

SERFF Tracking Number:	KCLF-126207189	State:	Arkansas
Filing Company:	Kansas City Life Insurance Company	State Tracking Number:	42976
Company Tracking Number:	J183		
TOI:	L02I Individual Life - Endowment	Sub-TOI:	L02I.000 Life - Endowment
Product Name:	J183		
Project Name/Number:	J183/J183		

Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: J183

SERFF Tr Num: KCLF-126207189 State: Arkansas

TOI: L02I Individual Life - Endowment

SERFF Status: Closed-Accepted State Tr Num: 42976

For Informational Purposes

Sub-TOI: L02I.000 Life - Endowment

Co Tr Num: J183

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Kathleen Frese

Disposition Date: 08/31/2009

Date Submitted: 07/17/2009

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: J183

Status of Filing in Domicile: Authorized

Project Number: J183

Date Approved in Domicile: 06/23/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/31/2009

Explanation for Other Group Market Type:

State Status Changed: 07/27/2009

Deemer Date:

Created By: Kathleen Frese

Submitted By: Kathleen Frese

Corresponding Filing Tracking Number:

Filing Description:

Kansas City Life Insurance Company

NAIC # 65129-588 FEIN # 44-0308260

Form No. J183-AR Modified Premium Endowment at Age 95 Life Insurance Policy

Attached for review and approval is the above-referenced form. This form is new and will not replace any previously approved forms.

Form No. J183-AR is a modified premium endowment to age 95 policy that provides a death benefit in the event of the death of the Insured while the policy is in force and provides cash value to the owner upon surrender. If the Insured is

SERFF Tracking Number: KCLF-126207189 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
 Company Tracking Number: J183
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183
 Project Name/Number: J183/J183

alive and the policy is in force, the policy endows for the face amount and all coverage ceases at age 95.

Please be advised that this policy will not be illustrated under the NAIC Insurance Illustrations Model Regulation.

Company and Contact

Filing Contact Information

Kathleen Frese, Senior Compliance Analyst kfrese@kclife.com
 P O Box 219139 800-821-5529 [Phone] 8283 [Ext]
 Kansas City, MO 64121-9139 816-753-3018 [FAX]

Filing Company Information

Kansas City Life Insurance Company CoCode: 65129 State of Domicile: Missouri
 P O Box 219139 Group Code: 588 Company Type: Life
 Kansas City, MO 64121-9139 Group Name: State ID Number:
 (800) 821-5529 ext. [Phone] FEIN Number: 44-0308260

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$50.00	07/17/2009	29278680

SERFF Tracking Number:	KCLF-126207189	State:	Arkansas
Filing Company:	Kansas City Life Insurance Company	State Tracking Number:	42976
Company Tracking Number:	J183		
TOI:	L021 Individual Life - Endowment	Sub-TOI:	L021.000 Life - Endowment
Product Name:	J183		
Project Name/Number:	J183/J183		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	08/31/2009	08/31/2009
Approved-Closed	Linda Bird	07/31/2009	07/31/2009
Approved-Closed	Linda Bird	07/27/2009	07/27/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Life & Annuity - Actuarial Memo	Kathleen Frese	08/31/2009	08/31/2009
Form	Modified Premium Endowment at Age 95 Life Insurance Policy	Kathleen Frese	07/31/2009	07/31/2009
Supporting Document	Life & Annuity - Actuarial Memo	Kathleen Frese	07/31/2009	07/31/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Re-open 8-28-2009	Note To Filer	Linda Bird	08/31/2009	08/31/2009
Request to Re-open 8-28-2009	Note To Reviewer	Kathleen Frese	08/28/2009	08/28/2009

SERFF Tracking Number: KCLF-126207189 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Request to Re-Open Filing	Note To Filer	Linda Bird	07/30/2009 07/30/2009
Request to Re-Open Filing	Note To Reviewer	Kathleen Frese	07/30/2009 07/30/2009

SERFF Tracking Number: KCLF-126207189 *State:* Arkansas
Filing Company: Kansas City Life Insurance Company *State Tracking Number:* 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Disposition

Disposition Date: 08/31/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Company made correction in the Actuarial Memorandum.

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-126207189 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
 Company Tracking Number: J183
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183
 Project Name/Number: J183/J183

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Form (revised)	Modified Premium Endowment at Age 95		Yes
	Life Insurance Policy		
Form	Modified Premium Endowment at Age 95	Replaced	Yes
	Life Insurance Policy		

SERFF Tracking Number: KCLF-126207189 *State:* Arkansas
Filing Company: Kansas City Life Insurance Company *State Tracking Number:* 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Disposition

Disposition Date: 07/31/2009

Implementation Date:

Status: Approved-Closed

Comment: Company has revised the policy form, Actuarial Memorandum and Appendix 2 of the original filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-126207189 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
 Company Tracking Number: J183
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183
 Project Name/Number: J183/J183

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Form (revised)	Modified Premium Endowment at Age 95		Yes
	Life Insurance Policy		
Form	Modified Premium Endowment at Age 95	Replaced	Yes
	Life Insurance Policy		

SERFF Tracking Number: *KCLF-126207189* *State:* *Arkansas*
Filing Company: *Kansas City Life Insurance Company* *State Tracking Number:* *42976*
Company Tracking Number: *J183*
TOI: *L021 Individual Life - Endowment* *Sub-TOI:* *L021.000 Life - Endowment*
Product Name: *J183*
Project Name/Number: *J183/J183*

Disposition

Disposition Date: 07/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-126207189 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
 Company Tracking Number: J183
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183
 Project Name/Number: J183/J183

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (<i>revised</i>)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Form (<i>revised</i>)	Modified Premium Endowment at Age 95		Yes
	Life Insurance Policy		
Form	Modified Premium Endowment at Age 95	Replaced	Yes
	Life Insurance Policy		

SERFF Tracking Number: KCLF-126207189 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Amendment Letter

Submitted Date: 08/31/2009

Comments:

Thank you for re-opening this filing. Attached is a corrected Actuarial Memorandum. The only thing that has changed are the Bands which are stated on the first page and listed under Issue Ages/Risk Classes. We have added Bands B150 and B500. I have highlighted the change.

We apologize for the error.

Thank you,
Kathleen Frese

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:

Appendix 1 CCC Compliance.pdf

Appendix 2 MO B100 A35 MPNT ROP US Test Ult Pref YRT ANB 7-09.pdf

Appendix 2 MO B100 A35 MPNT ROP US Test Ult Pref YRT ANB 7-09 - 2.pdf

Actuarial Memorandum Modified Premium E@95 8-09 Highlighted.pdf

SERFF Tracking Number: KCLF-126207189 *State:* Arkansas
Filing Company: Kansas City Life Insurance Company *State Tracking Number:* 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Note To Filer

Created By:

Linda Bird on 08/31/2009 08:20 AM

Last Edited By:

Linda Bird

Submitted On:

08/31/2009 08:20 AM

Subject:

Request to Re-open 8-28-2009

Comments:

Filing has been re-opened in order for correction of Actuarial Memorandum.

SERFF Tracking Number: KCLF-126207189 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Note To Reviewer

Created By:

Kathleen Frese on 08/28/2009 03:47 PM

Last Edited By:

Kathleen Frese

Submitted On:

08/28/2009 03:47 PM

Subject:

Request to Re-open 8-28-2009

Comments:

Our actuaries have realized the Actuarial Memorandum needed a correction. The only thing that has changed are the Bands which are stated on the first page and listed under Issue Ages/Risk Classes.

Could you please re-open this filing so that we can attach the corrected Actuarial Memorandum? We apologize for the error.

Thank you,
Kathleen Frese

SERFF Tracking Number: KCLF-126207189 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
 Company Tracking Number: J183
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183
 Project Name/Number: J183/J183

Amendment Letter

Submitted Date: 07/31/2009

Comments:

Thank you very much for re-opening this filing. We have attached the revised policy form, Actuarial Memorandum and Appendix 2.

Again, the corrections we have made are as follows:

The Mortality Table for the Nonforfeiture Benefits will now be the 2001 Commissioners Standard Ordinary Smoker and Non-Smoker, Male and Female, Ultimate Mortality Tables, age nearest birthday. This is listed on page 3 of the policy.

Because of the change in the Mortality Table listed above, the cash values, RPU and ETI values have been recalculated. These values are shown on page 7.

We revised the policy form reflecting these changes. No other changes have been made in the policy form.

We also corrected the Actuarial Memorandum and the Appendix 2.

If you have any questions, please let me know.

Thank you,
 Kathleen Frese

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
J183-AR	Policy/Contr act/Fraternal Certificate	Modified Premium Endowment at Age 95 Life Insurance	Revised		J183-AR	J183-AR	50.600	J183-AR.pdf

SERFF Tracking Number: KCLF-126207189 *State:* Arkansas
Filing Company: Kansas City Life Insurance Company *State Tracking Number:* 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183
Policy

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Actuarial Memo

Comment:

Actuarial Memorandum Modified Premium E@95 7-09.pdf

Appendix 1 CCC Compliance.pdf

Appendix 2 MO B100 A35 MPNT ROP US Test Ult Pref YRT ANB 7-09.pdf

Appendix 2 MO B100 A35 MPNT ROP US Test Ult Pref YRT ANB 7-09 - 2.pdf

SERFF Tracking Number: KCLF-126207189 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Note To Filer

Created By:

Linda Bird on 07/30/2009 01:35 PM

Last Edited By:

Linda Bird

Submitted On:

07/30/2009 01:35 PM

Subject:

Request to Re-Open Filing

Comments:

Filing has been re-opened in order for corrections to be made.

SERFF Tracking Number: KCLF-126207189 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Note To Reviewer

Created By:

Kathleen Frese on 07/30/2009 10:29 AM

Last Edited By:

Kathleen Frese

Submitted On:

07/30/2009 10:30 AM

Subject:

Request to Re-Open Filing

Comments:

Dear Ms. Bird,

Our actuaries have realized that policy form J183-AR requires a correction. The revisions are as follows:

The Mortality Table for the Nonforfeiture Benefits will now be the 2001 Commissioners Standard Ordinary Smoker and Non-Smoker, Male and Female, Ultimate Mortality Tables, age nearest birthday. This is listed on page 3 of the policy.

Because of the change in the Mortality Table listed above, the cash values, RPU and ETI values have been recalculated. These values are shown on page 7.

We revised the policy form reflecting these changes. No other changes have been made in the policy form.

We also corrected the Actuarial Memorandum and the Appendix 2.

Could you please re-open this filing so that we can attach the revised policy form and actuarial information? We apologize for the error.

Thank you,
Kathleen Frese

SERFF Tracking Number: KCLF-126207189 State: Arkansas
 Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
 Company Tracking Number: J183
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: J183
 Project Name/Number: J183/J183

Form Schedule

Lead Form Number: J183-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J183-AR	Policy/Cont Modified Premium ract/Fratern Endowment at Age al 95 Life Insurance Certificate Policy	Revised	Replaced Form #: J183-AR Previous Filing #: J183-AR	50.600	J183-AR.pdf



**KANSAS CITY LIFE
INSURANCE COMPANY**

***Modified Premium Endowment at Age 95 Life Insurance
Policy - Nonparticipating***

Insured

John Doe

Policy Number

123456789

Agency

0123

Face amount payable at death of Insured while this policy is in force. Face amount paid as endowment benefit if policy is in force and insured is living on the policy endowment date. Premiums payable as stated in the Policy Data section.

Kansas City Life Insurance Company will pay the proceeds of this policy according to the provisions on this and the following pages, all of which are part of this policy. This policy is a legal contract between you and Kansas City Life Insurance Company. **READ YOUR CONTRACT CAREFULLY.**

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President

[10]-Day Right To Examine Policy

Please examine this policy carefully. If you are not satisfied, you may return the policy to us or to your agent within [10] days of its receipt. If returned, the policy will be void from the beginning and any premium paid will be refunded.

GUIDE TO POLICY PROVISIONS

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A copy of the original application and any additional benefits provided by rider or endorsement follow the last page of this policy.

Section 1: Policy Data

Beneficiary

As stated in the application or in any subsequent agreements, amendments, or endorsements.

Owner

[The Insured]

Issue Age

[35]

Sex

[Male]

Risk Classification

[Preferred Non-tobacco]

Level Premium Period

20 Years

Nonforfeiture Interest Rate

5%

Loan Interest Rate

8%

Mortality Tables

Reserves:

2001 Commissioners Standard Ordinary Preferred Class Structure Mortality Tables, Smoker and Non-Smoker Male and Female, Ultimate, age nearest birthday.

