....  Yes  No
- (c) Been a patient in a hospital, clinic, sanitarium, or other medical facility? .....  Yes  No
- (d) Had an electrocardiogram (EKG), x-ray, or operation? .....  Yes  No
- (e) Had any diagnostic test, hospitalization, or surgery that was scheduled or recommended that has not yet been completed, except those tests related to the Human Immunodeficiency Virus (AIDS virus)? .....  Yes  No
- (f) Had a military service deferment, rejection, or discharge because of a physical or mental condition? .....  Yes  No
- (g) Requested or received a pension, benefits, or payment because of an injury, sickness, or disability? .....  Yes  No

3. Has the Proposed Insured had any change in weight in the last 12 months? (If yes – provide specific reason and amount) .....  Yes  No

4. Is the Proposed Insured currently being treated by a physician or taking medications prescribed by a physician? .....  Yes  No

5. Has the Proposed Insured used tobacco in any form in the last 12 months? (If yes – provide specific type of tobacco used) .....  Yes  No

6. Has the Proposed insured previously used tobacco in any form and stopped using? (If yes – provide specific type of tobacco used and the date stopped) .....  Yes  No

7. Within the past 10 years, has the Proposed Insured ever had a diagnosis of disease or disorder or received treatment for:

- (a) Cancer, tumor, lymphoma, or leukemia? .....  Yes  No
- (b) Blood abnormalities, lymph gland disorder, or anemia? .....  Yes  No
- (c) Brain or nervous system, mental or emotional disorder, convulsions, epilepsy, or paralysis? .....  Yes  No
- (d) Lungs, asthma, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, emphysema, chronic respiratory disorder or tuberculosis? .....  Yes  No
- (e) Eyes, ears, nose or throat? .....  Yes  No
- (f) Stroke, transient ischemic attack (TIA), dizziness, or fainting? .....  Yes  No
- (g) Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, heart surgery, angioplasty, stent placement, heart valve replacement, or any other disorder or disease of the heart or blood vessels? .....  Yes  No
- (h) Sugar, albumin, blood or pus in urine: Diabetes, thyroid or other endocrine disorder, .....  Yes  No

- (i) stone or other disorder of kidney, bladder, prostate, or reproductive organs? .....  Yes  No
- (j) Intestinal bleeding, ulcer, hernia, hepatitis, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver, or gallbladder?.....  Yes  No
- (k) Arthritis, gout, neuritis, sciatica, or rheumatism: Loss of limb or deformity: Other disorders of the muscles or bones, spine, back, or joints, or skin disorders?.....  Yes  No
- (l) Sexually transmitted disease including syphilis, gonorrhea, herpes, Chlamydia, condylomata accuminata (anal or genital warts)?.....  Yes  No
- (l) Any mental or physical disease or disorder not listed above? .....  Yes  No

8. Has the Proposed Insured ever been medically diagnosed, advised to have or received treatment, or taken medication for: Alcohol or any drugs of abuse (heroin, morphine, other narcotics, ecstasy, opium derivatives, marijuana, cocaine, crack, barbiturates, amphetamines, methamphetamines, or hallucinogens or any other illegal, restricted, or controlled substances) except as prescribed by a physician? .....  Yes  No

(a) Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? .....  Yes  No

(b) Alcohol or any drugs of abuse (heroin, morphine, other narcotics, ecstasy, opium derivatives, marijuana, cocaine, crack, barbiturates, amphetamines, methamphetamines, or hallucinogens or any other illegal, restricted, or controlled substances) except as prescribed by a physician? .....  Yes  No

9. Has the Proposed Insured been diagnosed by a medical professional as having; or been advised by a medical professional to have; or had treatment provided by, or taken medication prescribed by, a medical professional for: Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? .....  Yes  N

10. Does the Proposed Insured have any family history of diabetes, cancer, high blood pressure, heart or kidney disease? If Yes – provide details below. ....  Yes  N

	Age if Living	Cause of Death	Age of Death
Father			
Mother			
Brothers and Sisters			

Please provide details to any "Yes" answers below. Identify the question number, circle the applicable items, and include diagnoses, dates, duration, and names and addresses of all attending physicians and medical facilities. If additional space if required, complete the Examination Continuation Statement.

---



---



---



---



---

**Agreement and Signatures**

I hereby declare that, to the best of my knowledge and belief, the statements and answers in Part II of the application are full, complete and true. I agree that they will form a part of the contract of insurance applied for.

