

SERFF Tracking Number: FRCS-126454367 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 44580
Company Tracking Number: 5043
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life Filing
Project Name/Number: CML/74/74

Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: Single Premium Whole Life SERFF Tr Num: FRCS-126454367 State: Arkansas

Filing

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 44580
Closed

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: 5043 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Bob Motley, Aaron Clark Disposition Date: 01/19/2010

Date Submitted: 01/14/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CML/74

Project Number: 74

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/19/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/24/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/19/2010

Created By: Aaron Clark

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Bob Motley

Filing Description:

We have been retained by Columbian Life Insurance Company to file the enclosed forms for approval in your state.

The filing fee of \$500.00 has been sent via eft on this same date, this fee is based on the domicile state.

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

<i>SERFF Tracking Number:</i>	<i>FRCS-126454367</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44580</i>
<i>Company Tracking Number:</i>	<i>5043</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Single Premium Whole Life Filing</i>		
<i>Project Name/Number:</i>	<i>CML/74/74</i>		

These forms are new and do not replace any existing forms.

There are no unique or innovative features in these forms. The policy specification pages contain hypothetical John Doe data/information. All variable information is bracketed. The forms are written in readable language. Licensed agents will market these forms on an individual basis in the Ordinary Market.

FORM NO. 1F150-CL is a Single Premium Whole Life Insurance Policy, issue ages 0 - 85, age last birthday. The face amount is payable at the death of the Insured. The Policy is Participating and will not be illustrated. This policy may be issued on a sex distinct or unisex basis. The unisex plan will be used for policies issued in an Employer/Employee situation. Endorsement Form No. 1E905-CL will be issued with the Policy form to amend the Basis of Values provision for unisex issues.

The riders listed below will be used with Single Premium Whole Life Policy FORM NO. 1F150-CL.

- FORM NO. 1H820-CL, is an accidental death benefit rider issued to ages 0-85.
- FORM NO. 1H821-CL, is a Travel Accidental Death Benefit rider and is provided to all policyholders at the time the policy is issued. There is no separate charge for this rider.
- FORM NO. 1H822O-CL, is an Accelerated Death Benefit Rider, available in the case of Terminal Condition, issue ages 0 – 85. At the request of the Owner, this rider provides an acceleration of the requested eligible amount of the death benefit of the policy, upon diagnosis of the Insured's terminal condition as defined in the rider. Form No. 6013F-CL is the disclosure used with this rider at the time of application.
- FORM NO. 1H823M-CL, is an Accelerated Death Benefit Rider, available in the event of confinement in a Nursing Facility or Extended Care facility, issue ages 50 – 85. At the request of the Owner, this rider provides an acceleration of 90% of the eligible proceeds of the policy in the case of confinement in a nursing facility and 75% of the eligible proceeds in the case of confinement in an extended care facility. Form No. 6012F-CL is the disclosure used with this rider at the time of application. If an individual applies for both this rider and the Accelerated Benefit Rider for Terminal Condition, Form No. 6011F-CL will be used in lieu of the other disclosures.

Application FORM NO. A413-CL will be used to apply for this policy.

Accelerated Benefit letters used at the time a request to accelerate the benefit is received are included as supporting documentation.

The Company intends to make secured electronic versions of the applications available to their agents for the purpose of printing and electronically completing applications in the field. The electronic process will include the use of

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<i>Project Name/Number:</i>	<i>CML/74/74</i>		

appropriate industry recognized technology and security in order to capture data and signatures. The text of the electronic form will be identical to the form approved by the Department. While electronic forms may result in changes or variations in margins, formatting and pagination, the text will not be less than ten-point type and the form will meet the readability standards required under your law. Any electronic transmissions of the application and data will be secured via industry recognized methods.

In the future, the Company would like to include an option for the insured to complete their application on the internet in addition to continuing the option for a traditional paper application. The internet channel will use an electronic signature process and technology that will allow customers to review and sign their applications online electronically. The Company will ensure security and the privacy of the applicant will be protected. The online application, when printed, will have the exact text as the paper version of the application form filed and approved with your Department.

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

Company and Contact

Filing Contact Information

Aaron Clark, Technician	aaron.clark@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2835 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

Filing Company Information

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

Columbian Life Insurance Company	CoCode: 76023	State of Domicile: Illinois
4704 Vestal Parkway East	Group Code: 535	Company Type:
P.O. BOX 1381	Group Name:	State ID Number:
Binghamton, NY 13902-1381	FEIN Number: 16-1321681	
(800) 328-2739 ext. 203[Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$500.00
Retaliatory?	No
Fee Explanation:	50.00 per form times ten forms equals \$500.00.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbian Life Insurance Company	\$500.00	01/14/2010	33525675

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/19/2010	01/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	01/15/2010	01/15/2010	Michael Cochran	01/18/2010	01/18/2010

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Disposition

Disposition Date: 01/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Arkansas Complaint Notice		Yes
Supporting Document	Authorization		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	Acceleration letters		Yes
Form	Single Premium Whole Life Policy		Yes
Form	Application for Single Premium Life Insurance		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Travel Accidental Death Benefit Rider		Yes
Form	Accelerated Death Benefit Terminal Condition Rider		Yes
Form	Unisex Endorsement		Yes
Form	Accelerated Death Benefit Nursing Facility and Extended Care Rider		Yes
Form	Disclosures - Accelerated Death Benefit Terminal Condition Rider/ Nursing Facility and Extended Care		Yes
Form	Disclosures: Accelerated Death Benefit Nursing Facility and Extended Care Rider		Yes
Form	Disclosures: Accelerated Death Benefit Terminal Condition Rider		Yes

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Project Name/Number: CML/74/74

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/15/2010
Submitted Date 01/15/2010
Respond By Date 02/15/2010

Dear Aaron Clark,

This will acknowledge receipt of the captioned filing.

Objection 1

- Life & Annuity - Acturial Memo (Supporting Document)

Comment: We did not find an Acturial Memo for the Single Premium Whole Life policy Form 1F150-CL.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Product Name: Single Premium Whole Life Filing
Project Name/Number: CML/74/74

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/18/2010
Submitted Date 01/18/2010

Dear Linda Bird,

Comments:

In response to your objection letter dated 1-15-10, on behalf of Columbian Life Insurance Company, we offer the following for your consideration:

Response 1

Comments: The actuarial memorandum for the policy is attached as supporting documentation, under the "Life & Annuity – Actuarial Memo" requirement. It is the third of three memoranda attached (it follows actuarial memoranda for the two accelerated benefit riders).

Related Objection 1

Applies To:

- Life & Annuity - Actuarial Memo (Supporting Document)

Comment:

We did not find an Actuarial Memo for the Single Premium Whole Life policy Form 1F150-CL.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

Aaron Clark, Bob Motley

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Form Schedule

Lead Form Number: FORM NO. 1F150-CL

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FORM NO. 1F150-CL	Policy/Cont ract/Fraternal Certificate Single Premium Whole Life Policy	Initial		55.800	1F150-CL_policy_.pdf
	FORM NO. A413-CL	Application/ Enrollment Form Application for Single Premium Life Insurance	Initial		50.000	A413-CL-dist.pdf
	FORM NO. 1H820-CL	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider Accidental Death Benefit Rider	Initial		57.000	1H820-CL ADB-dist.pdf
	FORM NO. 1H821-CL	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider Travel Accidental Death Benefit Rider	Initial		57.400	1H821-CL ADB - Travel-dist.pdf
	Form No. 1H822O-CL	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Accelerated Death Benefit Terminal Condition Rider	Initial		51.100	FORM NO. 1H822O-CL.pdf

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Page, Endorseme nt or Rider				
FORM NO. Policy/Cont Unisex Endorsement Initial 1E905-CL ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		50.600		1E905-CL (Unisex)- dist.pdf
Form No. Policy/Cont Accelerated Death Initial 1H823M- ract/Fratern Benefit Nursing CL al Facility and Extended Certificate: Care Rider Amendmen t, Insert Page, Endorseme nt or Rider		51.400		FORM NO. 1H823M- CL.pdf
Form No. Other Disclosures - Initial 6011F-CL Accelerated Death Benefit Terminal Condition Rider/ Nursing Facility and Extended Care		51.200		Form No. 6011F-CL.pdf
Form No. Other Disclosures: Initial 6012F-CL Accelerated Death Benefit Nursing Facility and Extended Care Rider		50.300		Form No. 6012F-CL.pdf
Form No. Other Disclosures: Initial 6013F-CL Accelerated Death Benefit Terminal Condition Rider		51.400		Form No. 6013F-CL.pdf



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: 960 JAMES STREET
PO BOX 1056
SYRACUSE, NY 13201-1056

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Owner and the Columbian Life Insurance Company. This Policy sets forth, in detail, the rights and obligations of the Owner and Columbian Life Insurance Company.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY

If this Policy is unsatisfactory, the Owner may return it within thirty (30) days after receiving it. The Policy should be returned to the Company, the Agent through whom it was purchased, or any Agent of the Company; then all premiums paid will be refunded and the Policy will be deemed void from the beginning.