Nonforfeiture Benefits:

2001 Commissioners Standard Ordinary Smoker and Non-Smoker Male and Female, Ultimate Mortality Tables, age nearest birthday.

Policy Number

[9999999]

Insured

[John A. Doe]

Face Amount

[\$100,000]

Policy Date

[May 18, 2009]

Final Conversion Date

[May 18, 2019]

Re-Qualification Expiration Date

[May 18, 2034]

Policy Endowment Date

[May 18, 2069]

Endowment Amount

[\$100,000]

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

<u>Form Number</u>	<u>Benefit Description</u>	<u>Amount of Insurance</u>	<u>Initial Annual Premium</u>	<u>Renewal Premiums Payable</u>
J183-AR	Modified Premium Endowment at Age 95 Life Insurance Policy - Nonparticipating	[\$100,000]	[\$375.00]	*To age 95

Other Premium Options – First 20 Years:	Semi-Annual [\$187.50]	Quarterly [\$93.75]	Monthly [\$31.25]	PAC [\$31.25]
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*The premiums shown above are guaranteed and include any additional benefit provided by rider or endorsement. They are level for the first 20 years. Thereafter, the renewal annual premiums for the policy increase each year as shown on the following page.

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Premium Schedule

Policy Anniversary	Age	Annual Premium
May 18		
[2009]	[35]	[\$375.00]
[2010]	[36]	[\$375.00]
[2011]	[37]	[\$375.00]
[2012]	[38]	[\$375.00]
[2013]	[39]	[\$375.00]
[2014]	[40]	[\$375.00]
[2015]	[41]	[\$375.00]
[2016]	[42]	[\$375.00]
[2017]	[43]	[\$375.00]
[2018]	[44]	[\$375.00]
[2019]	[45]	[\$375.00]
[2020]	[46]	[\$375.00]
[2021]	[47]	[\$375.00]
[2022]	[48]	[\$375.00]
[2023]	[49]	[\$375.00]
[2024]	[50]	[\$375.00]
[2025]	[51]	[\$375.00]
[2026]	[52]	[\$375.00]
[2027]	[53]	[\$375.00]
[2028]	[54]	[\$375.00]
[2029]	[55]	[\$1,018.00]
[2030]	[56]	[\$1,147.00]
[2031]	[57]	[\$1,288.00]
[2032]	[58]	[\$1,412.00]
[2033]	[59]	[\$1,560.00]
[2034]	[60]	[\$1,716.00]
[2035]	[61]	[\$1,906.00]
[2036]	[62]	[\$2,139.00]
[2037]	[63]	[\$2,399.00]
[2038]	[64]	[\$2,672.00]
[2039]	[65]	[\$2,961.00]
[2040]	[66]	[\$3,255.00]
[2041]	[67]	[\$3,551.00]
[2042]	[68]	[\$3,873.00]
[2043]	[69]	[\$4,204.00]
[2044]	[70]	[\$4,606.00]

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Premium Schedule (continued)

Policy Anniversary	Age	Annual Premium
[2045]	[71]	[\$5,055.00]
[2046]	[72]	[\$5,645.00]
[2047]	[73]	[\$6,267.00]
[2048]	[74]	[\$6,923.00]
[2049]	[75]	[\$7,640.00]
[2050]	[76]	[\$8,514.00]
[2051]	[77]	[\$9,539.00]
[2052]	[78]	[\$10,740.00]
[2053]	[79]	[\$12,133.00]
[2054]	[80]	[\$13,677.00]
[2055]	[81]	[\$15,449.00]
[2056]	[82]	[\$17,322.00]
[2057]	[83]	[\$19,369.00]
[2058]	[84]	[\$21,660.00]
[2059]	[85]	[\$24,238.00]
[2060]	[86]	[\$27,128.00]
[2061]	[87]	[\$30,317.00]
[2062]	[88]	[\$33,781.00]
[2063]	[89]	[\$37,485.00]
[2064]	[90]	[\$41,407.00]
[2065]	[91]	[\$45,186.00]
[2066]	[92]	[\$49,183.00]
[2067]	[93]	[\$53,439.00]
[2068]	[94]	[\$57,979.00]

The annual premiums shown are guaranteed. Premiums shown above include premium for any additional benefit provided by rider or endorsement. If any additional benefit provided by rider or endorsement terminates the premium will be decreased by the appropriate amount.

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Table of Guaranteed Values

End of Policy Year	Policy Anniversary May 18	Cash or Loan Value	Paid-Up Insurance	Extended Insurance Years	Days
1	[2009]	[\$0]	[\$0]	[0]	[0]
2	[2010]	[\$0]	[\$0]	[0]	[0]
3	[2011]	[\$0]	[\$0]	[0]	[0]
4	[2012]	[\$0]	[\$0]	[0]	[0]
5	[2013]	[\$200]	[\$1,200]	[1]	[144]
6	[2014]	[\$300]	[\$1,600]	[1]	[332]
7	[2015]	[\$600]	[\$3,100]	[3]	[131]
8	[2016]	[\$975]	[\$4,800]	[4]	[289]
9	[2017]	[\$1,275]	[\$6,000]	[5]	[255]
10	[2018]	[\$1,575]	[\$7,200]	[6]	[177]
11	[2019]	[\$2,063]	[\$9,000]	[7]	[274]
12	[2020]	[\$2,588]	[\$10,800]	[8]	[280]
13	[2021]	[\$3,075]	[\$12,300]	[9]	[139]
14	[2022]	[\$3,600]	[\$13,900]	[9]	[321]
15	[2023]	[\$4,200]	[\$15,500]	[10]	[131]
16	[2024]	[\$4,800]	[\$17,000]	[10]	[245]
17	[2025]	[\$5,475]	[\$18,700]	[10]	[346]
18	[2026]	[\$6,150]	[\$20,200]	[11]	[27]
19	[2027]	[\$6,825]	[\$21,500]	[11]	[34]
20	[2028]	[\$7,500]	[\$22,700]	[11]	[14]
Age 60	[2033]	[\$10,331]	[\$26,000]	[9]	[251]
Age 62	[2035]	[\$11,757]	[\$27,600]	[9]	[85]
Age 65	[2038]	[\$14,424]	[\$30,600]	[8]	[269]

Values shown in the table above are for completed policy years. These values assume that premiums are paid for the number of years stated and that there is no indebtedness. Values between policy anniversaries will be adjusted for any premiums paid and time elapsed during the year. A reduction in Face Amount will proportionally reduce the cash or loan value. Paid-Up Insurance and Extended Insurance may also be reduced. Values for any policy year not shown will be furnished on request.

Section 2: Definition of Certain Terms

The following are key words used in the policy and are important in describing both your rights and ours. As you read this policy, refer back to these definitions.

2.1 Beneficiary

The beneficiary is the person you designate in the application or in the last beneficiary designation filed with us to receive any proceeds payable under this policy at the death of the Insured.

2.2 Insured

The person whose life is insured under this policy.

2.3 Non-Tobacco

A rate class that defines an Insured who does not use tobacco products in any form during the time period as defined in our underwriting guidelines.

2.4 Owner

The person entitled to exercise all rights and privileges provided in the policy.

2.5 Policy Anniversary

The same day and month as the policy date each year that the policy remains in force.

2.6 Policy Date

The date from which we compute policy months, years and anniversaries. We measure the incontestability and suicide periods from this date.

2.7 Policy Endowment Date

The date on which the endowment benefit is paid to the owner if the policy is then in force and the insured is still alive.

2.8 Policy Year

Any period of twelve months starting with the policy date and each policy anniversary thereafter.

2.9 Proceeds

The total amount we are obligated to pay under the terms of this policy.

2.10 Tobacco

A rate class that defines an Insured who uses tobacco products in any form during the time period as defined in our underwriting guidelines.

2.11 We, Our, Us

Kansas City Life Insurance Company.

2.12 You, Your

The owner of this policy. The owner may be someone other than the Insured.

Section 3: Policy Proceeds

3.1 Payment of Proceeds

We will pay the proceeds due under this policy to the beneficiary upon receiving proof of the Insured's death while this policy is in force; or to the owner if the insured is alive on the endowment date and the policy is in force. When the proceeds are paid, this policy must be returned to us.

To the extent permitted by law, proceeds will not be subject to any claims of a beneficiary's creditors.

3.2 Amount of Proceeds Payable at Death

Proceeds payable at the death of the Insured will be the face amount shown in Section 1, Policy Data, increased by:

- (1) any insurance on the Insured's life provided by riders in force at the Insured's death; and
- (2) any premium refund at death.

Death proceeds will be decreased by:

- (1) any unpaid policy loans and loan interest; and
- (2) the portion of any premium due and unpaid which applies to a period prior to the date of the Insured's death.

3.3 Interest on Death Proceeds

If required by the state in which this policy is delivered, we will pay interest on single sum death proceeds from the date of the Insured's death until the date of payment. Interest will be at an annual rate determined by us, but never less than the rate required by the state in which this policy is delivered. However, we will pay at least 8% on any single sum proceeds not paid within a reasonable amount of time (not to exceed 30 days) after we receive proof of death.

3.4 Amount of Proceeds Payable at Policy Endowment Date

Proceeds payable on the policy endowment date if the Insured is then living will be the endowment amount shown in Section 1, Policy Data, decreased by any unpaid policy loans and loan interest.

Section 4: General Provisions

4.1 Contract

This policy and application are the entire contract. This contract is issued in consideration of the application and payment of the premiums. A copy of the application is attached when the policy is issued. In the absence of fraud, all statements made in the application either by you or by the Insured will be

considered representations and not warranties. Statements may be used to contest a claim or the validity of this policy only if they are contained in the application.

4.2 Authority to Change or Modify

No change or waiver of any provisions of this policy will be valid unless made in writing by us and signed by our President, Vice President, Secretary or Assistant Secretary. No agent or other person has authority to change or waive any provision of your policy.

4.3 Incontestability

After this policy has been in force during the Insured's lifetime for two years from the policy date, we cannot contest this policy, except for the nonpayment of premiums.

4.4 Suicide

If the Insured dies by suicide, while sane or insane, within two years of the policy date, the amount payable by us will be equal to the total premiums paid on your policy less any policy loans and loan interest.

4.5 Age and Sex

This policy is issued at the age shown in Section 1, Policy Data.

If it is determined that the Insured's age or sex is not stated correctly, we will pay the benefits under this policy that the premium paid would have purchased for the correct age and sex. If there would have been no coverage issued at the correct age, we will refund an amount equal to all premiums paid for the Insured.

4.6 Nonparticipating

This policy is nonparticipating. It will not participate in any of our profits, losses or surplus earnings.

Section 5: Premium and Reinstatement Provisions

5.1 Payment

You must pay your first premium when the policy is delivered. There is no insurance until the first premium is paid. All premiums after the first are payable at the Home Office or to a representative authorized to receive premiums. You must pay each premium on or before its due date.

5.2 Amount and Frequency

The amount of your premium each year is the annual premium. This amount remains the same during the level premium period. The annual premium for each policy year is shown in Section 1, Policy Data.

The renewal annual premium scale is guaranteed and will not change. Annual premiums after the

level premium period will increase each year on the policy anniversary based on the insured's attained age.

You may pay premiums at twelve, six or three month intervals, or, with our consent, monthly. We show the premium amounts in Section 1, Policy Data. You may request a change in the frequency of premium payments. Your request must be in writing and must be approved by us.

5.3 Return of Premium Feature

The return of premium feature is not an additional benefit, but a feature designed into the policy cash value at the end of the level premium period. The cash value at the end of the level premium period is equal to the amount of premiums paid. If you surrender the policy as provided under Option 3 of Section 8.2 and there are no policy loans or policy changes, the owner will receive a refund of premiums paid and all coverage under this policy will cease.

The premium returned does not include premium for additional benefits provided by rider or for extra premium required due to risk classification. Extra premium is only required due to risk classification if the risk classification shown in Section 1, Policy Data, is shown as "special class".

If you do not surrender the policy at the end of the level premium period to receive the return of premiums paid, coverage will continue subject to payment of the renewal premium scale shown in Section 1, Policy Data.

At no other point before or after the end of the level premium period will the cash value equal the sum of the premiums paid.