Signed at (city, state) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

Signature of Medical Examiner

\_\_\_\_\_

Signature of Proposed Insured

**Part III – Medical Examiner’s Report**

Proposed Insured’s Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Name of Examiner (Print): \_\_\_\_\_

Address of Examiner: \_\_\_\_\_

Name of Examiner Company: \_\_\_\_\_

Telephone Number of Examiner: \_\_\_\_\_

10. Age last Birthday \_\_\_\_\_ Years

11. Sex:  Male  Female

12. Does Proposed Insured appear to be stated age? If No, explain: \_\_\_\_\_

13. Are there any obvious physical abnormalities? If Yes, explain: \_\_\_\_\_

14. MEASUREMENTS: (Estimated measurements are not acceptable)

a. Height (in shoes) \_\_\_\_\_ ft \_\_\_\_\_ in.

b. Weight (clothed) \_\_\_\_\_ lbs

c. Males Only: Chest (full inspiration) \_\_\_\_\_ in. Waist: \_\_\_\_\_ in.

d. Blood Pressure: Applicant to be sitting. If blood pressure is over 130/80, record additional reading, sitting, after 10 minutes rest.

1. Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

2. Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

e. Pulse: \_\_\_\_\_/min (at rest) – If over 90, repeat in 5-10 minutes and record \_\_\_\_\_/min.

f. Any irregularities?  Yes  No – If Yes, enter number per minute \_\_\_\_\_

15. URINALYSIS

a. Albumin  Yes  No \_\_\_\_\_

b. Sugar  Yes  No \_\_\_\_\_

c. Other  Yes  No \_\_\_\_\_

d. Have any medications of any type been taken in the past 10 days?  Yes  No – If Yes, specify \_\_\_\_\_

\_\_\_\_\_

e. If Female, is Proposed Insured menstruating on day of examination?  Yes  No – If Yes, please arrange to collect specimen when all flow has stopped.

16. Time of last food intake (includes soft drinks, coffee, tea, candy, or gum)

a. Time\_\_\_\_\_

b. Date\_\_\_\_\_

17. OTHER STUDIES (if required by instruction from ULLICO)

a. Blood chemistries drawn and sent to laboratory Yes No

b. Urinalysis sent to laboratory Yes No

c. Electrocardiogram attached Yes No

d. Other (specify) Yes No

I certify that I personally asked each and every question on Part II of the Medical Examiners Report and accurately recorded the answers. I personally performed the physical measurements and observations on Part III of the Medical Examiner's Report.

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Medical Examiner completing form

**ULLICO Life Insurance Company (ULLICO Life)  
Instructions to Medical Examiner**

- (1) This examination report, once begun, becomes the property of ULLICO Life and must not be destroyed or suppressed even if the applicant or anyone else offers to pay the examination fee in order to avoid having the report sent to ULLICO Life.
- (2) Initial any corrections or alterations you make in the report. Do not erase them.
- (3) Give details of any abnormality noted in the applicant's medical history and examination.



## ULLICO Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: P.O. Box 1360, Blue Springs, MO 64013  
Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258  
Telephone: (816) 229-7191  
www.ullico.com

### ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of the Owner's:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

This rider only applies to the Insured.

The following benefit is added to the policy:

#### **Important Tax and Public Assistance Information**

Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive accelerated life insurance benefits excludable from income under federal law.

In addition, receipt of accelerated life insurance benefits may affect the Owner's, the Owner's spouse's, or the Owner's family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. The Owner is advised to consult with a qualified tax advisor and with social service agencies concerning the effect of such a payment.

#### **Effect of Accelerated Death Benefits on Policy Benefits**

The policy death benefit, any cash values, and any loan values will be reduced by the percentage of any accelerated death benefit the Owner elects to receive under this Accelerated Death Benefit for Terminal Illness Rider.

The amount of the accelerated death benefit available to the Owner will be reduced by the amount of any outstanding policy loan, but only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated.

**ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**  
**(continued)**

**Benefit**

The Owner may elect to receive a portion of the life insurance benefit during the Insured's lifetime. The Company will pay an Accelerated Death Benefit if the Owner chooses to use this option. It is paid to the Owner if the Insured experiences a Qualifying Event. If the Owner chooses this option, We must receive written proof of eligibility on a claim form provided by Us. We will provide the required claim form within 15 days of the Owner's request for an acceleration of death benefits. If We do not provide the required claim form within such 15 days, the Owner is considered to have complied with Our claim form requirement if the Owner submits written proof covering the Qualifying Event and the character and extent of the Qualifying Event for which claim is made. Payment of the Accelerated Death Benefit will be made immediately upon Our receipt of due written proof of eligibility.

The Company will, prior to payment of the Accelerated Death Benefit, obtain a signed acknowledgement of agreement for payout of the accelerated death benefit from any assignee or irrevocable beneficiary.

The Owner may elect to receive up to 100% of the available Face Amount. The Face Amount elected is called the Available Proceeds.