[DANIEL J. FISCHER]
Secretary

[THOMAS E. RATTMANN]
Chairman, President
and Chief Executive Officer

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

AMOUNT OF INSURANCE PAYABLE AT DEATH
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
GUARANTEED CASH AND LOAN VALUES
PARTICIPATING – DIVIDENDS ARE DETERMINED EACH YEAR

COLUMBIAN LIFE INSURANCE COMPANY

ALPHABETIC GUIDE TO POLICY PROVISIONS

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**INSURED: [JOHN DOE]
SEX: [MALE]
INSURANCE AGE: [35]
POLICY CLASS: [NON-TOBACCO]
AMOUNT OF INSURANCE: [\$20,000]**

**POLICY NUMBER: [SPECIMEN]
EFFECTIVE DATE: [APRIL 1, 2008]
DATE OF ISSUE: [APRIL 1, 2008]
POLICY LOAN INTEREST RATE: 8% ANNUALLY**

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

**AMOUNT OF INSURANCE PAYABLE AT DEATH
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
GUARANTEED CASH AND LOAN VALUES
PARTICIPATING – DIVIDENDS ARE DETERMINED EACH YEAR**

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

***** BENEFIT INFORMATION *****

BENEFIT DESCRIPTION	AMOUNT OF INSURANCE	BENEFIT PERIOD ENDS/MATURES	ANNUAL PREMIUM	PAYABLE FOR	FORM NUMBER
SINGLE PREMIUM LIFE [NON-TOBACCO]	[\$20,000]	[APR 1, 2094]	[\$5,345.00]	1YR	1F150-CL
TRAVEL ACCIDENTAL DEATH	[\$20,000]	[APR 1, 2094]	\$0.00		1H821-CL

***** PREMIUM INFORMATION *****

MODE OF PAYMENT ELECTED: SINGLE PREMIUM

BEGINNING ON	AT AGE	YEARS PAYABLE	TOTAL MODE PREMIUM	TOTAL PREMIUM PER YEAR
[APR 1, 2008] [APR 1, 2009]	[35]	1 PREMIUMS CEASE	[\$ 5,345.00]	[\$ 5,345.00]

ENDORSEMENTS: []

ENDORSEMENTS:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

FORM NO.	DESCRIPTION
[]	[]

THESE ENDORSEMENTS ARE A PART OF THE POLICY TO WHICH THEY ARE ATTACHED. THEY ARE SUBJECT TO ALL THE POLICY PROVISIONS WHICH ARE CONSISTENT WITH THESE ENDORSEMENTS; IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THESE ENDORSEMENTS WILL APPLY.

COLUMBIAN LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

TABLE OF GUARANTEED VALUES

**POLICY NUMBER: [SPECIMEN]
SEX: [MALE]
INSURANCE AGE: [35]**

**AMOUNT OF INSURANCE [\\$20,000]
SINGLE PREMIUM WHOLE LIFE [NON-TOBACCO]**

IF ALL PREMIUMS DUE HAVE BEEN PAID, THE GUARANTEED VALUES WILL BE:

END OF POLICY YEAR	ON [APR 01,]	CASH OR LOAN VALUES	PAID-UP INSURANCE
1	[2009	\$3019.40	\$20,000
2	2010	3150.80	20,000
3	2011	3287.60	20,000
4	2012	3429.80	20,000
5	2013	3578.20	20,000
6	2014	3732.40	20,000
7	2015	3892.40	20,000
8	2016	4058.20	20,000
9	2017	4229.60	20,000
10	2018	4406.60	20,000
11	2019	4589.40	20,000
12	2020	4778.20	20,000
13	2021	4974.00	20,000
14	2022	5178.20	20,000
15	2023	5390.40	20,000
16	2024	5610.20	20,000
17	2025	5837.20	20,000
18	2026	6071.20	20,000
19	2027	6311.60	20,000
20	2028	6557.60	20,000
AT AGE			
60	2033	7875.40	20,000
62	2035	8443.80	20,000
65	2038	9318.40	20,000]

INTEREST RATE FOR BASIS OF VALUES: 5.00 % ANNUALLY

ANY PAID-UP ADDITIONS, DIVIDEND ACCUMULATIONS OR DIVIDENDS DUE AND UNPAID WILL INCREASE THE ABOVE VALUES. ANY POLICY LOAN AND LOAN INTEREST WILL DECREASE THE ABOVE VALUES.

VALUES FOR DATES NOT SHOWN ABOVE WILL BE FURNISHED UPON REQUEST.

DEFINITIONS

YOU and YOUR means the Owner of this Policy.

WE, OUR and US means Columbian Life Insurance Company.

The INSURED means the individual named as the Insured in this Policy. The Insured may or may not be the Owner.

POLICY ANNIVERSARY means the same date in each succeeding year as the Effective Date.

INSURANCE AGE, shown in the Policy Specifications Pages, means the age of the Insured on his or her last birthday.

ENTIRE CONTRACT

This Policy, including any attached riders, endorsements and the application, including any supplemental applications, are the entire contract. All statements made in the application are assumed to be representations and not warranties. No statement will be used to contest this Policy or defend against a claim unless it is contained in the application or a supplemental application.

This Policy may be subject to laws that will change its provisions. Any changes to this Policy must be in writing and agreed to by both the Owner and one of Our Officers. This Policy will be endorsed to reflect any change.

LIFE INSURANCE BENEFITS

The benefits payable at the death of the Insured will be the sum of:

- (A) The amount of insurance then in force; and
- (B) Any insurance on the life of the Insured provided by benefit riders; and
- (C) Any additional insurance provided by Paid-Up Additions; and
- (D) The accumulated value of any dividends left at interest; and
- (E) Any Dividend at Death.

LESS:

Any Policy Loan and loan interest to the date of death.

OWNER. The Insured is the Owner of this Policy unless another person is named as Owner on the application. If the Owner is not the Insured, and dies before the Insured, all rights of ownership will belong to the Owner's estate unless otherwise provided.

The Owner may be changed by proper written notice sent to Us. When We record the change of ownership, it will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice on Company records.

Unless the Policy states otherwise, the Owner can exercise all rights under it. These include the right to change the Beneficiary, assign the policy and change the Owner. All living Owners must act together with respect to this Policy.

BENEFICIARY. One or more persons may be named as Beneficiary on the application. Unless otherwise stated, all Beneficiaries will share equally in the amounts payable. The Life Insurance Benefits payable to any Beneficiary who dies before the Insured will be paid to any remaining Beneficiaries.

A Secondary Beneficiary may be named to take the place of a Beneficiary who dies while the Insured is living. If no Beneficiary is alive on the date the Insured dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary may be changed by proper written notice to Us, unless the Beneficiary has been designated as irrevocable, in which case the written consent of the irrevocable beneficiary is also required. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice on Company records.

FILING OF A DEATH CLAIM. Claim to the Life Insurance Benefits is made by filing a claim form with Us at Our Administrative Service Office and giving Us satisfactory proof of the Insured's death. The Life Insurance Benefits will be paid in one lump sum to the Beneficiary. Interest will be paid on the Life Insurance Benefits from the date of death to the date of payment at a rate not less than required by state law.

INCONTESTABILITY

We may not contest this Policy after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex has been misstated, We will adjust the amount payable. The adjustment will be based on the amount which the premiums would have purchased at the correct age or sex.

SUICIDE

If the Insured commits suicide, while sane or insane, within two (2) years from the Date of Issue and while this Policy is in force, the amount We pay will be limited to a refund of all premium paid LESS any dividends paid in cash, any partial surrenders and any Policy Loan and loan interest to the date of death.

PREMIUM

The Single Premium amount shown on the Policy Specifications Page must be paid in advance of the Effective Date for your coverage to become effective. No other premiums are due.

PARTIAL SURRENDER

You can partially surrender this Policy for cash at any time after the first policy year while this Policy remains in force. The minimum partial surrender benefit you can request is \$500. The maximum partial surrender benefit you can request is equal to the lesser of (1) and (2), where:

- (1) is the available partial surrender amount on the date you request a partial surrender benefit, less \$1,000; and
- (2) is the available partial surrender amount on the date you request a partial surrender benefit multiplied by the applicable percentage from the table below:

Policy Year	Percentage
1	0%
2	10%
3	20%
4	30%
5	60%
6+	100%

The available partial surrender amount is equal to the cash value of this Policy as stated on Page 4.

You can make only one partial surrender in any policy year.

A partial surrender fee of \$25 will be deducted from each partial surrender benefit.

We may defer payment of any partial surrender benefit for up to six (6) months after we receive your request.

When a partial surrender benefit is paid, the amount of insurance of this Policy will be reduced by an amount equal to (1) multiplied by (2) and divided by (3), where:

- (1) is the amount of insurance of the Policy immediately prior to the partial surrender;
- (2) is the partial surrender benefit before deducting the partial surrender fee; and
- (3) is the cash value as stated on Page 4 immediately prior to the partial surrender.

We will amend this Policy to show the new amount of insurance after the partial surrender. The Policy's cash value as stated on Page 4 will be reduced in the same proportion as the amount of insurance was reduced.

CASH SURRENDER

You may surrender this Policy for cash at any time. This is done by giving Us written notice and returning this Policy to Us. If You do so, a Surrender Value is determined. We have the right to delay payment of a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

SURRENDER VALUE. The Surrender Value of this Policy is:

- (A) The cash value of this Policy as stated on Page 4, adjusted to the surrender date; plus
- (B) The cash value of any riders attached to this Policy, adjusted to the surrender date; plus
- (C) Any dividends under the Dividend Accumulations option; plus
- (D) The cash value of any Paid-Up Additions; plus
- (E) Any dividends that are due but have not been paid;

LESS:

Any Policy Loan with interest at the Policy Loan Interest Rate stated on Page 2.

BASIS OF VALUES

The guaranteed values of this Policy are shown on Page 4. The values shown apply at the end of the Policy year if there is no unpaid loan. Values for any time other than the end of the year will be adjusted proportionately. The guaranteed cash value on any date within a Policy year will allow for the time elapsed in that year. Values for any year not shown will be calculated on the same basis as for those shown and will be furnished upon request.