The return of premium feature is not payable upon the Insured's death.

5.4 Re-Qualification Option

The re-qualification option allows you to request that the Insured re-qualify for a new modified premium endowment at age 95 Life Insurance Policy if then available for sale at the current rates then applying to a new policy based on the Insured's then age nearest birthday. Therefore, if the Insured qualifies, you may apply for a new level premium period at premium rates available at that time.

You may elect this option to be effective:

- (1) on or after the tenth policy anniversary; and
- (2) on or before the re-qualification expiration date shown in Section 1, Policy Data.

There is no re-qualification option if we do not show a re-qualification expiration date in Section 1, Policy Data.

Re-qualification is subject to:

- (1) receipt of evidence of insurability of the Insured satisfactory to us;
- (2) payment of the required premium; and
- (3) return of this policy to us.

Following our approval, this option will be effective on the date to which you have paid premiums on this policy. Any insurance under this policy which is re-qualified under this option will terminate at the time the new policy takes effect and the cash value, if any, will be paid to you.

We will issue the new policy based on the Insured's age nearest birthday on the effective date of the election. We will base the premiums for the new policy on the premium rate in use on the effective date of this option.

The policy date of the new policy will be the effective date of this option. We will measure the incontestability period of the new policy from the policy date of the new policy.

If this policy included any additional rider or benefit, the new policy may include the same benefit or benefits if the Insured meets our age and underwriting requirements.

5.5 Default

Any premium after the first, which is not paid on or before the date it becomes due, is in default. Your policy will then terminate, except as provided in Section 5.6, Grace Period, and Section 8.2, Guaranteed Value Options.

5.6 Grace Period

We will allow a grace period of 31 days for payment of a premium in default. Your policy will continue in force during this period. If the Insured dies during the grace period, we will deduct any past due premium from the proceeds of your policy.

5.7 Premium Refund at Death

The beneficiary will receive, as part of the proceeds, any premium paid for the period beyond the date of the Insured's death.

5.8 Renewal of Policy

Renewal of this policy following the level premium period will establish a new one-year term period.

You may renew this policy by paying the renewal annual premium for the applicable policy years. The new one-year term period will begin on the policy anniversary date shown in the Premium Schedule in Section 1, Policy Data.

Renewal premiums will be payable on the policy anniversary dates measured from the date the new one-year term period begins.

Each renewal must occur during the Insured's lifetime. This policy will terminate and the policy

proceeds will be paid on the policy endowment date if the policy is in force and the insured is living.

5.9 Reinstatement

If the grace period expires without the premiums being paid to prevent lapse, you may reinstate the policy within five years after the expiration of the grace period but not beyond the endowment date of the policy. Reinstatement is subject to:

- (1) receipt of evidence of insurability of the Insured satisfactory to us;
- (2) payment of all past due premiums with interest from the due date of each premium; and
- (3) payment or reinstatement of any indebtedness existing when the policy lapsed, with interest from that date.

Interest at the rate of 6% per year compounded annually on past due premiums and 8% per year compounded annually on any indebtedness will be payable to the date of reinstatement.

Your policy cannot be reinstated if it has been surrendered for its cash value.

If the policy lapses and it is reinstated we cannot contest statements made in a reinstatement application after the policy has been in force during the Insured's lifetime for two years from the date of the reinstatement application.

Section 6: Control of Policy

6.1 Ownership

The Insured is the owner unless otherwise provided in the application. As owner, you may exercise every right provided by your policy. These rights and privileges end at the Insured's death.

The consent of the beneficiary is required to exercise these rights if you have not reserved the right to change the beneficiary.

6.2 Change of Ownership

You may change the ownership of this policy by giving written notice to us at our Home Office. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it. We may require that the policy be submitted for endorsement to show the change.

6.3 Assignment

An assignment is a transfer of some or all of your rights under this policy. No assignment will be binding on us unless made in writing and filed at our Home Office. We assume no responsibility for the validity or effect of any assignment.

6.4 Beneficiary

The beneficiary is shown on the application or in the last beneficiary designation filed with us. Death proceeds will be paid to the beneficiary except as provided in this Section.

If any beneficiary dies before the Insured, that beneficiary's interest will pass to any other beneficiaries according to their respective interests. If all beneficiaries die before the Insured, we will pay the death proceeds to you, if living, otherwise to your estate or legal successors.

Unless you have waived the right to do so, you may change the beneficiary by filing a written request in a form satisfactory to us. In order to be effective, the written request for change of beneficiary must be signed while your policy is in force and the Insured is living. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it.

The interest of any beneficiary will be subject to:

- (1) any assignment of this policy which is binding on us; and
- (2) any optional settlement agreement in effect at the Insured's death.

6.5 Simultaneous Death of Beneficiary and Insured

Death proceeds will be paid as though the beneficiary died before the Insured if:

- (1) the beneficiary dies at the same time as or within 15 days of the Insured's death; and
- (2) we have not paid the proceeds to the beneficiary within this 15 day period.

Section 7: Conversion Privilege

7.1 Conversion

You have the right to convert this policy to a new policy without evidence of insurability upon written request to us provided:

- (1) this policy is in force and no premium is in default;
- (2) your request is made before the final conversion date shown in Section 1, Policy Data; and
- (3) we are not waiving premiums on this policy under a waiver of premium disability rider.

Conversion of this policy will be on an attained age basis. The policy date of the new policy will be the date to which you have paid premiums on this policy. We will base the premium for the new policy on the Insured's age on the policy date of the new

policy. You must pay the first premium for the new policy before it will take effect.

At the time of conversion, any available cash value will be transferred to the new policy.

This policy must be returned to us at the time a conversion is made.

7.2 New Policy

The new policy may be any permanent life policy we designate as eligible for you to convert to at the time this policy is converted. The new policy must have a minimum or guaranteed premium that is higher than the current policy premium as of the date of conversion. You will not be allowed to convert to a term policy.

The amount of insurance of the new policy may not be more than the insurance provided by this policy at the time of conversion. You cannot convert to a policy which is less than the minimum amount we issue.

Any insurance under this policy which is converted to a new policy will terminate at the time the new policy takes effect. If only part of the insurance provided by this policy is converted, the remaining insurance may be continued if it meets our requirements. Otherwise, the remaining insurance will terminate when the new policy takes effect.

The time period in the suicide and incontestability provisions of any new policy will begin on the policy date of the original policy, or reinstatement date if the policy has been reinstated.

The new policy will not cover any disability commencing before the date of conversion.

Section 8: Guaranteed Policy Values

8.1 Definition of Net Cash Value

The net cash value is the policy cash value less any policy loans and loan interest. The policy cash value is shown in Section 1, Policy Data.

8.2 Guaranteed Value Options

If your policy has a net cash value, you may choose any one of the following options within 60 days of default in payment of any premium. Your choice of an option must be made in writing to us. Option 1 is not available if the risk classification shown in Section 1, Policy Data, is shown as "special class."

Option 1. Extended Term

You may continue your policy as extended term insurance from the due date of the premium in default. The period of term insurance will be that which the net cash value will purchase as a net single premium at the Insured's attained age on the due date of the premium in default. The amount of term insurance will be the face

amount of this policy, less any policy loans and loan interest.

Option 2. Paid-up

You may continue your policy from the due date of the premium in default for a reduced amount of paid-up life insurance. The amount of insurance will be that which the net cash value will purchase as a net single premium at the Insured's attained age on the due date of the premium in default.

Option 3. Cash Surrender

You may surrender your policy for its net cash value at the due date of the premium in default. We have the right to delay paying the net cash value for up to six months from the date surrender is requested.

8.3 Automatic Option

If no other available option has been chosen, Option 1 is the automatic option. If the risk classification in Section 1, Policy Data, is shown as "special class," then Option 2 is the automatic option. The automatic option will take effect at the end of the Grace Period provided in Section 5.6. You may elect another available option within 60 days of the due date of the premium in default.

8.4 Surrender of Paid-up and Extended Term Insurance

You may surrender paid-up or extended term insurance at any time for its net cash value. The net cash values within 31 days after a policy anniversary will be computed as of such anniversary. We have the right to delay paying the net cash value for up to six months from the date surrender is requested.

8.5 Basis of Computation

Minimum standards are based on the mortality table and the nonforfeiture interest rate shown in Section 1, Policy Data.

Policy cash values are shown in the Table of Guaranteed Values in Section 1, Policy Data. The guaranteed values in this policy are equal to, or greater than, the values required by law of the state in which your policy is delivered. If required, a detailed statement of the method of computing these values has been filed with the insurance department of that state.

Section 9: Loan Provisions

9.1 Policy Loans

You may obtain a policy loan by submitting a signed request to us. This policy assigned to us is the only security needed.

We have the right to postpone making a policy loan to you for up to six months from the date we receive your request.

You may repay your policy loan in full or in part while your policy is in force prior to the death of the Insured. If your policy is in force under a guaranteed value option, the amount of the loan deducted in determining the net cash value may be repaid only if your policy is reinstated.

9.2 Loan Value

The loan value of your policy will be the cash value of this policy calculated as of the next policy anniversary or the next premium due date, if earlier.

Your policy has no loan value if it is continued in force as extended term insurance.

9.3 Amount of Loan Available

The amount of loan available will be the loan value less:

- (1) any past due premium;
- (2) any existing policy loan; and
- (3) any loan interest to the next policy anniversary or the next premium due date, if earlier.

Any past due premium that is deducted in arriving at the amount of loan available will be a policy loan and will be subject to loan interest.

9.4 Automatic Premium Loan

We will automatically pay any premium which remains unpaid at the end of the grace period by charging the premium as a loan against your policy if:

- (1) you request the automatic premium loan provision in your application or in writing before the expiration of the grace period; and
- (2) the resulting policy loan and loan interest do not exceed the loan value. The loan value and loan interest are calculated as of the next premium due date or policy anniversary, whichever is earlier.

Interest at the loan interest rate will be charged on the automatic premium loan from the premium due date. These loans will be subject to the same terms and provisions as other policy loans.

You may cancel this arrangement by written notice to us at any time.

9.5 Loan Interest

Interest will be charged on a policy loan from the date of the loan at the rate of 8% per year. We may establish a lower rate for any period for which the policy loan is outstanding.

Interest is payable at the end of each policy year and on the date the loan is repaid. If interest is not paid, the loan will be increased by that amount.

9.6 Indebtedness

Indebtedness means all unpaid policy loans and loan interest. Any outstanding indebtedness will be deducted from the policy proceeds.

Your policy is terminated whenever your total indebtedness equals or exceeds the loan value. We will mail notice to your last known address recorded with us and to the holder of any assignment of record at least 31 days before such termination.

Section 10: Payment of Proceeds

10.1 Payment Options

You may apply proceeds of \$2,000 or more which are payable under this policy to any of the following options:

Option 1. Interest Payments

We will make interest payments to the payee annually or monthly as elected. Interest on the proceeds will be paid at the guaranteed rate of 1.5% per year and may be increased by additional interest paid annually. The proceeds and any unpaid interest may be withdrawn in full at any time.

Option 2. Installments of a Specified Amount

We will make annual or monthly payments until the proceeds plus interest are fully paid. Interest on the proceeds will be paid at the guaranteed rate of 1.5% per year and may be increased by additional interest. The present value of any unpaid installments may be withdrawn at any time.

Option 3. Installments for a Specified Period

Payment of the proceeds may be made in equal annual or monthly payments for a specified number of years. Interest on the proceeds will be paid at the guaranteed rate of 1.5% per year and may be increased by additional interest. The present value of any unpaid installments may be withdrawn at any time. The amount of each payment is shown in Table A.

Option 4. Life Income

We will pay an income during the payee's lifetime. A minimum guaranteed payment period may be chosen. Payments received under the Installment Refund Option will continue until the total income payments received equal the proceeds applied. The amount of each payment is shown in Table B.

Option 5. Joint and Survivor Income

We will pay an income during the lifetime of two persons and will continue to pay the same income as long as either person is living. The minimum guaranteed payment period will be ten

years. The amount of each payment is shown in Table C.

If the payout rates in use by us at the time proceeds become payable are more favorable than those shown in Options 4 and 5, we will provide a life income using the more favorable rates.

10.2 Payee

The payee is the person receiving proceeds under a settlement option. The payee can be you, the Insured or a beneficiary. We will require satisfactory proof of the payee's age and sex under Options 4 and 5.