The Available Proceeds will be subject to the discount described below. After the discount is applied, the Company will then pay the balance to the Owner. The discount is calculated as follows:

1. an interest rate will be established as of the date of the Owner's application for this benefit. The interest rate will not exceed the greater of the yield for 90 day treasury bills or the maximum statutory adjustable policy loan interest rate in the state in which the policy to which this rider is attached is issued; and
2. the Available Proceeds will be "discounted to its present value" based on a life expectancy of one year by applying this interest rate;
3. the resulting amount will be paid to the Owner in a one-time lump sum. We reserve the right to deduct an additional administration fee of \$150.00. The one-time lump sum will be at least equal to the acceleration percentage multiplied by the difference between the current policy cash value, if any, and outstanding policy loans, if any. The current policy cash value, if any, will include any termination dividend payable on the surrender of the policy.

The present value actuarial discount will not reduce the amount of benefits accelerated by more than 15% of the Face Amount of such benefits.

The acceleration of life insurance benefits, related charges, interest, discounts or liens, if applicable, and the balance of the death benefit of the life insurance contract will constitute full settlement on maturity of the Face Amount of the policy.

**ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**  
**(continued)**

This benefit is subject to the following payment procedures:

1. the Insured must be covered for at least \$5,000;
2. the Company must receive a statement from a physician certifying:
  - a. the diagnosis of the Insured's medical condition; and
  - b. that because of the nature and severity of the condition, the Insured is not expected to live more than twelve months. The Company has the right to require, at its own expense, documentation from a second physician which supports the initial diagnosis. The physician or physicians giving the diagnosis must be someone other than the Owner's or the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Owner or the Insured.
3. the Company, at its expense, has the right to select one or more physicians of its choosing to examine the Insured and obtain any other information deemed necessary in order to verify the Insured's diagnosis.
4. the Company must receive the Owner's request for payment under this benefit prior to when the policy stops;
5. the Owner may elect this benefit only once; and
6. the Owner cannot change the amount elected after the date We pay the benefit.

After the Company pays the Accelerated Death Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. If less than 100% of the available Face Amount is elected, premiums will then be waived for the life insurance benefit for the Insured for the duration of the Term Period.

An Accelerated Death Benefit may be paid only once during the Insured's lifetime. Unless otherwise assigned or designated by the Owner, the benefit will be paid to the Owner or the Owner's estate while the Owner is living. Payment will be made in a single sum. If the Owner is not living when benefits are payable, the benefits will be paid pursuant to the policy. If the Insured dies after the Owner elects to receive Accelerated Death Benefits but before such benefits are received by the Owner, the Owner's election to accelerate benefits will be cancelled and the death benefit paid in accordance with the policy to which this rider is attached.

The Company is not responsible for any effect on the Owner's state or federal taxes, or the Owner's or the Owner's family's loss of eligibility for any state or federal medical programs.

The Company will provide the Owner and any irrevocable beneficiary with a statement demonstrating the effect of the acceleration of the payment of death benefits on the death benefit and any cash value, premium, and policy loans (including policy liens). We will provide such statement at the time we provide the Owner with the claim form required to elect acceleration of death benefits.

Any payment made under this rider will have no effect on the coverage on another insured under the policy to which this rider is attached.

**Definitions**

Accelerated Death Benefit means the advance payment of some or all of the death benefit proceeds payable under a life insurance policy to the Owner during the lifetime of Insured. This rider reduces the death benefit otherwise payable under the policy through a present value payment upon the death benefits. This benefit is payable upon the occurrence of the Qualifying Event with respect to the Insured resulting in the payment of a benefit amount fixed at the time of acceleration.

**ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**  
**(continued)**

Qualifying Event means a medical condition that, which in the opinion of a physician, is reasonably expected to result in the insured's death within 24 months, or a condition which requires the insured's continuous confinement in an eligible institution if the insured is expected to remain there until death.

Discounted to its present value means determining, on the date of payment, the value of an amount of money the Owner wouldn't otherwise receive or pay out, until some point in the future.

**Conversion**

Any conversion provision in the policy does not apply to this rider.

**Incontestability**

We will not contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated rider, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

**Reinstatement.**

If the Insured's policy lapses, and is reinstated, this rider may be reinstated.

**Termination of Rider**

The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy ends;
2. the date of the Insured's death;
3. the date the full Face Amount is paid as a claim under this Accelerated Death for Terminal Illness Rider;
4. the date a nonforfeiture benefit, if any, becomes effective under the policy; or
5. the date We receive written request from the Owner to terminate this rider.

Termination of this rider will not affect the payment of benefits for any Qualifying Event that began while this rider was in effect.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy and will not prejudice the payment of benefits for any qualifying event that occurred while in force except to the extent shown above.