The Cash Values of this Policy and any Paid-Up Additions are based on the Commissioners' 2001 Standard Ordinary Mortality Table, curtate, sex distinct and tobacco distinct. Our computations assume the age of the Insured at his or her last birthday and interest at the rate stated in the Table of Guaranteed Values. They are calculated in accordance with the Standard Nonforfeiture Law. We have filed a statement of the method used to compute cash values with the Insurance Department in the State in which this Policy is delivered. The values are at least as great as those required by law in the state in which this Policy is delivered.

LOANS

You may obtain a loan from Us under the conditions which follow:

- (A) You assign a portion of the death proceeds equal to the outstanding loan balance to Us.
- (B) We may defer payment for up to six (6) months unless the loan is to pay premiums on policies with Us.

LOAN VALUE. The most You can borrow is the surrender value on the loan date; LESS loan interest to the next Policy Anniversary.

LOAN INTEREST. Loan interest will be charged at the rate of eight percent (8%) per year. It is payable in arrears on each Policy Anniversary and on the date the loan is paid in full. Any interest not paid when due will be added to the loan and bear interest at the same rate.

LOAN REPAYMENT. You may repay all or part of a loan at any time this Policy is in force. Any loan or loan interest not repaid will be deducted from the proceeds payable on death, maturity, or surrender.

Whenever the loan amount, with interest, is more than Your Policy's maximum Loan Value, Your Policy will terminate without value thirty-one (31) days after We have mailed notice to the last known address of the Owner and any assignees of record.

GENERAL PROVISIONS

ASSIGNMENT. You may assign the proceeds of this Policy. The rights of the Beneficiary become subject to that assignment. We are not bound by any assignment unless it is received in written form at Our Administrative Service Office. If there is already an assignment on record, We will require You to confirm the change in assignment. We assume no responsibility for the validity of any assignment.

PARTICIPATING. This Policy is Participating. Each year we will determine how much surplus should be paid to our Owners as dividends. We will then determine whether dividends are payable on this Policy. Any dividend will be payable on the Policy Anniversary.

The Owner may elect any of the following:

- (A) **Cash.** That dividends be paid in cash;
- (B) **Dividend Accumulations.** That the Company keep the dividends and pay interest on them on each Policy Anniversary at not less than two percent (2%) per year, compounded annually; or
- (C) **Paid-Up Additions.** That dividends be used to purchase additional insurance. The additional insurance will not require any future premiums and dividends may be paid on this insurance.

Dividends will be used to purchase Paid-Up Additions unless another option has been elected.

The Owner may withdraw any Dividend Accumulations and the cash value of any Paid-Up Additions at any time for their current value.

Dividend At Death. If We have determined that a dividend would be payable at the next Policy Anniversary date after the Insured's death, We will pay a dividend for that part of the Policy Year during which the Policy was in force.

TERMINATION. All privileges and rights of the Owner under this Policy and any accompanying riders terminate when any of the following events occur:

- (A) You surrender Your Policy for cash;
- (B) The Policy lapses because the loan amount, with interest, exceeds the maximum Loan Value;
- (C) The date this Policy matures as shown on the Policy Specifications Page. In this case, We will pay the Surrender Value; or
- (D) The Insured dies.



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: 960 JAMES STREET
PO BOX 1056
SYRACUSE, NY 13201-1056

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

**AMOUNT OF INSURANCE PAYABLE AT DEATH
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
GUARANTEED CASH AND LOAN VALUES
PARTICIPATING – DIVIDENDS ARE DETERMINED EACH YEAR**

FORM NO. 1F150-CL



COLUMBIAN LIFE INSURANCE COMPANY
 HOME OFFICE: CHICAGO, IL
 ADMINISTRATIVE SERVICE OFFICE: 960 JAMES STREET
 PO Box 1056, Syracuse, NY 13201-1056
 TELEPHONE: (877) 238-5433/ www.cfglife.com

**APPLICATION FOR
 SINGLE PREMIUM
 LIFE INSURANCE**

1. DATE OF APPLICATION:		DATED AT (CITY, STATE):			SEND POLICY TO: <input type="checkbox"/> Agent <input type="checkbox"/> Owner	
2. PROPOSED INSURED: First Name, Middle Initial, Last Name		Sex	Age	Date of Birth	SSN / Permanent Resident #	Birth State
Residence Address: (Street, City, State, Zip Code)				Mailing Address: If Different From Street Address		
Telephone #: (Home) (Work)			Email:			
3. OWNER: (If other than Proposed Insured) Name:		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trustee		Email:		
Sex	Social Security No./ Taxpayer Id. No.	Relationship to Proposed Insured		Mailing Address (Street, City, State, Zip Code)		
[Please select your preference for receiving correspondence from us: <input type="checkbox"/> US Mail <input type="checkbox"/> Email (If you choose Email please make sure you have supplied your email address above.)]						
4. PRIMARY BENEFICIARY: Name & Address				SSN (if available)	Telephone #	Relationship
5. CONTINGENT BENEFICIARY: Name & Address				SSN (if available)	Telephone #	Relationship
6. FACE AMOUNT:	7. PREMIUM:	8. RATE CLASS: <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco <input type="checkbox"/> Juvenile	9. OPTIONAL BENEFITS/RIDERS: (If Available): <input type="checkbox"/> Accidental Death Benefit Accelerated Benefit Rider(s) automatically included unless you check "No" here. <input type="checkbox"/> No Accelerated Death Benefit-Terminal Condition Rider (Issue ages 0-85) Accelerated Death Benefit-Nursing Facility/Extended Care Rider (Issue ages 50-85)			10. DIVIDEND OPTION: <input type="checkbox"/> Paid In Cash <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Accumulate at Interest
11. Is this policy being issued as part of a qualified plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what type?						
12. HEALTH HISTORY:		Height:	Weight:			
Part I (If any questions in Part I are answered "Yes," DO NOT SUBMIT THE APPLICATION.)						
1. Have you, the Proposed Insured, ever been:						
a. diagnosed with a terminal illness, been diagnosed or treated for dementia/Alzheimer's, received or been recommended for an organ transplant, or had an amputation due to diabetes or circulation disease?						<input type="checkbox"/> Yes <input type="checkbox"/> No
b. diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you require 24 hour assistance for at least two of the following daily activities: eating, bathing, dressing, toileting or mobility or are you currently confined in a hospital or hospice?						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 12 months have you, the Proposed Insured, been diagnosed or treated for internal cancer, leukemia, aneurysm, stroke, or received kidney dialysis?						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II						
1. Has the Proposed Insured:						
a. been hospitalized or consulted a physician for any reason during the past five (5) years?						<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Ever been told he/she had, or ever been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, paralysis, fainting, chest pains, angina, heart disease, congestive heart failure, or other disease of the heart or blood vessels, lung or liver disease, emphysema, bronchitis, stroke or high blood pressure, mental or nervous disorder or drug or alcohol abuse?						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the Proposed Insured currently taking any medication or treatment prescribed by a physician or other medical professional?						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Proposed Insured used tobacco or nicotine in the past twelve (12) months?						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE PROVIDE DETAILS OF ALL ABOVE "YES" ANSWERS IN THE AREA BELOW. (Attach a separate sheet if more space is needed.)						
QUESTION	PERSON	TREATMENT/DIAGNOSIS	DATES AND DURATION	NAME, ADDRESS, AND TELEPHONE NUMBER OF PHYSICIAN, MEDICAL FACILITY		
13. REPLACEMENT:						
Do any persons proposed for coverage have any existing life insurance or annuities?						<input type="checkbox"/> Yes <input type="checkbox"/> No
(If "Yes", Submit any special forms required by the state in which the application is signed)						
Is this application for insurance intended to replace any life insurance or annuities now in force?						<input type="checkbox"/> Yes <input type="checkbox"/> No
(If "Yes", Submit any replacement forms required by the state in which the application is signed)						

14. EXISTING OR PENDING INSURANCE ON ANY PROPOSED INSURED (If None, So State):

Complete Name of Company	Policy Number	Year Issued	Face Amount	Amount of Accidental Death Benefit

15. REMARKS:

16. TELEPHONE INTERVIEW:

A telephone interview may be necessary to verify or supplement information given to us on our application. This interview may be made from our Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on our behalf. Please enter the information requested below so we can call you at a time and place convenient to you.

Telephone Number: Home: _____
 Preferred Time to Call: _____ AM/PM (Local Time)

Business: _____
 Preferred Place to Call: Home Business

CONDITIONS RELATING TO THE APPLICATION:

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of Columbian Life Insurance Company's ("the Company") other rights or requirements. Any policy applied for shall not take effect (except as provided in the Conditional Receipt) unless and until the policy has been issued and delivered and the first full premium, according to the mode of payment selected by me (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.

AUTHORIZATION & ACKNOWLEDGMENT:

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand my information may be subject to re-disclosure to a third party and may no longer be protected by federal privacy laws. I understand a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, and will survive my death if it occurs during such two (2) year period. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. I have read and understand the Conditions Relating to the Application and the Authorization & Acknowledgment. I acknowledge receipt and review of the Information Practices Relating to Underwriting Your Application. I have read and acknowledge the application fraud notice required by state law.

[I wish to receive my policy electronically: Yes No
 (I understand I would receive a link via email to a secure location for my policy packet.)]

X _____
 Proposed Insured

X _____
 Applicant/Owner (If other than Proposed Insured)

X _____
 Parent/Guardian (If Proposed Insured is Under Age 18)
 (Required for Authorization & Acknowledgment)

X _____
 Officer Signing for Firm, Corporation or Trust & Title

 Date

 If Applicant is a Firm, Corporation, or Trust, Insert Name

AGENT INFORMATION:

Agent [1] Name	%	Writing No.	Agent [2] Name	%	Writing No.	GA Name	GA No.