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

10.3 Minimum Payments

The payment under any settlement option must be at least \$25. We may make payments less frequently so that each payment is at least \$25.

10.4 Choice of Options

You may choose an option by written notice during the Insured's lifetime. If a settlement option is not in effect at the Insured's death, a choice may be made by the beneficiary.

10.5 Availability of Options

These options are only available with our consent if proceeds are payable to an executor, administrator, trustee, corporation, partnership or association.

10.6 Operative Date

The first payment under Option 1 will be payable at the end of the first interest period. The first payment under Options 2 through 5 will be payable one payment mode following the date proceeds are payable.

10.7 Death of Payee

At the death of the payee, any payments remaining will be paid according to the terms of the settlement option chosen, unless the contingent payee elects in writing to receive the present value of any remaining guaranteed payments in a single sum.

If a contingent payee has not been named or does not survive the payee, the following amounts will be paid in one sum to the estate of the payee:

- (1) any amount left on deposit under Option 1; and
- (2) the present value of any remaining guaranteed payments under Options 2 through 5.

If you have not named a contingent payee, or if every contingent payee named by you dies before the payee, you may, by written notice to us, name a new contingent payee. The new contingent payee will receive any amount that would otherwise have been payable to the payee's estate.

10.8 Claims of Creditors

To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

TABLE A - INSTALLMENT OPTION*
for each \$1,000 of Proceeds Applied

Term of Years	Annual	Monthly	Term of Years	Annual	Monthly	Term of Years	Annual	Monthly
1	\$1000.00	\$83.90	11	\$97.83	\$8.21	21	\$55.04	\$4.62
2	503.72	42.26	12	90.33	7.58	22	52.91	4.44
3	338.31	28.39	13	83.98	7.05	23	50.97	4.28
4	255.61	21.45	14	78.55	6.59	24	49.19	4.13
5	206.00	17.28	15	73.84	6.20	25	47.55	3.99
6	172.93	14.51	16	69.72	5.85	26	46.04	3.86
7	149.32	12.53	17	66.09	5.55	27	44.65	3.75
8	131.61	11.04	18	62.86	5.27	28	43.35	3.64
9	117.84	9.89	19	59.98	5.03	29	42.15	3.54
10	106.83	8.96	20	57.38	4.81	30	41.02	3.44

TABLE B - LIFE INCOME OPTIONS*
Monthly Income for each \$1,000 of Proceeds Applied

Age	MALE				FEMALE			
	Minimum Guaranteed Payment Period				Minimum Guaranteed Payment Period			
	None	120 Months	240 Months	Installment Refund	None	120 Months	240 Months	Installment Refund
50	\$3.01	\$2.99	\$2.92	\$2.75	\$2.77	\$2.76	\$2.73	\$2.62
51	3.07	3.05	2.97	2.80	2.83	2.82	2.78	2.66
52	3.14	3.12	3.03	2.85	2.89	2.87	2.83	2.70
53	3.21	3.19	3.08	2.90	2.95	2.93	2.88	2.75
54	3.29	3.26	3.14	2.95	3.01	3.00	2.94	2.80
55	3.37	3.34	3.20	3.00	3.08	3.06	3.00	2.85
56	3.45	3.42	3.27	3.06	3.15	3.13	3.05	2.90
57	3.54	3.50	3.33	3.11	3.23	3.21	3.12	2.95
58	3.64	3.59	3.39	3.17	3.31	3.28	3.18	3.01
59	3.74	3.68	3.46	3.23	3.39	3.36	3.24	3.06
60	3.85	3.78	3.52	3.30	3.48	3.45	3.31	3.12
61	3.96	3.88	3.59	3.36	3.58	3.54	3.38	3.19
62	4.08	3.99	3.65	3.43	3.68	3.63	3.45	3.25
63	4.21	4.11	3.72	3.51	3.79	3.73	3.52	3.32
64	4.35	4.23	3.79	3.58	3.90	3.84	3.59	3.39
65	4.50	4.35	3.85	3.66	4.02	3.95	3.66	3.47
66	4.66	4.48	3.91	3.74	4.15	4.07	3.74	3.54
67	4.83	4.62	3.97	3.83	4.29	4.19	3.81	3.63
68	5.01	4.76	4.03	3.91	4.44	4.33	3.88	3.71
69	5.20	4.91	4.08	4.00	4.60	4.46	3.94	3.80
70	5.41	5.06	4.13	4.10	4.78	4.61	4.01	3.89
71	5.62	5.22	4.18	4.20	4.96	4.76	4.07	3.99
72	5.85	5.38	4.23	4.30	5.17	4.93	4.13	4.09
73	6.10	5.54	4.26	4.41	5.39	5.09	4.18	4.19
74	6.36	5.71	4.30	4.52	5.62	5.27	4.23	4.30
75	6.65	5.88	4.33	4.63	5.88	5.45	4.27	4.42

TABLE C - JOINT AND SURVIVOR OPTION*
Monthly Income - Ten Year Guaranteed Payment Period
for each \$1,000 of Proceeds Applied

Male Age	Female Age					
	50	55	60	65	70	75
50	\$2.52	\$2.64	\$2.75	\$2.83	\$2.89	\$2.94
55		2.76	2.92	3.05	3.16	3.24
60			3.07	3.28	3.45	3.59
65				3.49	3.76	3.99
70					4.04	4.41
75						4.78

*Amounts not shown for available options will be furnished on request.



***Modified Premium Endowment at Age 95 Life Insurance
Policy - Nonparticipating***

Face amount payable at death of Insured while this policy is in force. Face amount paid as endowment benefit if policy is in force and insured is living on the policy endowment date. Premiums payable as stated in the Policy Data section.

If you have any questions concerning this policy or if anyone suggests that you change or replace this policy, please contact your Kansas City Life agent or the Home Office of the Company.

SERFF Tracking Number: KCLF-126207189 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 42976
Company Tracking Number: J183
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: J183
Project Name/Number: J183/J183

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Readability Certification.pdf
Consumer Info Compliance.pdf
Regulation 19 Cert.pdf
Regulation 49 Cert.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The application Form No. A130-U was approved by your Department on 01/09/1995.

Attachment:

A130-U AR DC LA TN 2009.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

AR Statement of Variability.pdf

READABILITY CERTIFICATION

Form	Score
J183-AR	50.6



Name: Marc Bensing

Title: Assistant Vice President

Company: Kansas City Life Insurance Company

Date: July 13, 2009

STATE OF ARKANSAS
Consumer Information Notice
COMPLIANCE CERTIFICATION

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Modified Premium Endowment at Age 95 Life Insurance Policy
- Nonparticipating

FORM NUMBER(S): J183-AR

I hereby certify that to the best of my knowledge and belief, the above forms and submissions are in compliance with ACA 23-79-138 and Bulletin 11-88, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

July 17, 2009

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Modified Premium Endowment at Age 95 Life Insurance Policy –
Nonparticipating

FORM NUMBER(S): J183-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 19, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

Date: July 17, 2009

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Modified Premium Endowment at Age 95 Life Insurance Policy -
Nonparticipating

FORM NUMBER(S): J183-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 49, as well as the other laws, rules and regulations of the State of Arkansas.



Marc Bensing
Assistant Vice President
Kansas City Life Insurance Company

Date: July 17, 2009



Personal Data

Proposed Insured Information

Full Name, Date of Birth, State of Birth, SSN, Former Full Name, Street Address, City, State, Zip, Home Phone No., Driver's License No., State Issued, Occupation and Duties, Work Phone No., Years Employed, Employer, Street Address, City, State, Zip, Best Place to Call, Best Time to Call, Former Employer, Occupation and Duties

Ownership Information

(Insured will be Owner, unless otherwise stated)

Primary Owner, Date of Birth, State of Birth, SSN or Tax ID, Relationship to Insured, Street Address, City, State, Zip, Successor Owner, Relationship to Insured

Applicant Information

(Please complete the following information if the applicant is someone other than the Insured or Owner.)

Applicant, Relationship to Insured, Street Address, City, State, Zip

Beneficiary Information *(with right to change)

Primary Beneficiary - First and Last Name, Relationship to Insured, Contingent Beneficiary - First and Last Name, Relationship to Insured

* Unless otherwise stated, benefits are payable equally to the named beneficiary(s) or to the survivor or survivors.

Special Requests (Policy date, alternate or additional policy, existing PAC or CB number, etc.) **Home Office Endorsements**

PLAN DATA

Life Insurance

Plan Name _____ Specified/Face Amount \$ _____ Coverage A
 Option B

Planned/Annual Premium \$ _____ Automatic Premium Loan Yes No Proposed Risk Class _____

Special Class Premium \$ _____ Reason for Special Class Premium _____

Riders/Benefits

Disability Continuance of Insurance (UL only) Assured Insurability \$ _____
 Disability Payment of Premium (UL only) Survivorship Purchase Option
 Guaranteed Endowment (UL only) Spouse's Term _____ units
 Terminal Illness (UL only) Children's Term _____ units
 Other Insured Coverage (UL only) Other _____
 (Complete information below) Cost of Living (UL only) _____
 Pension Increase (UL only) _____
 Extra Protection Rider (UL only) \$ _____
 Waiver of Premium (Non UL) _____
 Accidental Death \$ _____

Other Insureds (OI)

	Full Name	Marital Status	Specified Amount
1st OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
2nd OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
3rd OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
4th OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
5th OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____

Complete the following for all Other Insureds. If years employed is less than 2, show prior occupation in Special Requests. If any information is identical to the Primary Insured's, write **Same**.

	Social Security Number	State of Birth	Occupations and Exact Duties	Employer's Name and Address	Yrs. Emp.
1st OI	_____	_____	_____	_____	_____
2nd OI	_____	_____	_____	_____	_____
3rd OI	_____	_____	_____	_____	_____
4th OI	_____	_____	_____	_____	_____
5th OI	_____	_____	_____	_____	_____

	Street Address, City, State, Zip	Telephone No. <input type="checkbox"/> (home) <input type="checkbox"/> (work)	Most Convenient Time and Place to Contact	Driver's License Number & State Issued
1st OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
2nd OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
3rd OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
4th OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
5th OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____

Annuities

Plan Name _____

Single Premium Annual Premium \$ _____
 Flexible Premium

* Non-qualified IRA Money Purchase Variable
 Market 501(c)(3)(TSA) SEP Profit Sharing Fixed
 HR10 401(k) 403(b) Other _____

Yes Amount of Are any funds the result of a Yes
 Rollover No Transfer \$ _____ transfer from a Qualified Plan No

* If the Owner is other than the Annuitant, the beneficiary, in the event of the Owner's death, will automatically be the Annuitant unless otherwise specified below.
 Owner's Beneficiary _____ Relationship to Owner _____

BILLING INFORMATION

Premium Mode Ann SA Qtly Mo * PAC GA CB FAP Single Other _____

* I request Kansas City Life to withdraw the **initial** monthly premium from my checking account to pay the premium on this policy.

Premium Notices to Owner Other (If other, give name and address below) _____
 Primary Insured _____

Modal Premium Amount for Other Financial Services \$ _____ Branch of Service for GA _____
 Payor's SSN for Government Allotment _____

Credit Card Information for Initial Premium

Bankcard VISA Account Number _____
 Mastercard

Name Shown on Card _____ Expiry Date _____

REPLACEMENT

- Will any existing life, health or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount, premium or period of coverage including surrender options) if the proposed policy is issued? Yes No
- Will the proposed policy be financed by loans from this or any other policy? Yes No
 If **Yes**, give name of company(ies) or amount(s) _____
- Will the proposed policy be part of an IRC Section 1035 Exchange? Yes No

EVIDENCE OF INSURABILITY

Insurance History

Proposed Insured(s)	Company	Year Issued	Insurance Amount	ADB Amount
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

- In the **past 3 years** have any of the Proposed Insureds applied for life or health insurance or reinstatement thereof without receiving it exactly as requested? Yes No
- Do any of the Proposed Insureds have an application for life or health insurance pending in any other company or intend to apply for such insurance within the next 10 days? Yes No

Details to all **Yes** answers: _____

Non Medical Underwriting Questions

Questions apply to all Proposed Insureds.