**SECRETARY**



**PRESIDENT**

# ULLICO Life Insurance Company

("We, Us, Our, the Company")

**Administrative Office: P.O. Box 1360, Blue Springs, MO 64013**  
**Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258**  
**Telephone: (816) 229-7191**  
**www.ullico.com**

## ACCIDENTAL DEATH BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of the Insured's:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

This rider only applies to the Insured.

The following benefit is added to the policy:

### ACCIDENTAL DEATH BENEFIT

#### Benefit

Upon receipt of due proof of death that the Insured died an Accidental Death, while insured under the policy, We will pay the amount of benefit shown on the policy Schedule.

The benefit will be paid to the Owner's Beneficiary. The Owner is shown on the policy Schedule.

#### Definition

Accidental Death means death which:

1. is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause;
2. occurred within 180 days after such injury; and
3. occurred while this rider is in force.

#### Exclusions

We will not pay a benefit under this rider if the Insured's death occurs during or results from:

1. active participation in a riot, insurrection, or terrorist activity;
2. committing or attempting to commit a felony;
3. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
4. the voluntary intake or use by any means of:
  - a. any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - b. poison, gas or fumes, unless a direct result of an occupational accident.
5. disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
6. intoxication as defined by the jurisdiction where the accident occurred;
7. travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
8. an infection not occurring as a direct result or consequence of an accidental bodily injury; or
9. participation in an illegal occupation or activity.

**ACCIDENTAL DEATH BENEFIT RIDER**  
**(continued)**

**Cost of Benefit**

The premium for this rider is shown on the policy Schedule. The premium for this rider is payable at the same time and in the same manner as the premium for the base policy.

If a premium for this rider should be accepted after this rider terminates, Our only liability will be to return such premium.

**Incontestability**

We will not contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated rider, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

**Autopsy**

We have the right and opportunity, at Our expense, to examine the body and to make or request an autopsy unless prohibited by law.

**Suicide Exclusion**

We will not pay the Face Amount if the Insured commits suicide (while sane or insane) within two years from the Issue Date of the policy. Instead, We will be liable only for the amount of the premium paid

**Reinstatement**

If the policy to which this rider is attached lapses, and is reinstated, this rider may be reinstated.

**Termination of Rider**

The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy ends;
2. the date the 31 day Grace Period ends, if the Owner fails to pay any premium when due or
3. the Insured's attainment of age 70, at which time no further premium will be due. If a premium for this rider should be accepted after this rider ends, Our only liability will be to return such premium; or
4. the date specified in a written request for termination from the Owner.

Termination of this rider will not prejudice the payment of benefits for any accident that occurred while this rider was in force.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy except to the extent shown above.



**SECRETARY**



**PRESIDENT**

**ULLICO Life Insurance Company**  
("We, Us, Our, the Company")  
Administrative Office: P.O. Box 1360, Blue Springs, MO 64013  
Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258  
Telephone: (816) 229-7191  
www.ullico.com

**CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER**

This rider is a part of the policy to which it is attached. It is issued in consideration of:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

The following benefit is added to the policy:

**CHILDREN'S TERM LIFE INSURANCE BENEFIT**

We will pay a Children's Term Life Insurance Benefit, as shown on the Schedule, when We receive due proof that an Insured Child died while his or her coverage under this rider was in force.

Payment will be made to the Owner if living at the time of the Insured Child's death. Otherwise, payment will be made to the Owner's estate.

For purposes of this rider, Insured Child means the Insured's unmarried child, including an adopted child, who is over 14 days and under age 25.

**Newborn or Adopted Children**

If a child is born to, or adopted by, the Insured while this rider is already in effect, such newborn or newly adopted child will automatically be an Insured Child upon attaining 14 days of age. No extra premium is charged if at least one Insured Child is already covered.

**Effective Date of Coverage**

Before this coverage takes effect:

1. We must receive the application for the rider; and
2. the Owner must pay any required premium while the Insured Child is alive.

The Effective Date of coverage for the rider will be the date shown on the policy Schedule.

**Conversion Privilege**

An Insured Child's coverage under this rider may be converted to an individual whole life insurance policy on any form currently issued by Us at the time conversion is requested, without disability, accidental death, accidental death and disability, waiver of premium, or other supplementary benefits, when coverage under this rider terminates because:

1. the child is no longer an Insured Child; or

## **CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER** (continued)

2. the policy to which this rider is attached terminates.

The amount of life insurance to be converted may not be less than, nor exceed, two times the Face Amount in force for the Insured Child at the time of conversion. Written application and initial premium payment must be made within 31 days from the date coverage for the Insured Child under this rider ends. Evidence of Insurability is not required.