REPORT OF LICENSED AGENT:

Do any persons proposed for coverage have any existing life insurance or annuities? Yes No

Is this application for insurance intended to replace, in whole or part, any life insurance or annuities? Yes No

(If "YES", submit any special forms required by the state in which the application is signed.)

Did you see the Proposed Insured(s) at the time this application was completed? Yes No

(If "NO", Give details.)

I hereby affirm that I personally solicited, witnessed, and completed this application and all answers given are true and correct to the best of my knowledge.

 Date

X _____
 Signature of Licensed Agent

 Agent's State License ID Number
 (in jurisdictions where required)

 Name of Licensed Agent (Print)

MODIFIED ENDOWMENT CONTRACT DISCLOSURE

The Technical and Miscellaneous Revenue Act (TAMRA) that was signed into law November 10, 1988 alters the tax treatment of distributions from certain types of life insurance policies. The law applies to all policies issued or materially changed on or after June 21, 1988.

If premiums paid on such a policy are in excess of the limits established by Congress, then the policy is classified as a Modified Endowment Contract (MEC). If there is a gain in the contract, the portion of the gain included in any distribution, including policy loans, will be reported as taxable income. If a distribution occurs prior to the insured attaining age 59½, the taxable portion of the distribution may also be subject to a 10% tax penalty.

A policy that, at issue is, or later becomes a Modified Endowment Contract will always be subject to MEC tax treatment. This applies even if the policy is exchanged for a new contract that, standing alone, would not be a MEC.

Tax-deferred growth in cash values and tax-free death benefits are still available under a MEC.*

I have read the above and understand that the policy for which I am applying will be a Modified Endowment Contract.

Name of Applicant / Owner (Please print)

X

Signature of Applicant / Owner

Date

**If legal advice or other expert assistance is required, the services of a competent professional should be sought. Columbian Life Insurance Company gives neither legal nor tax advice. The information provided is intended to be accurate based on Columbian Life's understanding and interpretation of current tax laws, which are subject to change.*

MISCELLANEOUS

Complete, If Applicable – Not Required In All States

SECONDARY ADDRESSEE / THIRD PARTY DESIGNEE

Not Electing A Secondary Addressee/Third Party At this Time.

(The Applicant/Owner may designate a Secondary Addressee/Third Party to receive a copy of Important Notices.)

Name & Address:

Secondary Addressee / Third Party Authorization

I hereby give permission to accept any Important Notices on behalf of the named Proposed Insured.

X _____
Signature of Secondary Addressee/Third Party (If Required)

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Owner Taxpayer Identification Number:

[Empty box for Taxpayer Identification Number]

For individuals, this is your Social Security Number (SSN).
For other entities, this is your Employer Identification Number (EIN).

Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

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

X _____
Owner's Signature

PAYMENT OPTIONS

Amount Paid With Application: \$ _____

For Electronic Funds Transfer, your agent will submit your application for insurance and this authorization for payment to Columbian Life Insurance Company ("the Company"). By signing this form, you authorize the Company to initiate an electronic funds transfer from your bank account.

Please note that your bank account may be debited the same day your agent submits this authorization. The below hereby authorizes the Company to draw an electronic fund transfer from my bank account for payment of new life insurance.

This will be a one time withdrawal from my account in the amount of \$ _____ from the account detailed below.

Financial Institution: _____

Account Type : () Checking or () Savings

Routing Number: [9 digit boxes]
must have 9 digits in routing #

Account Number: [17 digit boxes]
Can have up to 17 positions in account #

_____ Date

X _____
Authorized Signature as it appears on Bank Records

[Please charge \$ _____ to the following card: VISA® MasterCard® American Express® Discover® Debit

Credit Card Number [16 digit boxes]

Security Code (on back of card, 3 or 4 digits) [4 digit boxes]

Card Expiration Date (M/M) - (YY) [MM/YY boxes]

_____ Date

_____ Cardholder Name

X _____
Cardholder Signature]

INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

INVESTIGATIVE CONSUMER REPORT

We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

IDENTIFICATION

To obtain the data described above, we may give your name, address and date and place of birth to the above persons or organizations.

ACCESS TO INFORMATION

You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we asked to prepare such a report. By contacting the investigative agency, you may request to inspect or receive a copy of such report.

WHERE TO WRITE US

You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 1381, Binghamton, New York 13902-1381.

MEDICAL INFORMATION BUREAU (MIB), INC. PRE-NOTICE

Information regarding your insurability will be treated as confidential. Columbian Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

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

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

CONDITIONAL RECEIPT

Complete Only When Full Modal Premium Is Received With Application

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO COLUMBIAN LIFE INSURANCE COMPANY.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Print) _____, the sum of _____ on the life of
(Proposed Insured) _____. Columbian Life Insurance Company ("the Company")
accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to
all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE OF COVERAGE: Provided that each of the conditions below is satisfied, coverage under this Conditional Receipt will begin on the
later of the Underwriting Date (as defined below) or the specific policy date requested on the application. The Underwriting Date is the later of (1) the
date of the application; or (2) the date all underwriting requirements, as required by the Company's underwriting rules, are completed.

CONDITIONS: Insurance coverage under this Conditional Receipt will begin on the Effective Date (as defined above) only if, on that date, all of the
following criteria are met:

- (1) You had paid the full first modal premium on the policy applied for; and
- (2) All Proposed Insureds were insurable at standard rates on the date of the application; and
- (3) The Company is able to issue the policy as applied for; and
- (4) The amount of insurance applied for, with respect to any Proposed Insured, is not in excess of \$500,000.

TERMINATION OF COVERAGE: Any insurance provided under this Conditional Receipt will terminate: (1) Immediately, if the Company refunds your
payment or your check was not honored by your Bank; or (2) The date coverage under the policy applied for becomes effective; or (3) Ninety (90) days
after the date of the application.

Date

X _____
Signature of Licensed Agent

**IMPORTANT NOTICE TO THE AGENT: DO NOT SIGN THE CONDITIONAL RECEIPT
UNLESS FULL MODAL PREMIUM IS TAKEN WITH THE APPLICATION.**

FRAUD WARNING STATEMENTS

The law in **ARKANSAS** states: "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."

The law in **COLORADO** states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

The law in **DISTRICT OF COLUMBIA** states: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

The law in **FLORIDA** states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

The law in **KENTUCKY** states: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

The law in **LOUISIANA** states: "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."

The law in **NEW JERSEY** states: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

The law in **NEW MEXICO** states: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

The law in **OHIO** states: "Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

The law in **OKLAHOMA** states: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

The law in **PENNSYLVANIA** states: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concealing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

The law in **TENNESSEE** states: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

The law in **VIRGINIA** states: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. "

The law in **WASHINGTON** states: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

ACCIDENTAL DEATH BENEFIT RIDER

BENEFIT

We agree to pay an additional benefit if the Insured dies by accident while the Policy and this Rider are in force. The additional benefit is the amount of the Accidental Death Benefit stated in the Policy on Page 3. Proof of accidental death must be given to the Company.

Accidental death means that:

1. Death was caused directly by an accidental injury to the body;
2. Death was not caused in any way by a factor other than accidental injury;
3. Death occurred within ninety (90) days from the date the accidental injury was sustained; and
4. Death did not result from one or more of the causes listed below.

RISKS NOT ASSUMED

Accidental Death Benefit is not payable if the Insured's death was caused by:

1. Suicide, while sane or insane; or
2. Insurrection or war or an act of war ("War" includes armed aggression resisted by the armed forces of any country, international organization or group of countries, whether declared or not.) or service in the armed forces of any country; or
3. Any infection (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances), disease, or illness of the body or mind; or
4. Any medical, surgical or dental treatment of any infection, disease or illness of the body or mind; or
5. Flight in or descent from or with any kind of aircraft if the Insured is a pilot, officer, or crewmember of the craft; is giving or receiving aviation training or instruction; or is being flown for the purpose of descent from the craft while in flight; or
6. Except while conducting one's duties during the course of employment, the intentional taking or using of any poison or inhaling any gas or vapor; or
7. Committing or trying to commit an illegal act, assault or felony; or
8. The intentional taking or using of any drug, hallucinogenic drug, narcotic, intoxicant or sedative, except where administered by or taken as prescribed by a duly licensed physician; or
9. The intentional taking or using of alcohol alone or in combination with any drug, hallucinogenic drug, narcotic, intoxicant or sedative.

INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

TERMINATION

This Rider will terminate on the date the Policy terminates for any reason.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown in the Policy Specifications Page. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3.



[DANIEL J. FISCHER]
Secretary



[THOMAS E. RATTMANN]
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

TRAVEL ACCIDENTAL DEATH BENEFIT RIDER

TRAVEL ACCIDENT BENEFIT

We agree to pay an additional benefit if the Insured dies by accident while the Policy and this Rider are in force if the injury causing death is sustained while the Insured is a fare-paying passenger in a public transit vehicle. The additional benefit is the amount of the Travel Accidental Death Benefit stated in the Policy on Page 3. There is no premium charge for this Rider. Proof of accidental death must be given to the Company. A claim for this benefit must specify the public transit vehicle in which the injury was sustained.

Accidental death means that:

1. Death was caused directly by an accidental injury to the body;
2. Death was not caused in any way by a factor other than accidental injury;
3. Death occurred within ninety (90) days from the date the accidental injury was sustained; and
4. Death did not result from one or more of the causes listed below.