1. Do any of the family members listed on this application live outside the Primary Insured's household?..... Yes No
2. Are any Proposed Insureds not a U.S. citizen? Yes No
If **Yes**, how long has(have) the Proposed Insured(s) been in the United States? _____
What type Visa? _____ Visa Number? _____
3. Have any of the Proposed Insureds in the last 12 months, or do any of the Proposed Insureds within the next 24 months, intend to travel or reside outside the continental U.S. or Canada? If **Yes**, explain below. Yes No
4. In the **past 3 years**, has any Proposed Insured:
 - a. been cited or convicted for any moving motor vehicle violations? If **Yes**, explain below. Yes No
 - b. had a driver's license suspended or revoked? If **Yes**, explain below. Yes No
 - c. flown as a pilot, co-pilot, or crew member of an aircraft? If **Yes**, complete the Aviation Questionnaire. Yes No
 - d. engaged in sky or scuba diving, hang gliding, racing or any other hazardous sport or hobby? If **Yes**, complete the Avocations Questionnaire. Yes No
5. Has any Proposed Insured ever been convicted of a felony? If **Yes**, explain below..... Yes No
6. For Proposed Insured (a) and Other Insureds (b), is there any **family history** of diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, suicide or stroke? If **Yes**, explain below..... Yes No

Relationship	Age if Living		Family History or Cause of Death	Age at Death	
	a	b		a	b
Father					
Mother					
Brothers and Sisters					

Details to all **Yes** answers: _____

Juvenile Insurance (Age 0-17)

1. If any Proposed Insured(s) is(are) less than 1, what was birth weight? (name and birth weight) _____
2. If any Proposed Insured(s) is(are) age 5-15, what is grade in school? (name and grade) _____
3. Are all children insured equally? Yes No If **No**, please explain. _____
4. Amount of insurance in force on father \$ _____
5. Amount of insurance in force on mother \$ _____

Financial Information

Complete For Personal Insurance Sales

Purpose of insurance Family Income Protection Estate Planning College Savings Other _____
(Check all that apply) Mortgage Protection Retirement Savings Final Expenses

Annual earned income (Include Salary, Bonus, Commissions)

Proposed Insured \$ _____ Other Insured \$ _____
 Spouse \$ _____ Family net worth \$ _____
(Total assets minus total liabilities)

Has(Have) the Proposed Insured(s) ever filed bankruptcy? Yes No

If **Yes**, please provide type (Chapter 7, 11, 13) and date closed. _____

Spouse's Occupation _____ Amount of life insurance in force on Spouse \$ _____

Complete For Business Insurance Sales

Purpose of insurance Key Person Buy/Sell Other _____
(Check all that apply) Deferred Compensation Creditor

For the option(s) checked, how was amount of insurance determined? _____
(Please provide documentation)

Annual earned income of Proposed Insured \$ _____ Proposed Insured's ownership of company _____ %

Are other owners, officers or key persons being insured? Yes No If **No**, please explain. _____

Total assets of company \$ _____ Total liabilities of company \$ _____

Net worth of company \$ _____ Net income of company after taxes last fiscal year \$ _____

Has company ever filed bankruptcy? Yes No If **Yes**, please provide type (Chapter 7, 11, 13) and date closed. _____

Civilian Aviation Questionnaire

Name of Proposed Insured _____

As a pilot or student pilot, indicate the number of hours flown in command _____ Date of last flight _____

Type of license currently held Commercial Student Private

Do you hold a valid instrument rating? Yes No

Number of hours flown in the last 12 months _____ Number of hours flown in the last 12-24 months _____ Number of flying hours contemplated in next 12 months _____

Purpose of present and future flying Pleasure Personal Business Commercial Other (specify) _____

Type and class of aircraft flown Propeller Glider Home-Built Jet Balloon Ultralite Helicopter Hang Glider

Do you expect to engage in any of the following type of flying during the next 12 months? If **Yes**, state which and number of hours.

	<u>Hours</u>		<u>Hours</u>
<input type="checkbox"/> Scheduled Airlines	_____	<input type="checkbox"/> Pipeline Inspection	_____
<input type="checkbox"/> Nonscheduled Airlines	_____	<input type="checkbox"/> Air Taxi or Sight Seeing	_____
<input type="checkbox"/> Employer Owned Aircraft	_____	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Crop Dusting	_____	<input type="checkbox"/> Mapping	_____
<input type="checkbox"/> Water Bombing	_____	<input type="checkbox"/> Test or Inspection Flying	_____
<input type="checkbox"/> Student Instruction	_____	<input type="checkbox"/> Aerobatics	_____
<input type="checkbox"/> Charter Flying	_____	<input type="checkbox"/> Racing	_____
<input type="checkbox"/> Freight or Mail Carrying	_____	<input type="checkbox"/> Any Other for Pay Flying	_____ Type _____

Have you ever:

- a. been in an aircraft accident? Yes No If **Yes** to a., b., c., explain below in Additional Details.
- b. been grounded? Yes No
- c. been fined or reprimanded? Yes No

Do you have any operational limitations on your medical certificate? Yes No If **Yes**, explain below in Additional Details.

Do you contemplate any flying in Alaska? Yes No

Do you contemplate any flying outside the continental United States? Yes No If **Yes**, explain below in Additional Details.

If aviation required an extra premium or exclusion rider, which would you prefer? Extra Premium Exclusion Rider

Additional Details

Name of Proposed Insured _____

UNDERWATER DIVING

Frequency (Days) _____	Average Depth _____	Average Time (minutes) _____	Last 12 Months _____	1 to 2 Years Ago _____	Estimated Next 12 Months _____
	0-65 ft.				
	66-100 ft.				
Type <input type="checkbox"/> Scuba	101-150 ft.				
<input type="checkbox"/> Skin or snorkel	Over 150 ft.				

Purpose

- Recreation Wreck/Salvage/Retrieval Commercial
 Search/Rescue Instructor Other _____

Certification (Check highest certificate attained.)

- Basic Open-Water Advanced Open Water Dive Master/Instructor No Certificate

Locations

- Lakes Rivers Oceans
 Quarries Pools Other _____

Do you use the "buddy system"? Yes No Do you do any ice diving? Yes No

Do you do any cave diving? Yes No Date of last dive _____

PARACHUTING OR SKYDIVING

Amateur Association
 Professional or club member Yes No

Number _____ Date of _____ Average number _____
of years _____ last jump _____ of jumps per year _____

Do you compete for record attempts? Yes No Do you use experimental equipment? Yes No

AUTOMOBILE RACING

Type of vehicle used in races? _____ What is the maximum speed attained? _____ What is the average speed attained? _____

Purposes of racing Amateur Both (give details)
 Professional _____

How many races did you enter in the last 12 months? _____ How many races did you enter in the last 13-24 months? _____ How many races do you contemplate in the next 12 months? _____

Championship (Indy Cars)
 Demolition
 Drag Racing (Circle ones that apply: Funny Car, Top Fuel, Pro Stock, Modified Production, Modified Super Stock, Pure Stock)
 Formula Racing (Circle ones that apply: Formula One, Superverve, Vee, Ford)
 Midget Car Racing
 Sports Car Racing (Circle ones that apply: CanAm, TransAm, Production, A, B, C, All American GT, Showroom Stock, Vintage Sports)
 Stock Car (Circle ones that apply: NASCAR Winston Cup Division, Winston Division, NASCAR Busch Grand National Division, NASCAR Modified Division, USAC Super Modified Division, Amateur, Street Stock, Hobby Division)
 Racing not covered above: Give type and details. _____

Other Avocations

(Please give details in Remarks section)

- Ballooning Mountain or Rock Climbing Bungee Jumping
 Hang Gliding Motorboat or Powerboat Racing White Water Rafting
 Ultralite Flying Motorcycle Racing Other _____

Remarks

Name of Proposed Insured _____

Permanent Address (non-military residence) _____

STATUS

Branch of Service _____

Date entered active service _____ Present pay grade _____

Name and location of present unit _____

Have you or your unit been alerted for overseas assignment? Yes No

If **Yes**, where? _____

Usual duty assignment (i.e., Tank Mechanic, Cook, Radar Operator, etc.) _____

Do you qualify for hazardous duty pay? Yes No

If **Yes**, why? (i.e., flying duty, submarine duty, etc.). _____

Have you any reason to believe you will, within the next 90 days, be transferred or have you any knowledge of any change in activities? Yes No

If **Yes**, give details. _____

Military Aviation

How many total hours have you accumulated as a pilot or as a crew member? _____

Hours estimated next 12 months as a pilot or as a crew member? _____

Job title _____ Aviation activity and duties _____

Do you fly for proficiency only? Yes No

If **Yes**, specify hours flown and give full details. _____

Duty assignment (MAC, SAC, TAC, etc.) _____

Aircraft in which duties are performed (F4, B52, T28, HO-1, etc.) _____

Agreement and Signatures

It is understood and agreed as follows:

1. The statements and answers recorded in all parts of this application are true and complete.
2. No information regarding any Proposed Insured will be considered known by the Company unless explicitly set out in writing on this application.
3. This application, and the answers to any required medical exam, will become a part of any policy issued on it.
4. No agent has the authority to waive any of the Company's rights or rules, or to make or change any contract.
5. The insurance applied for will take effect only after the following occur while the Proposed Insured(s) is(are) living and his/her(their) health is as stated in this application: (1) the policy is delivered to the applicant; and (2) the first full premium is paid in cash. The only exception to this is provided in the Temporary Insurance Agreement if the agreement has been issued and the advance payment required by the agreement has been made.
6. Any changes or additions made by the Company in " Home Office Endorsements" will be ratified by the applicant's acceptance of any life insurance policy issued on this application. However, any change in the classification, amount of insurance, issue age, plan of insurance or any benefits will not be effective unless accepted in writing by me(us).
7. I(We) have received the Notice of Information Practices which explains my(our) rights under the Fair Credit Reporting Act.
8. I(We) have paid \$ _____ * to the agent in exchange for the Temporary Insurance Agreement and I(we) acknowledge that I(we) fully understand and accept its terms.

***All premium checks must be made payable to Kansas City Life Insurance Company
Do not make check payable to the agent or leave the payee blank.**

AUTHORIZATION: I(We) authorize the following to give information (defined below) to Kansas City Life or any person or group acting on the part of Kansas City Life: any medical professional, medical care institution, the Medical Information Bureau, Inc., insurer, reinsurer, government agency, consumer reporting agency or employer. "Information" means facts of: a medical nature in regard to my(our) physical or mental condition; employment; other insurance coverage; or any other non-medical facts. I(We) understand that this information will be used by Kansas City Life to determine eligibility for insurance. I(We) agree this Authorization is valid for two and one-half years from the date signed. I(We) know that I(we) have a right to receive a copy of this Authorization upon request. I(We) agree that a photographic copy of this Authorization is as valid as the original.

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

Dated at _____ this _____ day of _____, _____.

Primary Insured's Signature (if under 15, parent/guardian signature)

Applicant's Signature (if other than Primary Insured)

Spouse's Signature (if spouse coverage applied for)

First Other Insured's Signature (if over age 18)

Second Other Insured's Signature (if over age 18)

Third Other Insured's Signature (if over age 18)

Fourth Other Insured's Signature (if over age 18)

Fifth Other Insured's Signature (if over age 18)

Statement of Agent

I certify that the statements of the Primary Insured, applicant and any other Proposed Insured(s) have been correctly recorded in this application and that any premium payment shown in item 8 above has been collected by me and a Temporary Insurance Agreement given to the applicant.

To the best of my knowledge the insurance applied for in this application will will not replace existing insurance.

Were all Proposed Insureds seen by you at the time of application? Yes No If **No**, an examination may be required.

Agent Code Signature of Writing Agent

Agent Code Signature of Other Agent(s) (if split case)

Agency Code Agency



Pre-Authorized Check Plan (PAC)

PAC Instructions:

1. This form is to be used to request the establishment of a new PAC plan or change banks or accounts under an existing PAC plan. Do not use this form to add a policy to an existing PAC plan. Instead, simply provide the existing PAC plan number in the Special Requests section of the application.
2. **Attach a personalized sample check from the account to be used.**
3. The total monthly premium on all policies in a PAC plan must be at least \$10.

Request for PAC: I request Kansas City Life Insurance Company to make monthly withdrawals from my checking account to pay premiums on this policy applied for, or to make monthly withdrawals from my checking account to pay premiums on the following additional pending applications. Name of Proposed Insured(s). (Include policy number if available.) _____

Draft Date: I request the Company to draw the PAC check or debit entry on or after the * _____ day of the month.