The converted policy is effective when We receive the first premium. The new premium is based on the Insured Child's age at the time of the conversion.

We will not pay a claim for an Insured Child under both this rider and another individual policy received through exercise of this conversion right.

### **Incontestability**

We will not contest this rider after it has been in force during the Insured Child's lifetime for two years from its date of issue, except for the following:

1. failure to pay premiums; or
2. fraud in the procurement of the rider, when permitted by applicable law in the state where the rider is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated policy, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

### **No Cash Value or Loan Value**

This rider does not provide cash values or loan values.

### **Reinstatement**

If the policy under which this rider is attached lapses, and is reinstated, this rider may be reinstated.

### **Effect of the Insured's Death on Coverage**

Coverage for an Insured Child under this rider will terminate on the date of the Insured's death. Upon termination, We will return all unearned identifiable charges. Such charges will be returned to the Owner if living. Otherwise, return of unearned identifiable charges will be made to the Owner's estate.

### **Termination of Rider**

The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy to which it is attached ends;
2. the date the 31 day Grace Period ends, if the Owner fails to pay any premium when due;
3. the Insured's attainment of age 70, at which time no further premium will be due. If a premium for this rider should be accepted after this rider ends, Our only liability will be to return such premium;
4. the date specified in a written request for termination from the Owner; or
5. unless specified otherwise in this rider, upon the death of the last surviving additional Insured.

**CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER**  
(continued)

Benefits of this rider are subject to all terms and limitations of the policy to which it is attached. This rider does not waive, alter or extend any provisions or conditions of the policy except to the extent shown above.

[



**SECRETARY**



**PRESIDENT**

]

# ULLICO Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 1504 NW Mock Avenue, Blue Springs, MO 64015

Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258

Telephone: (816) 229-7191

www.ullico.com

## LABOR DISPUTE WAIVER OF PREMIUM BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of the Insured's:

1. enrollment for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

This rider only applies to the Insured.

The following benefit is added to the policy:

### LABOR DISPUTE WAIVER OF PREMIUM BENEFIT

#### **Benefit.**

We will waive premiums for the policy and any attached riders if the Insured is Actively at Work and:

1. participating in a lawful strike authorized by the Insured's labor union; or
2. locked-out of his or her place of employment as a result of a labor dispute between the Insured's labor union and employer.

The premium to be waived for the premium period is:

1. the premium amount shown in the Schedule; plus
2. the cost for additional benefits provided by a rider, if any.

No premium will be waived under both this rider and any Disability Waiver of Premium Benefit that may be provided by rider.

"Actively at Work" means the Insured is performing all the regular duties of his or her occupation at the time the strike or lock-out begins.

#### **When Benefits Begin and End.**

This benefit begins on the next premium due date after the 30-day period immediately following the start of the strike or lock-out. We must receive at Our Administrative Office written notice and satisfactory proof to Us of the strike or lock-out. We must receive such notice and proof before benefits begin. This rider must be in force before the date the strike or lock-out begins. The Insured must be a member in good standing. The Insured must also be Actively at Work with the employer at the beginning of the strike. To receive benefits under this rider, satisfactory proof of the status of the strike or lock-out must be given Us when and as often as We may reasonably require, but in no event less than every 30 days.

We will stop providing benefits if proof is not provided as required. We must also be notified as soon as:

1. the strike or lock-out is resolved;
2. when the Insured returns to work or is offered the opportunity to return to work for his or her employer; or

**LABOR DISPUTE WAIVER OF PREMIUM BENEFIT RIDER**  
**(continued)**

3. when the Insured's employment is terminated.

Benefits end and premiums will again begin on the earliest of the following dates:

1. one year from the date benefits under this Rider began;
2. the next premium due date following the date the strike or lock-out is resolved;
3. the next premium due date following the date the Insured returns to work or is offered the opportunity to return to work for his or her employer; or
4. the next premium due date following the date the Insured's employment is terminated.

**Cost of Benefit.**

There are no additional monthly costs for the benefit provided by this rider.

**Incontestability.**

We will not contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated rider, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

**Reinstatement.**

If the Insured's policy lapses, and is reinstated, this rider may be reinstated.

**Termination of Rider:** The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy ends; or
2. the date the 31 day Grace Period ends, if the Insured fails to pay any premium when due.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy except to the extent shown above.