RISKS NOT ASSUMED

Accidental Death Benefit is not payable if the Insured's death was caused by:

1. Suicide, while sane or insane; or
2. Insurrection or war or an act of war ("War" includes armed aggression resisted by the armed forces of any country, international organization or group of countries, whether declared or not.) or service in the armed forces of any country.

INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

TERMINATION

This Rider will terminate on the date the Policy terminates for any reason.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3.



[DANIEL J. FISCHER]
Secretary



[THOMAS E. RATTMANN]
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

ACCELERATED DEATH BENEFIT TERMINAL CONDITION RIDER

RECEIPT OF ACCELERATED DEATH BENEFITS FROM THIS RIDER MAY BE TAXABLE. THEREFORE, WE RECOMMEND THAT YOU CONTACT YOUR PERSONAL TAX ADVISOR WHEN MAKING DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM THIS RIDER.

DEFINITIONS

Policy means the Policy to which this Rider is attached.

Amount of Insurance means the Amount of Insurance shown on the Policy Specifications pages of the Policy to which this Rider is attached plus any additional insurance provided by Paid-Up Additions. The Amount of Insurance does not include any additional benefits added by rider.

Terminal Condition means a medical condition that: (1) results from a bodily injury or disease; and (2) can reasonably be expected to result in the death of the Insured within 12 months of the date of the Physician's certification.

Immediate Family means parents, grandparents, siblings, children, stepchildren, grandchildren, and their respective spouses.

Physician means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he performs such function or action. The Physician cannot be: (1) the Owner or the spouse of the Owner; (2) the Insured or the spouse of the Insured; (3) any member of the Immediate Family of the Insured or Owner; or (4) any member of the Immediate Family of the spouse of the Insured or Owner.

Eligible Proceeds means the Amount of Insurance of the Policy that is available for acceleration.

Exchanged Eligible Proceeds means the amount of Eligible Proceeds you elect to exchange in return for payment to you of an Accelerated Death Benefit. Exchanged Eligible Proceeds must be no less than \$5,000 and no more than the lesser of: (a) the Eligible Proceeds; or (b) \$250,000.

Accelerated Death Benefit means the amount that we will pay to you under this Rider. The Accelerated Death Benefit is equal to the Exchanged Eligible Proceeds discounted over 12 months based on an annual percentage rate which will not exceed the greater of the current yield on 90-day Treasury bills and the maximum statutory adjustable loan interest rate at the time of acceleration. Before we make payment, we will reduce it by: (a) the policy debt (if any) of the Policy, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment. We will also reduce it by an Administrative Service Fee of \$250.00. However, in no event will the Accelerated Death Benefit be less than: (a) the difference between (1) the cash value (before reduction by any policy debt) of the Policy immediately prior to such payment, and (2) the policy debt (if any) of the Policy immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment.

COST OF BENEFIT

There is no charge for this prior to the time the Owner requests payment of the Accelerated Death Benefit. At the time such payment is made, we will deduct a \$250 Administrative Service Fee from the amount of the payment.

BENEFIT

You may elect to exchange Eligible Proceeds for the Accelerated Death Benefit. To elect the benefit under this Rider, you must:

- request payment of the Rider benefit during the lifetime of the Insured in a written form satisfactory to us; and
- send us the Policy; and
- submit to us written proof satisfactory to us that the Insured suffers from a Terminal Condition.

We must receive the release of any collateral assignees and the approval of any irrevocable beneficiaries. A spousal release may also be applicable in community property states.

We will pay to you this Accelerated Death Benefit in one lump sum after we have received your election and written proof satisfactory to us. When we make this payment, this Rider will end.

Once an Accelerated Death Benefit has been paid to you, the election cannot be revoked. A payment under this Rider is considered made when sent from our Administrative Service Office.

EFFECT ON THE POLICY

When an Accelerated Death Benefit is paid under this Rider:

- the Amount of Insurance of the Policy immediately prior to such payment will be reduced by the amount of Exchanged Eligible Proceeds; and
- the cash value (before reduction by any policy debt) of the Policy immediately prior to such payment will be reduced by: (a) the cash value (before reduction by any policy debt) immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment; and
- the policy debt of the Policy immediately prior to such payment will be reduced by: (a) the policy debt immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment.

There will be no reduction in any accidental death benefit as long as the Policy remains in force.

If the Exchanged Eligible Proceeds are less than the full Amount of Insurance of the Policy, we will return the Policy to you after payment of an Accelerated Death Benefit. We will amend the Policy to reflect its new Amount of Insurance after payment of this Accelerated Death Benefit. If the entire Amount of Insurance of the policy is not accelerated, a minimum Amount of Insurance of \$500 must be maintained.

CONDITIONS

To qualify for this benefit, the Owner must provide evidence satisfactory to Us that the Insured has a Terminal Condition as defined in this Rider. Part of that evidence must be a certification by a licensed physician.

Such diagnosis must be made: 1) on or after the Rider effective date; and 2) while this Rider and the Policy are in force.

If the Insured dies after the Accelerated Death Benefit is elected, but before we pay the benefit, we will pay the death benefit as if the Accelerated Death Benefit had not been elected.

CLAIMS

Notice of Claim – Written notice of a claim must be given to us any time after the date the Insured develops a Terminal Condition as defined in this Rider. This may be sent directly to the Company or to one of our authorized agents.

Claim Forms – Within fifteen (15) days of receiving notice, we will send claim forms to the Owner; otherwise his or her prior notice will be accepted as Proof of Loss.

Proof of Loss – Written proof of the Insured's Terminal Condition must be received by us before we will pay the Accelerated Death Benefit. Proof will include a properly completed Claim Form and Physician Statement acceptable to us. We may request additional medical information from the physician submitting the statement. We may require, at our expense, an additional examination by a physician that we choose. We reserve the right to rely on our physician's opinion for claim purposes.

Time Payment of Claims – All benefits described in this Rider will be available as soon as we receive satisfactory Proof of Loss together with the Policy and the written consent of any collateral assignees and irrevocable beneficiaries.

Payment of Claims – Only the Owner has the right to the Accelerated Death Benefit payment under the Insured's coverage. Upon the death of the Owner, we will pay the benefit of this Rider to his or her estate provided the benefit is requested prior to the Owner's death.

INCONTESTABILITY

We may not contest a claim under this Rider because of incorrect answers to questions in the application for this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

TERMINATION

This Rider will terminate:

1. If the Policy terminates for any reason; or
2. Upon payment of a benefit under this Rider or any Accelerated Death Benefit Rider under the Policy ; or
3. Upon written request by the Owner.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3. This Rider is effective upon its Date of Issue for any covered benefit.

DISCLOSURES

This Rider may affect the Owner's ability to receive certain government benefits or entitlement because the Accelerated Death Benefit may be considered an asset in determining eligibility.

The Accelerated Death Benefit may be taxable. As with all tax matters, the Owner should consult his or her personal tax advisor to determine the current tax consequences prior to making any election. This benefit is not available if either the Owner or the Insured is required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

The Accelerated Death Benefit is an early payment of a portion of life insurance proceeds. Payment of the Accelerated Death Benefit will cause the Insured's coverage to have significant benefit changes.



[DANIEL J. FISCHER]
Secretary



[THOMAS E. RATTMANN]
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
[ADMINISTRATIVE SERVICE OFFICE: SYRACUSE, NY]

UNISEX ENDORSEMENT

The first sentence in the second paragraph of the Basis of Values provision of this Policy is amended as follows:

The reference to "sex distinct" is deleted and the sentence, "Unisex issues are based on a blend of 80% male and 20% female." is added.



[DANIEL J. FISCHER]
Secretary



[THOMAS E. RATTMANN]
Chairman, President
And Chief Executive Officer

THIS ENDORSEMENT IS A PART OF THE POLICY TO WHICH IT IS ATTACHED. IT IS SUBJECT TO ALL THE POLICY PROVISIONS WHICH ARE CONSISTENT WITH THE ENDORSEMENT. IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THIS ENDORSEMENT WILL APPLY.

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

ACCELERATED DEATH BENEFIT NURSING FACILITY AND EXTENDED CARE RIDER

RECEIPT OF ACCELERATED DEATH BENEFITS FROM THIS RIDER MAY BE TAXABLE. THEREFORE, WE RECOMMEND THAT YOU CONTACT YOUR PERSONAL TAX ADVISOR WHEN MAKING DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM THIS RIDER.

DEFINITIONS

Policy means the Policy to which this Rider is attached.

Amount of Insurance means the Amount of Insurance shown on the Policy Specifications pages of the Policy to which this Rider is attached plus any additional insurance provided by Paid-Up Additions. The Amount of Insurance does not include any additional benefits added by rider.

Qualified Nursing Facility means a skilled nursing facility, intermediate care facility, or custodial care facility. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of your or the Insured's immediate family. A qualified Nursing Facility must be licensed as a care facility by the state in which it operates and must conduct its business in accordance with law.

Extended Care means care of the Insured that is required because the Insured is Chronically Ill and has remained Chronically Ill continuously for at least 90 days, as certified in writing by a physician. Extended Care includes care provided by a licensed home health care agency or by a licensed or state-certified adult day care center.

Chronically Ill means that the Insured is unable to perform, without substantial assistance from another person, at least two out of six Activities of Daily Living.

Activities of Daily Living are: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair, or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Immediate Family means parents, grandparents, siblings, children, stepchildren, grandchildren, and their respective spouses.

Physician means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he performs such function or action. The Physician cannot be: (1) the Owner or the spouse of the Owner; (2) the Insured or the spouse of the Insured; (3) any member of the Immediate Family of the Insured or Owner; or (4) any member of the Immediate Family of the spouse of the Insured or Owner.