*Available draft days are the 1st through the 28th.

Account Information:

Payor's Name _____

Bank Name _____ Branch Name (if any) _____

Checking Savings Account Number _____ Bank Transit Number _____

Address where account is maintained _____ City _____ State _____ Zip _____

Agreement for Automatic Premium Payments and Authorization to Honor Checks Drawn by the Company

It is agreed that:

1. This PAC plan does not change any policy provisions. The payors authorization is not in lieu of payment in cash of the first premium, and does not constitute advance payment required by the Temporary Insurance Agreement.
2. Upon 30 days written notice, this PAC plan may be stopped or changed at any time by the owner of any policy under this PAC plan, the Company or the payor.
3. Withdrawals will be made on or about the premium draft date shown above.
4. No premium notices or receipts will be sent. Debit entries or checks, when paid, will constitute receipts for premiums.
5. The privilege of paying premiums under this PAC plan may be revoked by the Company if any check or debit entry is not paid upon presentation.
6. The Company's rights in respect to each check and/or debit entry will be the same as if it were signed personally by me.
7. If any debit or check entry is dishonored, the Company will be under no liability whatsoever, even if such dishonor results in forfeiture of insurance.
8. I authorize the Company to pay and charge to my(our) account, debit entries or checks drawn by and payable to the order of the Company, provided there are sufficient collected funds present to pay same upon presentation. This authorization will remain in effect until revoked by me in writing, a copy of which will be sent to the Company. Until the Company receives such notice, I agree that the Company will be fully protected in honoring any such debit.

Date _____ Signature of Premium Payor _____



KANSAS CITY LIFE
INSURANCE COMPANY

To obtain further information contact:
New Business Department
Kansas City Life Insurance Company
PO Box 219371
Kansas City, MO 64121-9371

NOTICE OF INFORMATION PRACTICES

Including Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and issuing your contract. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living (except as may be related directly or indirectly to your sexual orientation) as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address above. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency.

We are committed to protecting the privacy of our customer's nonpublic personal information. We will only disclose our customer's nonpublic personal information: among the affiliated companies of the Kansas City Life Group; to provide services to our customers and administer our business; to market products; and as otherwise permitted by law. We may disclose our customer's nonpublic personal information to our agents and representatives to provide services to our customers and for marketing purposes. When we contract with other entities to provide support or marketing services, we will require them to adhere to our privacy standards.

Sometimes we acquire medical information about our customers, for instance, to underwrite an insurance contract or to process an insurance claim. We will keep our customer's medical information confidential. We will not share our customer's medical information even among the affiliated companies of the Kansas City Life Group without the customer's consent. We will only use or disclose our customer's medical information to underwrite insurance, process claims, administer our business, to comply with laws and regulations or as otherwise authorized by our customers.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our New Business Department, Kansas City Life Insurance Company, PO Box 219371, Kansas City, MO 64121-9371.

MIB, Inc. Notice

Information regarding your insurability will be treated as confidential. Kansas City 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, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Kansas City Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Statement of Variability for Form No. J183-AR

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Free look provision:

If policy is a non-replacement the minimum number of days is 10 days.

If policy is a replacement the minimum number of days is 20 days.

Owner, Sex, Policy Number, Insured:

This information varies with each consumer.

Risk Classification:

Preferred Elite Nontobacco (PENT)

Preferred Nontobacco (PNT)

Standard Nontobacco (SNT)

Preferred Tobacco (PT)

Standard Tobacco (ST)

This is determined by underwriting

Issue Age:

For risk classes PENT, PNT, SNT the issue ages are 20-60.

For risk classes PT and ST the issue ages are 20-55.

This information varies with each customer.

Face Amount

For risk classes PENT, PNT, PT and issue ages 20-49 the minimum issue limit is \$100,000 and there is no upper limit.

For risk classes PENT, PNT, PT and issue ages 50+ the minimum issue limit is \$50,000 and there is no upper limit.

For risk classes SNT, ST for all issue ages the minimum issue limit is \$50,000 and there is no upper limit.

This is elected by the owner.

Endowment Amount:

For risk classes PENT, PNT, PT and issue ages 20-49 the minimum issue limit is \$100,000 and there is no upper limit.

For risk classes PENT, PNT, PT and issue ages 50+ the minimum issue limit is \$50,000 and there is no upper limit.

For risk classes SNT, ST for all issue ages the minimum issue limit is \$50,000 and there is no upper limit.

This is elected by the owner

Premium Amounts:

The minimum premium amount is \$199 annually and there is no maximum.

This is based on the Insured's age, sex, risk class and face amount

Table of Guaranteed Values:

This is based on the Insured's age, sex, risk class and face amount

<i>SERFF Tracking Number:</i>	<i>KCLF-126207189</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42976</i>
<i>Company Tracking Number:</i>	<i>J183</i>		
<i>TOI:</i>	<i>L021 Individual Life - Endowment</i>	<i>Sub-TOI:</i>	<i>L021.000 Life - Endowment</i>
<i>Product Name:</i>	<i>J183</i>		
<i>Project Name/Number:</i>	<i>J183/J183</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/17/2009	Form	Modified Premium Endowment at Age 95 Life Insurance Policy	07/31/2009	J183-AR.pdf (Superceded)



**KANSAS CITY LIFE
INSURANCE COMPANY**

***Modified Premium Endowment at Age 95 Life Insurance
Policy - Nonparticipating***

Insured

John Doe

Policy Number

123456789

Agency

0123

Face amount payable at death of Insured while this policy is in force. Face amount paid as endowment benefit if policy is in force and insured is living on the policy endowment date. Premiums payable as stated in the Policy Data section.

Kansas City Life Insurance Company will pay the proceeds of this policy according to the provisions on this and the following pages, all of which are part of this policy. This policy is a legal contract between you and Kansas City Life Insurance Company. **READ YOUR CONTRACT CAREFULLY.**

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President

[10]-Day Right To Examine Policy

Please examine this policy carefully. If you are not satisfied, you may return the policy to us or to your agent within [10] days of its receipt. If returned, the policy will be void from the beginning and any premium paid will be refunded.

GUIDE TO POLICY PROVISIONS

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A copy of the original application and any additional benefits provided by rider or endorsement follow the last page of this policy.

Section 1: Policy Data

Beneficiary

As stated in the application or in any subsequent agreements, amendments, or endorsements.

Owner

[The Insured]

Issue Age

[35]

Sex

[Male]

Risk Classification

[Preferred Non-tobacco]

Level Premium Period

20 Years

Nonforfeiture Interest Rate

5%

Loan Interest Rate

8%

Mortality Tables

Reserves:

2001 Commissioners Standard Ordinary Preferred Class Structure Mortality Tables, Smoker and Non-Smoker Male and Female, Ultimate, age nearest birthday.

Nonforfeiture Benefits:

2001 Commissioners Standard Ordinary Preferred Class Structure Mortality Tables, Smoker and Non-Smoker Male and Female, Ultimate, age nearest birthday.

Policy Number

[9999999]

Insured

[John A. Doe]

Face Amount

[\$100,000]

Policy Date

[May 18, 2009]

Final Conversion Date

[May 18, 2019]

Re-Qualification Expiration Date

[May 18, 2034]

Policy Endowment Date

[May 18, 2069]

Endowment Amount

[\$100,000]

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

<u>Form Number</u>	<u>Benefit Description</u>	<u>Amount of Insurance</u>	<u>Initial Annual Premium</u>	<u>Renewal Premiums Payable</u>
J183-AR	Modified Premium Endowment at Age 95 Life Insurance Policy - Nonparticipating	[\$100,000]	[\$375.00]	*To age 95

Other Premium Options – First 20 Years:	Semi-Annual [\$187.50]	Quarterly [\$93.75]	Monthly [\$31.25]	PAC [\$31.25]
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*The premiums shown above are guaranteed and include any additional benefit provided by rider or endorsement. They are level for the first 20 years. Thereafter, the renewal annual premiums for the policy increase each year as shown on the following page.

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Premium Schedule

Policy Anniversary	Age	Annual Premium
May 18		
[2009]	[35]	[\$375.00]
[2010]	[36]	[\$375.00]
[2011]	[37]	[\$375.00]
[2012]	[38]	[\$375.00]
[2013]	[39]	[\$375.00]
[2014]	[40]	[\$375.00]
[2015]	[41]	[\$375.00]
[2016]	[42]	[\$375.00]
[2017]	[43]	[\$375.00]
[2018]	[44]	[\$375.00]
[2019]	[45]	[\$375.00]
[2020]	[46]	[\$375.00]
[2021]	[47]	[\$375.00]
[2022]	[48]	[\$375.00]
[2023]	[49]	[\$375.00]
[2024]	[50]	[\$375.00]
[2025]	[51]	[\$375.00]
[2026]	[52]	[\$375.00]
[2027]	[53]	[\$375.00]
[2028]	[54]	[\$375.00]
[2029]	[55]	[\$1,018.00]
[2030]	[56]	[\$1,147.00]
[2031]	[57]	[\$1,288.00]
[2032]	[58]	[\$1,412.00]
[2033]	[59]	[\$1,560.00]
[2034]	[60]	[\$1,716.00]
[2035]	[61]	[\$1,906.00]
[2036]	[62]	[\$2,139.00]
[2037]	[63]	[\$2,399.00]
[2038]	[64]	[\$2,672.00]
[2039]	[65]	[\$2,961.00]
[2040]	[66]	[\$3,255.00]
[2041]	[67]	[\$3,551.00]
[2042]	[68]	[\$3,873.00]
[2043]	[69]	[\$4,204.00]
[2044]	[70]	[\$4,606.00]

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Premium Schedule (continued)

Policy Anniversary	Age	Annual Premium
[2045]	[71]	[\$5,055.00]
[2046]	[72]	[\$5,645.00]
[2047]	[73]	[\$6,267.00]
[2048]	[74]	[\$6,923.00]
[2049]	[75]	[\$7,640.00]
[2050]	[76]	[\$8,514.00]
[2051]	[77]	[\$9,539.00]
[2052]	[78]	[\$10,740.00]
[2053]	[79]	[\$12,133.00]
[2054]	[80]	[\$13,677.00]
[2055]	[81]	[\$15,449.00]
[2056]	[82]	[\$17,322.00]
[2057]	[83]	[\$19,369.00]
[2058]	[84]	[\$21,660.00]
[2059]	[85]	[\$24,238.00]
[2060]	[86]	[\$27,128.00]
[2061]	[87]	[\$30,317.00]
[2062]	[88]	[\$33,781.00]
[2063]	[89]	[\$37,485.00]
[2064]	[90]	[\$41,407.00]
[2065]	[91]	[\$45,186.00]
[2066]	[92]	[\$49,183.00]
[2067]	[93]	[\$53,439.00]
[2068]	[94]	[\$57,979.00]

The annual premiums shown are guaranteed. Premiums shown above include premium for any additional benefit provided by rider or endorsement. If any additional benefit provided by rider or endorsement terminates the premium will be decreased by the appropriate amount.

Section 1: Policy Data (continued)

Date Prepared: [5/18/2009]

Insured
[John A. Doe]

Policy Number
[9999999]

Table of Guaranteed Values

End of Policy Year	Policy Anniversary May 18	Cash or Loan Value	Paid-Up Insurance	Extended Insurance Years	Days
1	[2009]	[\$0]	[\$0]	[0]	[0]
2	[2010]	[\$0]	[\$0]	[0]	[0]
3	[2011]	[\$0]	[\$0]	[0]	[0]
4	[2012]	[\$0]	[\$0]	[0]	[0]
5	[2013]	[\$0]	[\$0]	[0]	[0]
6	[2014]	[\$300]	[\$1,800]	[2]	[184]
7	[2015]	[\$600]	[\$3,400]	[4]	[137]
8	[2016]	[\$975]	[\$5,300]	[6]	[103]
9	[2017]	[\$1,275]	[\$6,600]	[7]	[173]
10	[2018]	[\$1,575]	[\$7,800]	[8]	[140]
11	[2019]	[\$2,063]	[\$9,700]	[9]	[271]
12	[2020]	[\$2,588]	[\$11,700]	[10]	[277]
13	[2021]	[\$3,075]	[\$13,300]	[11]	[136]
14	[2022]	[\$3,600]	[\$15,000]	[11]	[319]
15	[2023]	[\$4,200]	[\$16,700]	[12]	[124]
16	[2024]	[\$4,800]	[\$18,300]	[12]	[219]
17	[2025]	[\$5,475]	[\$20,100]	[12]	[307]
18	[2026]	[\$6,150]	[\$21,600]	[12]	[347]
19	[2027]	[\$6,825]	[\$23,100]	[12]	[350]
20	[2028]	[\$7,500]	[\$24,300]	[12]	[328]
Age 60	[2033]	[\$10,331]	[\$27,700]	[11]	[159]
Age 62	[2035]	[\$11,757]	[\$29,300]	[10]	[339]
Age 65	[2038]	[\$14,424]	[\$32,300]	[10]	[126]

Values shown in the table above are for completed policy years. These values assume that premiums are paid for the number of years stated and that there is no indebtedness. Values between policy anniversaries will be adjusted for any premiums paid and time elapsed during the year. A reduction in Face Amount will proportionally reduce the cash or loan value. Paid-Up Insurance and Extended Insurance may also be reduced. Values for any policy year not shown will be furnished on request.