**SECRETARY**



**PRESIDENT**

**INTERMEDIATE ENDOWMENT BENEFIT  
SCHEDULE**

**Policy Number:** [ 12345 ]

**Policy Owner (“Owner”):** [ John Doe ]

**Term Period:** [ 20 Years ]

**Endowment Amount At End of Term Period:** [ \$12,235.40 ]

<b>Premium</b>	[ Annual ]	[ Semi-Annual ]	[ Quarterly ]	[ Monthly ]
	\$498.27 ]	\$259.10 ]	\$130.56 ]	\$43.33 ]

**Riders** included in Endowment Amount eligible premium:

[ Accidental Death Benefit ]

[ Children’s Term Life Benefit ]

**Table of Intermediate Endowment Benefit Values**

The values in the table will apply at the end of each policy year as shown, assuming all premiums have been paid to the end of that policy year.

End of Policy Year	Cash Value	End of Policy Year	Cash Value
<b>1</b>	[ \$0.00 ]	<b>11</b>	\$4,731.49
<b>2</b>	\$82.83	<b>12</b>	\$5,394.34
<b>3</b>	\$501.41	<b>13</b>	\$6,093.60
<b>4</b>	\$941.15	<b>14</b>	\$6,832.13
<b>5</b>	\$1,403.71	<b>15</b>	\$7,611.03
<b>6</b>	\$1,890.00	<b>16</b>	\$8,434.60
<b>7</b>	\$2,401.56	<b>17</b>	\$9,304.96
<b>8</b>	\$2,939.92	<b>18</b>	\$10,225.61
<b>9</b>	\$3,506.73	<b>19</b>	\$11,201.69
<b>10</b>	\$4,103.14	<b>20</b>	[ \$12,235.40 ]

Nonforfeiture Interest Rate: 5%

Loan Interest Rate: [ 8% ]

**INTERMEDIATE ENDOWMENT BENEFIT  
SCHEDULE**

**Policy Number:** [ 12345 ]

**Policy Owner (“Owner”):** [ John Doe ]

**Term Period:** [30 Years]

**Endowment Amount At End of Term Period:** [\$13,838.10]

<b>Premium</b>	[Annual \$318.02]	[Semi-Annual \$165.37]	[Quarterly \$83.32]	[Monthly \$27.66]
----------------	----------------------	---------------------------	------------------------	----------------------

**Riders** included in Endowment Amount eligible premium:

[Accidental Death Benefit]

[Children’s Term Life Benefit]

**Table of Intermediate Endowment Benefit Values**

The values in the table will apply at the end of each policy year as shown, assuming all premiums have been paid to the end of that policy year.

End of Policy Year	Cash Value	End of Policy Year	Cash Value	End of Policy Year	Cash Value
<b>1</b>	[ \$0.00	<b>11</b>	\$2,252.34	<b>21</b>	\$6,645.06
<b>2</b>	\$0.00	<b>12</b>	\$2,591.05	<b>22</b>	\$7,241.57
<b>3</b>	\$90.22	<b>13</b>	\$2,948.48	<b>23</b>	\$7,876.28
<b>4</b>	\$315.14	<b>14</b>	\$3,325.11	<b>24</b>	\$8,554.16
<b>5</b>	\$551.45	<b>15</b>	\$3,723.14	<b>25</b>	\$9,277.29
<b>6</b>	\$800.12	<b>16</b>	\$4,144.05	<b>26</b>	\$10,056.15
<b>7</b>	\$1,061.66	<b>17</b>	\$4,588.11	<b>27</b>	\$10,893.77
<b>8</b>	\$1,336.94	<b>18</b>	\$5,058.10	<b>28</b>	\$11,798.36
<b>9</b>	\$1,626.53	<b>19</b>	\$5,556.46	<b>29</b>	\$12,335.65
<b>10</b>	\$1,931.34	<b>20</b>	\$6,084.15	<b>30</b>	\$13,838.10]

Nonforfeiture Interest Rate: 5%

Loan Interest Rate: [8%]

**ULLICO Life Insurance Company**  
**("We, Us, Our, the Company")**  
| **Administrative Office: P.O. Box 1360, Blue Springs, MO 64013**  
**Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258**  
**Telephone: (816) 229-7191**  
**www.ullico.com |**

## **INTERMEDIATE ENDOWMENT BENEFIT RIDER**

This rider is a part of the policy to which it is attached. It is issued in consideration of application for this coverage and the payment of the required premium.

### **Definitions**

As used here, "*Rider Surrender Value*" means the amount of money You would receive as a refund if You cancelled this rider. It is equal to:

1. the Cash Value of this rider, minus
2. Any amounts owed on this rider.

As used here, "*Loan Value*" means the maximum amount You may borrow under this rider. It is the amount which, with interest, will equal the Cash Value at the end of the current policy year or through the period that premiums have been paid, if sooner.

As used here, "*Paid-Up Insurance*" means insurance bought at the date of an unpaid premium if the rider has a Rider Surrender Value. It is permanent life insurance. The amount of insurance purchased with this option will be smaller than the Face Amount of the policy.