Eligible Proceeds means the Amount of Insurance of the Policy that is available for acceleration.

Exchanged Eligible Proceeds means the amount of Eligible Proceeds you elect to exchange in return for payment to you of an Accelerated Death Benefit. Exchanged Eligible Proceeds must be no less than \$5,000 and no more than the lesser of: (a) the Eligible Proceeds; or (b) \$250,000.

Accelerated Death Benefit means the amount that we will pay to you under this Rider. For the Qualified Nursing Facility benefit, the Accelerated Death Benefit is equal to the Exchanged Eligible Proceeds discounted over 28 months based on

an annual percentage rate which will not exceed the greater of the current yield on 90-day Treasury bills and the maximum statutory adjustable loan interest rate at the time of acceleration. For the Extended Care benefit, the Accelerated Death Benefit is equal to the Exchanged Eligible Proceeds discounted over 72 months based on an annual percentage rate which will not exceed the greater of the current yield on 90-day Treasury bills and the maximum statutory adjustable loan interest rate at the time of acceleration. Before we make payment, we will reduce it by: (a) the policy debt (if any) of the Policy, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment. We will also reduce it by an Administrative Service Fee of \$250.00. However, in no event will the Accelerated Death Benefit be less than: (a) the difference between (1) the cash value (before reduction by any policy debt) of the Policy immediately prior to such payment, and (2) the policy debt (if any) of the Policy immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment.

COST OF BENEFIT

There is no charge for this prior to the time the Owner requests payment of the Accelerated Death Benefit. At the time such payment is made, we will deduct a \$250 Administrative Service Fee from the amount of the payment.

BENEFIT

You may elect to exchange Eligible Proceeds for the Accelerated Death Benefit. To elect the benefit under this Rider, you must:

- request payment of the Rider benefit during the lifetime of the Insured in a written form satisfactory to Us; and
- send Us the Policy; and
- submit to Us written proof satisfactory to Us that the Insured either:
 - (a) is Chronically Ill and has been certified as such in writing by a physician and has been confined to a Qualified Nursing Facility continuously for at least 90 days with written certification that such confinement is expected to be permanent; or
 - (b) requires Extended Care as defined in this Rider.

We must receive the release of any collateral assignees and the approval of any irrevocable beneficiaries. A spousal release may also be applicable in community property states.

We will pay to you this Accelerated Death Benefit in one lump sum after we have received your election and written proof satisfactory to Us. We provide optional settlement plans in lieu of a lump sum payment, upon the Owner's request. When we make this payment, this Rider will end.

Once an Accelerated Death Benefit has been paid to you, the election cannot be revoked. A payment under this Rider is considered made when sent from our Administrative Service Office.

EFFECT ON THE POLICY

When an Accelerated Death Benefit is paid under this Rider:

- the Amount of Insurance of the Policy immediately prior to such payment will be reduced by the amount of Exchanged Eligible Proceeds; and
- the cash value (before reduction by any policy debt) of the Policy immediately prior to such payment will be reduced by: (a) the cash value (before reduction by any policy debt) immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment; and
- the policy debt of the Policy immediately prior to such payment will be reduced by: (a) the policy debt immediately prior to such payment, multiplied by (b) the amount of Exchanged Eligible Proceeds, divided by (c) the Amount of Insurance of the Policy immediately prior to such payment.

There will be no reduction in any accidental death benefit as long as the Policy remains in force.

If the Exchanged Eligible Proceeds are less than the full Amount of Insurance of the Policy, we will return the Policy to you after payment of an Accelerated Death Benefit. We will amend the Policy to reflect its new Amount of Insurance after payment of this Accelerated Death Benefit. If the entire Amount of Insurance of the policy is not accelerated, a minimum Amount of Insurance of \$500 must be maintained.

CONDITIONS

To qualify for this benefit, the Owner must provide evidence satisfactory to Us that the Insured is confined to a Qualified Nursing Facility or requires Extended Care as defined in this Rider. Part of that evidence must be a certification by a licensed physician.

Such diagnosis must be made: 1) on or after the Rider effective date; and 2) while this Rider and the Policy are in force.

If the Insured dies after the Accelerated Death Benefit is elected, but before we pay the benefit, we will pay the death benefit as if the Accelerated Death Benefit had not been elected.

CLAIMS

Notice of Claim – Written notice of a claim must be given to Us any time after the date the Insured is confined to a Qualified Nursing Facility or requires Extended Care as defined in this Rider. This may be sent directly to the Company or to one of our authorized agents.

Claim Forms – Within fifteen (15) days of receiving notice, we will send claim forms to the Owner; otherwise his or her prior notice will be accepted as Proof of Loss.

Proof of Loss – Written proof that the Insured is confined to a Qualified Nursing Facility or requires Extended Care must be received by Us before we will pay the Accelerated Death Benefit. Proof will include a properly completed Claim Form and Physician Statement acceptable to Us. We may request additional medical information from the physician submitting the statement. We may require, at our expense, an additional examination by a physician that we choose. We reserve the right to rely on our physician's opinion for claim purposes.

Time Payment of Claims – All benefits described in this Rider will be available as soon as we receive satisfactory Proof of Loss together with the Policy and the written consent of any collateral assignees and irrevocable beneficiaries.

Payment of Claims – Only the Owner has the right to the Accelerated Death Benefit payment under the Insured's coverage. Upon the death of the Owner, we will pay the benefit of this Rider to his or her estate provided the benefit is requested prior to the Owner's death.

INCONTESTABILITY

We may not contest a claim under this Rider because of incorrect answers to questions in the application for this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

TERMINATION

This Rider will terminate:

1. If the Policy terminates for any reason; or
2. Upon payment of a benefit under this Rider or any Accelerated Death Benefit Rider under the Policy ; or
3. Upon written request by the Owner.

GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3. This Rider is effective upon its Date of Issue for any covered benefit.

DISCLOSURES

This Rider may affect the Owner's ability to receive certain government benefits or entitlement because the Accelerated Death Benefit may be considered an asset in determining eligibility.

The Accelerated Death Benefit may be taxable. As with all tax matters, the Owner should consult his or her personal tax advisor to determine the current tax consequences prior to making any election. This benefit is not available if either the Owner or the Insured is required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

The Accelerated Death Benefit is an early payment of a portion of life insurance proceeds. Payment of the Accelerated Death Benefit will cause the Insured's coverage to have significant benefit changes.



[DANIEL J. FISCHER]
Secretary



[THOMAS E. RATTMANN]
Chairman, President
And Chief Executive Officer

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL • ADMINISTRATIVE SERVICE OFFICE: WIDEWATERS PARKWAY, P.O. BOX 1056, SYRACUSE, NY 13201-1056

**Important Disclosures: Accelerated Death Benefit
Terminal Condition Rider / Nursing Facility and Extended Care Rider**

This briefly describes the provisions of the Accelerated Death Benefit Terminal Condition Rider and the Accelerated Death Benefit Nursing Facility and Extended Care Rider. The riders, if issued, allow you to receive an advance on the death benefit of the policy upon the occurrence of a qualifying event as specified in the rider. You may choose to exchange all or a portion of the Eligible Proceeds (Amount of Insurance) in return for payment of the accelerated death benefit ("Exchanged Eligible Proceeds").

Under the Terminal Condition Rider, the owner may elect to receive an accelerated benefit if the insured is diagnosed as having a medical condition which is expected to result in death within 12 months. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 12 months using an interest rate no greater than defined by Arkansas Law.

Under the Nursing Facility and Extended Care Rider, the owner may elect to receive an accelerated benefit if:

- the insured is Chronically Ill and has been continuously confined to a qualified nursing care facility for at least 90 days with written certification from a physician that such confinement is expected to be permanent. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 28 months using an interest rate no greater than defined by Arkansas Law.
- the insured is Chronically Ill for 90 continuous days or more and requires care by a licensed home health care agency or by a licensed or state-certified adult day care center. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 72 months using an interest rate no greater than defined by Arkansas Law.

"Chronically Ill" means that the insured is unable to perform two out of the following six Activities of Daily Living without substantial assistance: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Exchanged Eligible Proceeds may not be less than \$5,000 and not more than the lesser of (a) the Eligible Proceeds; or (b) \$250,000. The Amount of Insurance will be reduced by the amount exchanged. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained. Prior to making the accelerated benefit payment, we will reduce it by a \$250 administrative fee and a pro rata amount of any policy debt, based on the percentage of Eligible Proceeds being exchanged. The policy debt, cash value and surrender value of the policy will be reduced by the same percentage. There will be no reduction in any accidental death benefit as long as the policy remains in force. All Accelerated Death Benefit Rider coverage will terminate upon payment of an accelerated death benefit for any qualifying event, or upon termination or maturation of the policy. You may request termination of rider coverage in writing at any time.

There is no premium charge for the rider; however, there is a cost associated with receipt of an accelerated benefit payment. Please see the reverse for numeric examples of how the accelerated benefit payment is calculated and the effects of the benefit payment on a policy's death benefit, cash value and policy debt.

The rider may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information. The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

I hereby acknowledge that I have received a copy of this statement. I have read and understand this information.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL • ADMINISTRATIVE SERVICE OFFICE: WIDEWATERS PARKWAY, P.O. BOX 1056, SYRACUSE, NY 13201-1056

**Important Disclosures: Accelerated Death Benefit
Terminal Condition Rider / Nursing Facility and Extended Care Rider**

This briefly describes the provisions of the Accelerated Death Benefit Terminal Condition Rider and the Accelerated Death Benefit Nursing Facility and Extended Care Rider. The riders, if issued, allow you to receive an advance on the death benefit of the policy upon the occurrence of a qualifying event as specified in the rider. You may choose to exchange all or a portion of the Eligible Proceeds (Amount of Insurance) in return for payment of the accelerated death benefit ("Exchanged Eligible Proceeds").