Section 2: Definition of Certain Terms

The following are key words used in the policy and are important in describing both your rights and ours. As you read this policy, refer back to these definitions.

2.1 Beneficiary

The beneficiary is the person you designate in the application or in the last beneficiary designation filed with us to receive any proceeds payable under this policy at the death of the Insured.

2.2 Insured

The person whose life is insured under this policy.

2.3 Non-Tobacco

A rate class that defines an Insured who does not use tobacco products in any form during the time period as defined in our underwriting guidelines.

2.4 Owner

The person entitled to exercise all rights and privileges provided in the policy.

2.5 Policy Anniversary

The same day and month as the policy date each year that the policy remains in force.

2.6 Policy Date

The date from which we compute policy months, years and anniversaries. We measure the incontestability and suicide periods from this date.

2.7 Policy Endowment Date

The date on which the endowment benefit is paid to the owner if the policy is then in force and the insured is still alive.

2.8 Policy Year

Any period of twelve months starting with the policy date and each policy anniversary thereafter.

2.9 Proceeds

The total amount we are obligated to pay under the terms of this policy.

2.10 Tobacco

A rate class that defines an Insured who uses tobacco products in any form during the time period as defined in our underwriting guidelines.

2.11 We, Our, Us

Kansas City Life Insurance Company.

2.12 You, Your

The owner of this policy. The owner may be someone other than the Insured.

Section 3: Policy Proceeds

3.1 Payment of Proceeds

We will pay the proceeds due under this policy to the beneficiary upon receiving proof of the Insured's death while this policy is in force; or to the owner if the insured is alive on the endowment date and the policy is in force. When the proceeds are paid, this policy must be returned to us.

To the extent permitted by law, proceeds will not be subject to any claims of a beneficiary's creditors.

3.2 Amount of Proceeds Payable at Death

Proceeds payable at the death of the Insured will be the face amount shown in Section 1, Policy Data, increased by:

- (1) any insurance on the Insured's life provided by riders in force at the Insured's death; and
- (2) any premium refund at death.

Death proceeds will be decreased by:

- (1) any unpaid policy loans and loan interest; and
- (2) the portion of any premium due and unpaid which applies to a period prior to the date of the Insured's death.

3.3 Interest on Death Proceeds

If required by the state in which this policy is delivered, we will pay interest on single sum death proceeds from the date of the Insured's death until the date of payment. Interest will be at an annual rate determined by us, but never less than the rate required by the state in which this policy is delivered. However, we will pay at least 8% on any single sum proceeds not paid within a reasonable amount of time (not to exceed 30 days) after we receive proof of death.

3.4 Amount of Proceeds Payable at Policy Endowment Date

Proceeds payable on the policy endowment date if the Insured is then living will be the endowment amount shown in Section 1, Policy Data, decreased by any unpaid policy loans and loan interest.

Section 4: General Provisions

4.1 Contract

This policy and application are the entire contract. This contract is issued in consideration of the application and payment of the premiums. A copy of the application is attached when the policy is issued. In the absence of fraud, all statements made in the application either by you or by the Insured will be

considered representations and not warranties. Statements may be used to contest a claim or the validity of this policy only if they are contained in the application.

4.2 Authority to Change or Modify

No change or waiver of any provisions of this policy will be valid unless made in writing by us and signed by our President, Vice President, Secretary or Assistant Secretary. No agent or other person has authority to change or waive any provision of your policy.

4.3 Incontestability

After this policy has been in force during the Insured's lifetime for two years from the policy date, we cannot contest this policy, except for the nonpayment of premiums.

4.4 Suicide

If the Insured dies by suicide, while sane or insane, within two years of the policy date, the amount payable by us will be equal to the total premiums paid on your policy less any policy loans and loan interest.

4.5 Age and Sex

This policy is issued at the age shown in Section 1, Policy Data.

If it is determined that the Insured's age or sex is not stated correctly, we will pay the benefits under this policy that the premium paid would have purchased for the correct age and sex. If there would have been no coverage issued at the correct age, we will refund an amount equal to all premiums paid for the Insured.

4.6 Nonparticipating

This policy is nonparticipating. It will not participate in any of our profits, losses or surplus earnings.

Section 5: Premium and Reinstatement Provisions

5.1 Payment

You must pay your first premium when the policy is delivered. There is no insurance until the first premium is paid. All premiums after the first are payable at the Home Office or to a representative authorized to receive premiums. You must pay each premium on or before its due date.

5.2 Amount and Frequency

The amount of your premium each year is the annual premium. This amount remains the same during the level premium period. The annual premium for each policy year is shown in Section 1, Policy Data.

The renewal annual premium scale is guaranteed and will not change. Annual premiums after the

level premium period will increase each year on the policy anniversary based on the insured's attained age.

You may pay premiums at twelve, six or three month intervals, or, with our consent, monthly. We show the premium amounts in Section 1, Policy Data. You may request a change in the frequency of premium payments. Your request must be in writing and must be approved by us.

5.3 Return of Premium Feature

The return of premium feature is not an additional benefit, but a feature designed into the policy cash value at the end of the level premium period. The cash value at the end of the level premium period is equal to the amount of premiums paid. If you surrender the policy as provided under Option 3 of Section 8.2 and there are no policy loans or policy changes, the owner will receive a refund of premiums paid and all coverage under this policy will cease.

The premium returned does not include premium for additional benefits provided by rider or for extra premium required due to risk classification. Extra premium is only required due to risk classification if the risk classification shown in Section 1, Policy Data, is shown as "special class".

If you do not surrender the policy at the end of the level premium period to receive the return of premiums paid, coverage will continue subject to payment of the renewal premium scale shown in Section 1, Policy Data.

At no other point before or after the end of the level premium period will the cash value equal the sum of the premiums paid.

The return of premium feature is not payable upon the Insured's death.

5.4 Re-Qualification Option

The re-qualification option allows you to request that the Insured re-qualify for a new modified premium endowment at age 95 Life Insurance Policy if then available for sale at the current rates then applying to a new policy based on the Insured's then age nearest birthday. Therefore, if the Insured qualifies, you may apply for a new level premium period at premium rates available at that time.

You may elect this option to be effective:

- (1) on or after the tenth policy anniversary; and
- (2) on or before the re-qualification expiration date shown in Section 1, Policy Data.

There is no re-qualification option if we do not show a re-qualification expiration date in Section 1, Policy Data.

Re-qualification is subject to:

- (1) receipt of evidence of insurability of the Insured satisfactory to us;
- (2) payment of the required premium; and
- (3) return of this policy to us.

Following our approval, this option will be effective on the date to which you have paid premiums on this policy. Any insurance under this policy which is re-qualified under this option will terminate at the time the new policy takes effect and the cash value, if any, will be paid to you.

We will issue the new policy based on the Insured's age nearest birthday on the effective date of the election. We will base the premiums for the new policy on the premium rate in use on the effective date of this option.

The policy date of the new policy will be the effective date of this option. We will measure the incontestability period of the new policy from the policy date of the new policy.

If this policy included any additional rider or benefit, the new policy may include the same benefit or benefits if the Insured meets our age and underwriting requirements.

5.5 Default

Any premium after the first, which is not paid on or before the date it becomes due, is in default. Your policy will then terminate, except as provided in Section 5.6, Grace Period, and Section 8.2, Guaranteed Value Options.

5.6 Grace Period

We will allow a grace period of 31 days for payment of a premium in default. Your policy will continue in force during this period. If the Insured dies during the grace period, we will deduct any past due premium from the proceeds of your policy.

5.7 Premium Refund at Death

The beneficiary will receive, as part of the proceeds, any premium paid for the period beyond the date of the Insured's death.

5.8 Renewal of Policy

Renewal of this policy following the level premium period will establish a new one-year term period.

You may renew this policy by paying the renewal annual premium for the applicable policy years. The new one-year term period will begin on the policy anniversary date shown in the Premium Schedule in Section 1, Policy Data.

Renewal premiums will be payable on the policy anniversary dates measured from the date the new one-year term period begins.

Each renewal must occur during the Insured's lifetime. This policy will terminate and the policy

proceeds will be paid on the policy endowment date if the policy is in force and the insured is living.

5.9 Reinstatement

If the grace period expires without the premiums being paid to prevent lapse, you may reinstate the policy within five years after the expiration of the grace period but not beyond the endowment date of the policy. Reinstatement is subject to:

- (1) receipt of evidence of insurability of the Insured satisfactory to us;
- (2) payment of all past due premiums with interest from the due date of each premium; and
- (3) payment or reinstatement of any indebtedness existing when the policy lapsed, with interest from that date.

Interest at the rate of 6% per year compounded annually on past due premiums and 8% per year compounded annually on any indebtedness will be payable to the date of reinstatement.

Your policy cannot be reinstated if it has been surrendered for its cash value.

If the policy lapses and it is reinstated we cannot contest statements made in a reinstatement application after the policy has been in force during the Insured's lifetime for two years from the date of the reinstatement application.

Section 6: Control of Policy

6.1 Ownership

The Insured is the owner unless otherwise provided in the application. As owner, you may exercise every right provided by your policy. These rights and privileges end at the Insured's death.

The consent of the beneficiary is required to exercise these rights if you have not reserved the right to change the beneficiary.

6.2 Change of Ownership

You may change the ownership of this policy by giving written notice to us at our Home Office. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it. We may require that the policy be submitted for endorsement to show the change.

6.3 Assignment

An assignment is a transfer of some or all of your rights under this policy. No assignment will be binding on us unless made in writing and filed at our Home Office. We assume no responsibility for the validity or effect of any assignment.

6.4 Beneficiary

The beneficiary is shown on the application or in the last beneficiary designation filed with us. Death proceeds will be paid to the beneficiary except as provided in this Section.

If any beneficiary dies before the Insured, that beneficiary's interest will pass to any other beneficiaries according to their respective interests. If all beneficiaries die before the Insured, we will pay the death proceeds to you, if living, otherwise to your estate or legal successors.

Unless you have waived the right to do so, you may change the beneficiary by filing a written request in a form satisfactory to us. In order to be effective, the written request for change of beneficiary must be signed while your policy is in force and the Insured is living. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it.

The interest of any beneficiary will be subject to:

- (1) any assignment of this policy which is binding on us; and
- (2) any optional settlement agreement in effect at the Insured's death.

6.5 Simultaneous Death of Beneficiary and Insured

Death proceeds will be paid as though the beneficiary died before the Insured if:

- (1) the beneficiary dies at the same time as or within 15 days of the Insured's death; and
- (2) we have not paid the proceeds to the beneficiary within this 15 day period.

Section 7: Conversion Privilege

7.1 Conversion

You have the right to convert this policy to a new policy without evidence of insurability upon written request to us provided:

- (1) this policy is in force and no premium is in default;
- (2) your request is made before the final conversion date shown in Section 1, Policy Data; and
- (3) we are not waiving premiums on this policy under a waiver of premium disability rider.

Conversion of this policy will be on an attained age basis. The policy date of the new policy will be the date to which you have paid premiums on this policy. We will base the premium for the new policy on the Insured's age on the policy date of the new

policy. You must pay the first premium for the new policy before it will take effect.

At the time of conversion, any available cash value will be transferred to the new policy.

This policy must be returned to us at the time a conversion is made.

7.2 New Policy

The new policy may be any permanent life policy we designate as eligible for you to convert to at the time this policy is converted. The new policy must have a minimum or guaranteed premium that is higher than the current policy premium as of the date of conversion. You will not be allowed to convert to a term policy.