### **Benefit**

We will pay the Endowment Amount as shown on the Schedule at the end of the Term Period, assuming all eligible premiums have been paid to the end of the Term Period. Any amounts owed on this rider will decrease the Endowment Amount. The benefit will be paid as a cash benefit in one lump sum. The policy may continue in force after payment of the Endowment Benefit at the end of the Term Period.

No benefit will be paid under this rider if the Insured dies while this rider is in force. Payment of a death benefit on another person covered under an attached rider will not cause this rider to terminate. If the Rider Surrender Value is paid before the end of the Term Period, the policy will terminate when the Rider Surrender Value is paid.

### **Eligible Premium**

In determining the benefit payable under this rider, the eligible premium is only the premium paid for this rider, the term life insurance, and any rider referenced on the Intermediate Endowment Benefit Schedule. Premiums paid for any other attached benefit riders will not be included under the terms of this rider.

### **Accelerated Death Benefit Reduction**

If an accelerated death benefit rider is attached to the policy and payment is made under that rider, the endowment benefit amount, Cash Value and premium for this rider will be reduced by amounts consistent with the percentage of the Face Amount that is accelerated and the remaining benefits.

### **Loans**

You may obtain a loan from Us whenever this rider has a Rider Surrender Value. This rider shall be the sole security of the loan. You may borrow all or a part of the Loan Value. We will notify You of the initial rate of interest at the time the loan is made.

On each policy anniversary, We will set the interest rate for new and existing loans for that policy year. We will give You written notice of any change in the rate at least 30 days prior to the change. The loan interest is compounded daily and will not exceed the annual Loan Interest Rate shown on the Schedule.

Loan interest is due on each policy anniversary and will be added to the amount of the loan. The amount of the loan and the accrued interest are the amounts owed on the rider.

The rider will lapse on the later of the following:

1. The date on which amounts owed on the rider exceed the Loan Value; or
2. 31 days after We have mailed notice of the Lapse to You and to any assignee at the last address We have on record.

You may repay all or part of the amounts owed on the rider at any time.

We may defer making the loan for up to 6 months unless it is to be used to pay premiums or amounts owed to Us.

The Rider Surrender Value is reduced by any amount owed on this rider.

### **Rider Values**

The Table of Intermediate Endowment Values shows the Cash Value as of the end of the policy year indicated.

The values are based on the assumption that all eligible premiums have been paid for the number of years shown. They do not reflect premiums paid for other riders, except as shown on the Schedule, or amounts owed on this rider.

**Cash Value:** The Cash Value at the end of a policy year shown in the Table of Intermediate Endowment Values assumes all eligible premiums have been paid when due.

The Cash Value within 60 days after the due date of an unpaid eligible premium will not be less than the Cash Value at the due date.

The Cash Value of Paid-Up Insurance is equal to the net single premium for the insurance that is in effect based on the Insured's sex and the Insured's current age based on the Insured's last birthday. The Cash Value of any Paid-Up Insurance within 30 days after the end of a policy year will not be less than the Cash Value at the end of that year.

If the eligible premium paid for the policy, as described in *Eligible Premium*, changes after issuance, including due to a change in the frequency of premium payments, the Endowment Amount and the Cash Values on the Schedule may change.

At any time, You may surrender this rider for its Rider Surrender Value. We must receive, at Our Administrative Office, Your Written Request and this rider. Surrender will be effective on the date the rider is terminated by Us. Our liability will be limited to the Rider Surrender Value. You must also surrender the policy at the same time.

If the rider is surrendered within 30 days following a policy anniversary, the Rider Surrender Value will not be less than the value at the anniversary date.

We have the right to defer making payment for up to 6 months from the date We receive Your Written Request. If We defer payment for thirty days or more, interest will be paid from the date of surrender to the date of payment. The rate of interest will be the greater of 3% per year or the rate required by law.

***Paid-Up Insurance Benefit:*** If this rider has a Rider Surrender Value, You may stop paying premiums and change the rider and policy into Paid-Up Insurance.

The amount of Paid-Up Insurance will be the permanent life insurance amount that will be bought by using the Rider Surrender Value as a net single premium as of the date of the unpaid premium. The amount of insurance bought at such time will not exceed the Face Amount of the policy.

The Paid-Up Insurance will be payable on the death of the Insured. It will have Loan Value and may be surrendered for its Rider Surrender Value. The Cash Value of any Paid-Up Insurance within 30 days after the end of the policy year will not be less than the Cash Value at the end of the year.

If, at the end of the grace period, the premium for this Rider is unpaid, the policy and this Rider will be automatically changed to Paid-Up Insurance.