Under the Terminal Condition Rider, the owner may elect to receive an accelerated benefit if the insured is diagnosed as having a medical condition which is expected to result in death within 12 months. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 12 months using an interest rate no greater than defined by Arkansas Law.

Under the Nursing Facility and Extended Care Rider, the owner may elect to receive an accelerated benefit if:

- the insured is Chronically Ill and has been continuously confined to a qualified nursing care facility for at least 90 days with written certification from a physician that such confinement is expected to be permanent. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 28 months using an interest rate no greater than defined by Arkansas Law.
- the insured is Chronically Ill for 90 continuous days or more and requires care by a licensed home health care agency or by a licensed or state-certified adult day care center. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 72 months using an interest rate no greater than defined by Arkansas Law.

"Chronically Ill" means that the insured is unable to perform two out of the following six Activities of Daily Living without substantial assistance: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Exchanged Eligible Proceeds may not be less than \$5,000 and not more than the lesser of (a) the Eligible Proceeds; or (b) \$250,000. The Amount of Insurance will be reduced by the amount exchanged. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained. Prior to making the accelerated benefit payment, we will reduce it by a \$250 administrative fee and a pro rata amount of any policy debt, based on the percentage of Eligible Proceeds being exchanged. The policy debt, cash value and surrender value of the policy will be reduced by the same percentage. There will be no reduction in any accidental death benefit as long as the policy remains in force. All Accelerated Death Benefit Rider coverage will terminate upon payment of an accelerated death benefit for any qualifying event, or upon termination or maturation of the policy. You may request termination of rider coverage in writing at any time.

There is no premium charge for the rider; however, there is a cost associated with receipt of an accelerated benefit payment. Please see the reverse for numeric examples of how the accelerated benefit payment is calculated and the effects of the benefit payment on a policy's death benefit, cash value and policy debt.

The rider may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information. The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

I hereby acknowledge that I have received a copy of this statement. I have read and understand this information.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL • ADMINISTRATIVE SERVICE OFFICE: WIDEWATERS PARKWAY, P.O. BOX 1056, SYRACUSE, NY 13201-1056

Important Disclosures

Accelerated Death Benefit Nursing Facility and Extended Care Rider

This briefly describes the provisions of the Accelerated Death Benefit Nursing Facility and Extended Care Rider. The rider, if issued, will allow you to receive an advance on the death benefit of the policy upon the occurrence of a qualifying event as specified in the rider. You may choose to exchange all or a portion of the Eligible Proceeds (Amount of Insurance) in return for payment of the accelerated death benefit (“Exchanged Eligible Proceeds”).

Under the Nursing Facility and Extended Care Rider, the owner may elect to receive an accelerated benefit if:

- the insured is Chronically Ill and has been continuously confined to a qualified nursing care facility for at least 90 days with written certification from a physician that such confinement is expected to be permanent. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 28 months using an interest rate no greater than defined by Arkansas Law.
- the insured is Chronically Ill for 90 continuous days or more and requires care by a licensed home health care agency or by a licensed or state-certified adult day care center. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 72 months using an interest rate no greater than defined by Arkansas Law.

“Chronically Ill” means that the insured is unable to perform two out of the following six Activities of Daily Living without substantial assistance: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Exchanged Eligible Proceeds may not be less than \$5,000 and not more than the lesser of (a) the Eligible Proceeds; or (b) \$250,000. The Amount of Insurance will be reduced by the amount exchanged. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained. Prior to making the accelerated benefit payment, we will reduce it by a \$250 administrative fee and a pro rata amount of any policy debt, based on the percentage of Eligible Proceeds being exchanged. The policy debt, cash value and surrender value of the policy will be reduced by the same percentage. There will be no reduction in any accidental death benefit as long as the policy remains in force. All Accelerated Death Benefit Rider coverage will terminate upon payment of an accelerated death benefit for any qualifying event, or upon termination or maturation of the policy. You may request termination of rider coverage in writing at any time.

There is no premium charge for the rider; however, there is a cost associated with receipt of an accelerated benefit payment. Please see the reverse for numeric examples of how the accelerated benefit payment is calculated and the effects of the benefit payment on a policy’s death benefit, cash value and policy debt.

The rider may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information. The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

I hereby acknowledge that I have received a copy of this statement. I have read and understand this information.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL • ADMINISTRATIVE SERVICE OFFICE: WIDEWATERS PARKWAY, P.O. BOX 1056, SYRACUSE, NY 13201-1056

Important Disclosures

Accelerated Death Benefit Nursing Facility and Extended Care Rider

This briefly describes the provisions of the Accelerated Death Benefit Nursing Facility and Extended Care Rider. The rider, if issued, will allow you to receive an advance on the death benefit of the policy upon the occurrence of a qualifying event as specified in the rider. You may choose to exchange all or a portion of the Eligible Proceeds (Amount of Insurance) in return for payment of the accelerated death benefit (“Exchanged Eligible Proceeds”).

Under the Nursing Facility and Extended Care Rider, the owner may elect to receive an accelerated benefit if:

- the insured is Chronically Ill and has been continuously confined to a qualified nursing care facility for at least 90 days with written certification from a physician that such confinement is expected to be permanent. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 28 months using an interest rate no greater than defined by Arkansas Law.
- the insured is Chronically Ill for 90 continuous days or more and requires care by a licensed home health care agency or by a licensed or state-certified adult day care center. The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 72 months using an interest rate no greater than defined by Arkansas Law.

“Chronically Ill” means that the insured is unable to perform two out of the following six Activities of Daily Living without substantial assistance: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Exchanged Eligible Proceeds may not be less than \$5,000 and not more than the lesser of (a) the Eligible Proceeds; or (b) \$250,000. The Amount of Insurance will be reduced by the amount exchanged. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained. Prior to making the accelerated benefit payment, we will reduce it by a \$250 administrative fee and a pro rata amount of any policy debt, based on the percentage of Eligible Proceeds being exchanged. The policy debt, cash value and surrender value of the policy will be reduced by the same percentage. There will be no reduction in any accidental death benefit as long as the policy remains in force. All Accelerated Death Benefit Rider coverage will terminate upon payment of an accelerated death benefit for any qualifying event, or upon termination or maturation of the policy. You may request termination of rider coverage in writing at any time.

There is no premium charge for the rider; however, there is a cost associated with receipt of an accelerated benefit payment. Please see the reverse for numeric examples of how the accelerated benefit payment is calculated and the effects of the benefit payment on a policy’s death benefit, cash value and policy debt.

The rider may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information. The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

I hereby acknowledge that I have received a copy of this statement. I have read and understand this information.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL • ADMINISTRATIVE SERVICE OFFICE: WIDEWATERS PARKWAY, P.O. BOX 1056, SYRACUSE, NY 13201-1056

Important Disclosures: Accelerated Death Benefit Terminal Condition Rider

This briefly describes the provisions of the Accelerated Death Benefit Terminal Condition Rider. If the rider is issued with the policy, the rider will allow you to elect to receive an advance on the death benefit of the policy if the insured is diagnosed as having a medical condition which is expected to result in death within 12 months from the date of the Physician’s certification. You may choose to exchange all or a portion of the Eligible Proceeds (Amount of Insurance) in return for payment of the accelerated death benefit (“Exchanged Eligible Proceeds”). The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 12 months using an interest rate no greater than defined by Arkansas Law.

Exchanged Eligible Proceeds may not be less than \$5,000 and not more than the lesser of (a) the Eligible Proceeds; or (b) \$250,000. The Amount of Insurance will be reduced by the amount exchanged. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained. Prior to making the accelerated benefit payment, we will reduce it by a \$250 administrative fee and a pro rata amount of any policy debt, based on the percentage of Eligible Proceeds being exchanged. The policy debt, cash value and surrender value of the policy will be reduced by the same percentage. There will be no reduction in any accidental death benefit as long as the policy remains in force. All Accelerated Death Benefit Rider coverage will terminate upon payment of an accelerated death benefit for any qualifying event, or upon termination or maturation of the policy. You may request termination of rider coverage in writing at any time. There is no premium charge for the rider; however, there is a cost associated with receipt of an accelerated benefit payment.

The rider may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information. The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

I hereby acknowledge that I have received a copy of this statement. I have read and understand this information.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL • ADMINISTRATIVE SERVICE OFFICE: WIDEWATERS PARKWAY, P.O. BOX 1056, SYRACUSE, NY 13201-1056

Important Disclosures: Accelerated Death Benefit Terminal Condition Rider

This briefly describes the provisions of the Accelerated Death Benefit Terminal Condition Rider. If the rider is issued with the policy, the rider will allow you to elect to receive an advance on the death benefit of the policy if the insured is diagnosed as having a medical condition which is expected to result in death within 12 months from the date of the Physician’s certification. You may choose to exchange all or a portion of the Eligible Proceeds (Amount of Insurance) in return for payment of the accelerated death benefit (“Exchanged Eligible Proceeds”). The accelerated benefit is equal to the Exchanged Eligible Proceeds discounted over 12 months using an interest rate no greater than defined by Arkansas Law.