The amount of insurance of the new policy may not be more than the insurance provided by this policy at the time of conversion. You cannot convert to a policy which is less than the minimum amount we issue.

Any insurance under this policy which is converted to a new policy will terminate at the time the new policy takes effect. If only part of the insurance provided by this policy is converted, the remaining insurance may be continued if it meets our requirements. Otherwise, the remaining insurance will terminate when the new policy takes effect.

The time period in the suicide and incontestability provisions of any new policy will begin on the policy date of the original policy, or reinstatement date if the policy has been reinstated.

The new policy will not cover any disability commencing before the date of conversion.

Section 8: Guaranteed Policy Values

8.1 Definition of Net Cash Value

The net cash value is the policy cash value less any policy loans and loan interest. The policy cash value is shown in Section 1, Policy Data.

8.2 Guaranteed Value Options

If your policy has a net cash value, you may choose any one of the following options within 60 days of default in payment of any premium. Your choice of an option must be made in writing to us. Option 1 is not available if the risk classification shown in Section 1, Policy Data, is shown as "special class."

Option 1. Extended Term

You may continue your policy as extended term insurance from the due date of the premium in default. The period of term insurance will be that which the net cash value will purchase as a net single premium at the Insured's attained age on the due date of the premium in default. The amount of term insurance will be the face

amount of this policy, less any policy loans and loan interest.

Option 2. Paid-up

You may continue your policy from the due date of the premium in default for a reduced amount of paid-up life insurance. The amount of insurance will be that which the net cash value will purchase as a net single premium at the Insured's attained age on the due date of the premium in default.

Option 3. Cash Surrender

You may surrender your policy for its net cash value at the due date of the premium in default. We have the right to delay paying the net cash value for up to six months from the date surrender is requested.

8.3 Automatic Option

If no other available option has been chosen, Option 1 is the automatic option. If the risk classification in Section 1, Policy Data, is shown as "special class," then Option 2 is the automatic option. The automatic option will take effect at the end of the Grace Period provided in Section 5.6. You may elect another available option within 60 days of the due date of the premium in default.

8.4 Surrender of Paid-up and Extended Term Insurance

You may surrender paid-up or extended term insurance at any time for its net cash value. The net cash values within 31 days after a policy anniversary will be computed as of such anniversary. We have the right to delay paying the net cash value for up to six months from the date surrender is requested.

8.5 Basis of Computation

Minimum standards are based on the mortality table and the nonforfeiture interest rate shown in Section 1, Policy Data.

Policy cash values are shown in the Table of Guaranteed Values in Section 1, Policy Data. The guaranteed values in this policy are equal to, or greater than, the values required by law of the state in which your policy is delivered. If required, a detailed statement of the method of computing these values has been filed with the insurance department of that state.

Section 9: Loan Provisions

9.1 Policy Loans

You may obtain a policy loan by submitting a signed request to us. This policy assigned to us is the only security needed.

We have the right to postpone making a policy loan to you for up to six months from the date we receive your request.

You may repay your policy loan in full or in part while your policy is in force prior to the death of the Insured. If your policy is in force under a guaranteed value option, the amount of the loan deducted in determining the net cash value may be repaid only if your policy is reinstated.

9.2 Loan Value

The loan value of your policy will be the cash value of this policy calculated as of the next policy anniversary or the next premium due date, if earlier.

Your policy has no loan value if it is continued in force as extended term insurance.

9.3 Amount of Loan Available

The amount of loan available will be the loan value less:

- (1) any past due premium;
- (2) any existing policy loan; and
- (3) any loan interest to the next policy anniversary or the next premium due date, if earlier.

Any past due premium that is deducted in arriving at the amount of loan available will be a policy loan and will be subject to loan interest.

9.4 Automatic Premium Loan

We will automatically pay any premium which remains unpaid at the end of the grace period by charging the premium as a loan against your policy if:

- (1) you request the automatic premium loan provision in your application or in writing before the expiration of the grace period; and
- (2) the resulting policy loan and loan interest do not exceed the loan value. The loan value and loan interest are calculated as of the next premium due date or policy anniversary, whichever is earlier.

Interest at the loan interest rate will be charged on the automatic premium loan from the premium due date. These loans will be subject to the same terms and provisions as other policy loans.

You may cancel this arrangement by written notice to us at any time.

9.5 Loan Interest

Interest will be charged on a policy loan from the date of the loan at the rate of 8% per year. We may establish a lower rate for any period for which the policy loan is outstanding.

Interest is payable at the end of each policy year and on the date the loan is repaid. If interest is not paid, the loan will be increased by that amount.

9.6 Indebtedness

Indebtedness means all unpaid policy loans and loan interest. Any outstanding indebtedness will be deducted from the policy proceeds.

Your policy is terminated whenever your total indebtedness equals or exceeds the loan value. We will mail notice to your last known address recorded with us and to the holder of any assignment of record at least 31 days before such termination.

Section 10: Payment of Proceeds

10.1 Payment Options

You may apply proceeds of \$2,000 or more which are payable under this policy to any of the following options:

Option 1. Interest Payments

We will make interest payments to the payee annually or monthly as elected. Interest on the proceeds will be paid at the guaranteed rate of 1.5% per year and may be increased by additional interest paid annually. The proceeds and any unpaid interest may be withdrawn in full at any time.

Option 2. Installments of a Specified Amount

We will make annual or monthly payments until the proceeds plus interest are fully paid. Interest on the proceeds will be paid at the guaranteed rate of 1.5% per year and may be increased by additional interest. The present value of any unpaid installments may be withdrawn at any time.

Option 3. Installments for a Specified Period

Payment of the proceeds may be made in equal annual or monthly payments for a specified number of years. Interest on the proceeds will be paid at the guaranteed rate of 1.5% per year and may be increased by additional interest. The present value of any unpaid installments may be withdrawn at any time. The amount of each payment is shown in Table A.

Option 4. Life Income

We will pay an income during the payee's lifetime. A minimum guaranteed payment period may be chosen. Payments received under the Installment Refund Option will continue until the total income payments received equal the proceeds applied. The amount of each payment is shown in Table B.

Option 5. Joint and Survivor Income

We will pay an income during the lifetime of two persons and will continue to pay the same income as long as either person is living. The minimum guaranteed payment period will be ten

years. The amount of each payment is shown in Table C.

If the payout rates in use by us at the time proceeds become payable are more favorable than those shown in Options 4 and 5, we will provide a life income using the more favorable rates.

10.2 Payee

The payee is the person receiving proceeds under a settlement option. The payee can be you, the Insured or a beneficiary. We will require satisfactory proof of the payee's age and sex under Options 4 and 5.

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

10.3 Minimum Payments

The payment under any settlement option must be at least \$25. We may make payments less frequently so that each payment is at least \$25.

10.4 Choice of Options

You may choose an option by written notice during the Insured's lifetime. If a settlement option is not in effect at the Insured's death, a choice may be made by the beneficiary.

10.5 Availability of Options

These options are only available with our consent if proceeds are payable to an executor, administrator, trustee, corporation, partnership or association.

10.6 Operative Date

The first payment under Option 1 will be payable at the end of the first interest period. The first payment under Options 2 through 5 will be payable one payment mode following the date proceeds are payable.

10.7 Death of Payee

At the death of the payee, any payments remaining will be paid according to the terms of the settlement option chosen, unless the contingent payee elects in writing to receive the present value of any remaining guaranteed payments in a single sum.

If a contingent payee has not been named or does not survive the payee, the following amounts will be paid in one sum to the estate of the payee:

- (1) any amount left on deposit under Option 1; and
- (2) the present value of any remaining guaranteed payments under Options 2 through 5.

If you have not named a contingent payee, or if every contingent payee named by you dies before the payee, you may, by written notice to us, name a new contingent payee. The new contingent payee will receive any amount that would otherwise have been payable to the payee's estate.

10.8 Claims of Creditors

To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

TABLE A - INSTALLMENT OPTION*
for each \$1,000 of Proceeds Applied

Term of Years	Annual	Monthly	Term of Years	Annual	Monthly	Term of Years	Annual	Monthly
1	\$1000.00	\$83.90	11	\$97.83	\$8.21	21	\$55.04	\$4.62
2	503.72	42.26	12	90.33	7.58	22	52.91	4.44
3	338.31	28.39	13	83.98	7.05	23	50.97	4.28
4	255.61	21.45	14	78.55	6.59	24	49.19	4.13
5	206.00	17.28	15	73.84	6.20	25	47.55	3.99
6	172.93	14.51	16	69.72	5.85	26	46.04	3.86
7	149.32	12.53	17	66.09	5.55	27	44.65	3.75
8	131.61	11.04	18	62.86	5.27	28	43.35	3.64
9	117.84	9.89	19	59.98	5.03	29	42.15	3.54
10	106.83	8.96	20	57.38	4.81	30	41.02	3.44

TABLE B - LIFE INCOME OPTIONS*
Monthly Income for each \$1,000 of Proceeds Applied

Age	MALE				FEMALE			
	Minimum Guaranteed Payment Period				Minimum Guaranteed Payment Period			
	None	120 Months	240 Months	Installment Refund	None	120 Months	240 Months	Installment Refund
50	\$3.01	\$2.99	\$2.92	\$2.75	\$2.77	\$2.76	\$2.73	\$2.62
51	3.07	3.05	2.97	2.80	2.83	2.82	2.78	2.66
52	3.14	3.12	3.03	2.85	2.89	2.87	2.83	2.70
53	3.21	3.19	3.08	2.90	2.95	2.93	2.88	2.75
54	3.29	3.26	3.14	2.95	3.01	3.00	2.94	2.80
55	3.37	3.34	3.20	3.00	3.08	3.06	3.00	2.85
56	3.45	3.42	3.27	3.06	3.15	3.13	3.05	2.90
57	3.54	3.50	3.33	3.11	3.23	3.21	3.12	2.95
58	3.64	3.59	3.39	3.17	3.31	3.28	3.18	3.01
59	3.74	3.68	3.46	3.23	3.39	3.36	3.24	3.06
60	3.85	3.78	3.52	3.30	3.48	3.45	3.31	3.12
61	3.96	3.88	3.59	3.36	3.58	3.54	3.38	3.19
62	4.08	3.99	3.65	3.43	3.68	3.63	3.45	3.25
63	4.21	4.11	3.72	3.51	3.79	3.73	3.52	3.32
64	4.35	4.23	3.79	3.58	3.90	3.84	3.59	3.39
65	4.50	4.35	3.85	3.66	4.02	3.95	3.66	3.47
66	4.66	4.48	3.91	3.74	4.15	4.07	3.74	3.54
67	4.83	4.62	3.97	3.83	4.29	4.19	3.81	3.63
68	5.01	4.76	4.03	3.91	4.44	4.33	3.88	3.71
69	5.20	4.91	4.08	4.00	4.60	4.46	3.94	3.80
70	5.41	5.06	4.13	4.10	4.78	4.61	4.01	3.89
71	5.62	5.22	4.18	4.20	4.96	4.76	4.07	3.99
72	5.85	5.38	4.23	4.30	5.17	4.93	4.13	4.09
73	6.10	5.54	4.26	4.41	5.39	5.09	4.18	4.19
74	6.36	5.71	4.30	4.52	5.62	5.27	4.23	4.30
75	6.65	5.88	4.33	4.63	5.88	5.45	4.27	4.42

TABLE C - JOINT AND SURVIVOR OPTION*
Monthly Income - Ten Year Guaranteed Payment Period
for each \$1,000 of Proceeds Applied

Male Age	Female Age					
	50	55	60	65	70	75
50	\$2.52	\$2.64	\$2.75	\$2.83	\$2.89	\$2.94
55		2.76	2.92	3.05	3.16	3.24
60			3.07	3.28	3.45	3.59
65				3.49	3.76	3.99
70					4.04	4.41
75						4.78

*Amounts not shown for available options will be furnished on request.



***Modified Premium Endowment at Age 95 Life Insurance
Policy - Nonparticipating***

Face amount payable at death of Insured while this policy is in force. Face amount paid as endowment benefit if policy is in force and insured is living on the policy endowment date. Premiums payable as stated in the Policy Data section.

If you have any questions concerning this policy or if anyone suggests that you change or replace this policy, please contact your Kansas City Life agent or the Home Office of the Company.