#### **Basis of Calculation**

Rider values and net single premiums are based on the 2001 CSO Select and Ultimate ALB (sex-distinct and smoker-distinct) mortality table and the nonforfeiture interest rate shown on the Schedule using curtate functions. Calculations are based on the assumption that eligible premiums are paid when due and the death benefit is payable at the date of death.

We have filed a detailed statement of the method used to compute the values in this rider with the state in which the policy is issued, where required. The cash values and paid-up nonforfeiture benefits available under this rider are not less than those required by law.

**Conversion.** Any *Right to Convert* provision in the policy does not apply to this rider.

**Incontestability.** We will not contest this rider after it has been in force during the Insured's lifetime for two years from its Issue Date, except for failure to pay premiums.

**Suicide.** If the Insured commits suicide, while sane or insane, within two years from the effective date of this rider, We will be liable only for the amount of the premium paid.

**Reinstatement.** If the policy lapses, and is reinstated, this rider may also be reinstated as described in the Reinstatement provision of the policy.

**Renewal of the Term Life Insurance Coverage.** If the Owner renews the term life insurance coverage for another Term Period, this rider will not renew. The Owner may apply for a new Intermediate Endowment Benefit Rider.

**Termination of Rider.** The benefit provided by this rider will end on the earliest of the following dates: (a) The date the Intermediate Endowment Benefit is paid or the policy and this rider are changed to Paid-Up Insurance; (b) The date of the Insured's death; (c) the date the policy and this rider are surrendered for the Rider Surrender Value; (d) the date the policy Lapses; or (e) the date the policy is converted to permanent life insurance.

**Termination of Policy:** If this rider is surrendered for its Rider Surrender Value before the end of the Term Period, the policy will be terminated at the same time.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy except to the extent shown above.

[Officer signature]  
[Officer Title]

## ULLICO Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 1504 NW Mock Avenue, Blue Springs, MO 64015

Home Office: 20770 Highway 281 North Suite 108-418, San Antonio, TX 78258

Telephone: (816) 229-7191

www.ullico.com

### ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

#### Important Tax and Public Assistance Information

Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated life insurance benefits excludable from income under federal law.

In addition, receipt of accelerated life insurance benefits may affect your, your spouse's, or your family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

#### Effect of Accelerated Death Benefits on Policy Benefits

The policy death benefit, any cash values, and any loan values will be reduced by the percentage of any accelerated death benefit you elect to receive under the Accelerated Death Benefit Rider.

The amount of the accelerated death benefit available to you will be reduced by the amount of any outstanding policy loan.

All future premiums under the policy and riders will be waived.

An example of the effect of an accelerated death benefit request for \$50,000 is shown below (this example is illustrative only and is not intended to show actual values):

Before Acceleration		Requested Acceleration \$50,000		After Acceleration	
Death Benefit	\$100,000	Acceleration Amount	\$45,893.69*	Death Benefit	\$50,000
Cash Value	\$20,000	Acceleration Percentage	50%	Cash Value	\$10,000
Loan Balance	\$5,000	Acceleration Percentage	50%	Loan Balance	\$2,500

\* Uses an interest rate of 3.0% to discount for 1 year and a \$150.00 administrative fee. Amount also reflects amount of accelerated loan.

SERFF Tracking Number: ULCC-126243646 State: Arkansas  
Filing Company: ULLICO Life Insurance Company State Tracking Number: 43086  
Company Tracking Number: UL-TERM-0209  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: INDIVIDUAL TERM LIFE INSURANCE  
Project Name/Number: INDIVIDUAL TERM LIFE INSURANCE/UL-TERM-0209

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Please see the attached Certification of Compliance and Certification of Readability.

**Attachments:**

Certification of Compliance.pdf  
CERTIFICATION OF READABILITY.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

The application to be used is listed under the Forms Tab.

**ARKANSAS**

**CERTIFICATION OF COMPLIANCE**

I hereby certify that I have carefully reviewed each form being submitted in this filing and that, to the best of my knowledge and belief, find that each of the requirements specified in Rules and Regulations 19 & 49 and Consumer Information ACA 23-79-138 have been met.

By: Carmen M. Washington Date: 7/27/09

Print Name: Carmen M. Washington, Compliance Analyst

Insurer: ULLICO LIFE INSURANCE COMPANY

**DISTRICT OF COLUMBIA**  
**CERTIFICATION OF READABILITY**

**Company:** ULLICO Life Insurance Company

I hereby certify that the insurance form specified below attains the minimum Flesch reading ease test score of 40 required under section 31-4725 and 31-4726 of the District of Columbia Insurance Code.

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
Guaranteed Renewable and Convertible Term Life Insurance	UL-TERM-0902 DC	56.2

  
**PRESIDENT**

---

Gary L. Burke  
ULLICO Life Insurance Company

March 31, 2009  
Date