Exchanged Eligible Proceeds may not be less than \$5,000 and not more than the lesser of (a) the Eligible Proceeds; or (b) \$250,000. The Amount of Insurance will be reduced by the amount exchanged. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained. Prior to making the accelerated benefit payment, we will reduce it by a \$250 administrative fee and a pro rata amount of any policy debt, based on the percentage of Eligible Proceeds being exchanged. The policy debt, cash value and surrender value of the policy will be reduced by the same percentage. There will be no reduction in any accidental death benefit as long as the policy remains in force. All Accelerated Death Benefit Rider coverage will terminate upon payment of an accelerated death benefit for any qualifying event, or upon termination or maturation of the policy. You may request termination of rider coverage in writing at any time. There is no premium charge for the rider; however, there is a cost associated with receipt of an accelerated benefit payment.

The rider may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information. The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

I hereby acknowledge that I have received a copy of this statement. I have read and understand this information.

Signature of Applicant/Owner

Date

Printed Name of Applicant/Owner

Social Security Number

Signature of Licensed Agent

License No.

Date

SERFF Tracking Number: FRCS-126454367
Filing Company: Columbian Life Insurance Company
Company Tracking Number: 5043
TOI: L071 Individual Life - Whole
Product Name: Single Premium Whole Life Filing
Project Name/Number: CML/74/74

State: Arkansas
State Tracking Number: 44580
Sub-TOI: L071.111 Single Premium - Single Life

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR RDB DIST.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable for this filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Arkansas Complaint Notice Comments: Attachment: AR consumer notice.pdf		

	Item Status:	Status Date:
Satisfied - Item: Authorization Comments: Attachment: AUTH 2010 DIST.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance Comments: Attachment:		

SERFF Tracking Number: FRCS-126454367 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 44580
Company Tracking Number: 5043
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life Filing
Project Name/Number: CML/74/74
AR COC DIST.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Acceleration letters

Comments:

Attachments:

- 6050F-CL Acceleration Letter - Terminal Condition (AR).pdf
- 6051F-CL Acceleration Letter - Nursing Facility _AR_.pdf
- 6052F-CL Acceleration Letter - Extended Care _AR_.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Columbian Life Insurance Company

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

Form Number	Score
FORM NO. 1F150-CL	55.8
FORM NO. A413-CL	*
FORM NO. 1H820-CL	57
FORM NO. 1H821-CL	57.4
FORM NO. 1H822O-CL	51.1
FORM NO. 1H823M-CL	51.4
Form No. 1E905-CL	50.6
Form No. 6011F-CL	51.2
Form No. 6012F-CL	50.3
Form No. 6013F-CL	51.4



Dorothy M. Klie, FLMI, AIRC
Assistant Vice President, Policy Filing and
Assistant Secretary

January 13, 2010

Date

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: Chicago, IL

Administrative Service Office: Vestal Parkway East

PO Box 1381, Binghamton, NY 13902-1381

Telephone: (607) 724-2472 Fax (607) 724-4435

IMPORTANT NOTICE

You can contact the Arkansas Insurance Department at:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501) 371-2600
1-800-282-9134

January 13, 2010

To: The Insurance Commissioner

Authorization

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

This Authorization shall be valid until revoked by us.

Columbian Life Insurance Company

By:



Dorothy M. Klie, FLMI, AIRC

Title: Assistant Vice President, Policy
Filing and Assistant Secretary

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Columbian Life Insurance Company

Form Title(s): Single Premium Whole Life Policy
Application for Single Premium Life Insurance
Accidental Death Benefit Rider
Travel Accidental Death Benefit Rider
Accelerated Death Benefit Terminal Condition Rider
Accelerated Death Benefit Nursing Facility and Extended Care Rider
Unisex Endorsement
Disclosures: Accelerated Death Benefit Terminal Condition Rider/ Nursing Facility and Extended Care Rider
Disclosures: Accelerated Death Benefit Nursing Facility and Extended Care Rider
Disclosures: Accelerated Death Benefit Terminal Condition Rider

Form Number(s): FORM NO. 1F150-CL
FORM NO. A413-CL
FORM NO. 1H820-CL
FORM NO. 1H821-CL
FORM NO. 1H822O-CL
FORM NO. 1H823M-CL
Form No. 1E905-CL
Form No. 6011F-CL
Form No. 6012F-CL
Form No. 6013F-CL

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



Dorothy M. Klie, FLMI, AIRC
Assistant Vice President, Policy Filing and
Assistant Secretary

January 13, 2010
Date



Dear _____ :

We have received your request for accelerated benefit payment under the terms of your Accelerated Benefit Terminal Condition Rider. Please review the following information carefully before electing to receive this benefit.

As specified in your rider, you may choose to exchange all or a portion of the Eligible Proceeds of your policy in return for payment of the accelerated death benefit. The amount payable will be equal to the Exchanged Eligible Proceeds discounted over 12 months based on an annual percentage rate no greater than defined by Arkansas Law, less a \$250 Administrative Service Fee and a pro rata amount of any policy debt.

Your election to receive this benefit will have the following effects on your policy:

- ◆ The Amount of Insurance will be reduced by the Exchanged Proceeds amount. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained.
- ◆ The cash value, surrender value, and any outstanding loan amount will be reduced by a pro rata amount, based on the percentage of Eligible Proceeds being exchanged.
- ◆ There will be no reduction in any accidental death benefit as long as the policy remains in force.
- ◆ Coverage under all Accelerated Death Benefit Riders will terminate upon payment of an accelerated death benefit.

Receipt of accelerated benefits may be taxable. You should consult your personal tax advisor to determine the current tax consequences prior to making any election.

The accelerated benefit payment may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

If, after reviewing this information and consulting with the appropriate parties, you still wish to apply for the accelerated benefit payment, please complete and sign the enclosed Accelerated Benefit Statement and return it to us. If an irrevocable beneficiary has been designated or your policy benefit has been assigned, you must obtain the written consent of the beneficiary and/or assignee.

If you have any questions, please call me at _____ .

Sincerely,

cc: [irrevocable beneficiary]

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY 13902-1381
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381
25 TECHNOLOGY PARKWAY S, SUITE 200 • PO BOX 4850 • NORCROSS, GA 30092-4850
WIDEWATERS PARKWAY • PO BOX 1056 • SYRACUSE, NY 13201-1056



Dear _____ :

We have received your request for accelerated benefit payment under the Qualified Nursing Facility provision of your Accelerated Benefit Nursing Facility and Extended Care Rider. Please review the following information carefully before electing to receive this benefit.

As specified in your rider, you may choose to exchange all or a portion of the Eligible Proceeds of your policy in return for payment of the accelerated death benefit. The amount payable will be equal to the Exchanged Eligible Proceeds discounted over 28 months based on an annual percentage rate no greater than defined by Arkansas Law, less a \$250 Administrative Service Fee and a pro rata amount of any policy debt.

Your election to receive this benefit will have the following effects on your policy:

- ◆ The Amount of Insurance will be reduced by the Exchanged Proceeds amount. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained.
- ◆ The cash value, surrender value, and any outstanding loan amount will be reduced by a pro rata amount, based on the percentage of Eligible Proceeds being exchanged.
- ◆ There will be no reduction in any accidental death benefit as long as the policy remains in force.
- ◆ Coverage under all Accelerated Death Benefit Riders will terminate upon payment of an accelerated death benefit.

Receipt of accelerated benefits may be taxable. You should consult your personal tax advisor to determine the current tax consequences prior to making any election.

The accelerated benefit payment may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

If, after reviewing this information and consulting with the appropriate parties, you still wish to apply for the accelerated benefit payment, please complete and sign the enclosed Accelerated Benefit Statement and return it to us. If an irrevocable beneficiary has been designated or your policy benefit has been assigned, you must obtain the written consent of the beneficiary and/or assignee.

If you have any questions, please call me at _____ .

Sincerely,

cc: [irrevocable beneficiary]

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY 13902-1381
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381
25 TECHNOLOGY PARKWAY S, SUITE 200 • PO BOX 4850 • NORCROSS, GA 30092-4850
WIDEWATERS PARKWAY • PO BOX 1056 • SYRACUSE, NY 13201-1056



Dear _____ :

We have received your request for accelerated benefit payment under the Extended Care provision of your Accelerated Benefit Nursing Facility and Extended Care Rider. Please review the following information carefully before electing to receive this benefit.

As specified in your rider, you may choose to exchange all or a portion of the Eligible Proceeds of your policy in return for payment of the accelerated death benefit. The amount payable will be equal to the Exchanged Eligible Proceeds discounted over 72 months based on an annual percentage rate no greater than defined by Arkansas Law, less a \$250 Administrative Service Fee and a pro rata amount of any policy debt.

Your election to receive this benefit will have the following effects on your policy:

- ◆ The Amount of Insurance will be reduced by the Exchanged Proceeds amount. If the entire Amount of Insurance is not accelerated, a minimum Amount of Insurance of \$500 must be maintained.
- ◆ The cash value, surrender value, and any outstanding loan amount will be reduced by a pro rata amount, based on the percentage of Eligible Proceeds being exchanged.
- ◆ There will be no reduction in any accidental death benefit as long as the policy remains in force.
- ◆ Coverage under all Accelerated Death Benefit Riders will terminate upon payment of an accelerated death benefit.

Receipt of accelerated benefits may be taxable. You should consult your personal tax advisor to determine the current tax consequences prior to making any election.

The accelerated benefit payment may affect your ability to receive certain government benefits or entitlements. The accelerated benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

If, after reviewing this information and consulting with the appropriate parties, you still wish to apply for the accelerated benefit payment, please complete and sign the enclosed Accelerated Benefit Statement and return it to us. If an irrevocable beneficiary has been designated or your policy benefit has been assigned, you must obtain the written consent of the beneficiary and/or assignee.

If you have any questions, please call me at _____ .

Sincerely,

cc: [irrevocable beneficiary]

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY 13902-1381
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
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