

SERFF Tracking Number: METD-126843152 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 47055  
Company Tracking Number: 5E-CCR-11, ET AL.  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Coverage Continuation Rider  
Project Name/Number: UL11 Reprice/5E-CCR-11, et al.

## Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Coverage Continuation Rider SERFF Tr Num: METD-126843152 State: Arkansas  
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 47055  
Adjustable Life Closed  
Sub-TOI: L09I.001 Single Life Co Tr Num: 5E-CCR-11, ET AL. State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Authors: Jennifer DeCesare, Diane Disposition Date: 10/19/2010  
Palermo  
Date Submitted: 10/14/2010 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: UL11 Reprice Status of Filing in Domicile: Pending  
Project Number: 5E-CCR-11, et al. Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 10/19/2010 Explanation for Other Group Market Type:  
State Status Changed: 10/19/2010  
Deemer Date: Created By: Diane Palermo  
Submitted By: Diane Palermo Corresponding Filing Tracking Number:  
Filing Description:  
RE: MetLife Investors USA Insurance Company  
NAIC # 241-61050 FEIN # 54-0696644  
Individual Life Filing  
Forms:  
Coverage Continuation Rider, 5E-CCR-11  
Joint Coverage Continuation Rider, 5E-4JCC-11  
New Submission

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State of Domicile: Delaware

The above-referenced forms are enclosed for your review and approval. These are new forms that will not replace any existing forms. The forms are in final print subject only to minor modifications in layout, paper size, color, stock, ink, border, font, company logo and adaptation to computer printing. Additionally, we reserve the right to correct minor typographical errors.

Rider forms 5E-CCR-11 and 5E-4JCC-11 are Coverage Continuation Riders that guarantee that the policy will not lapse even if the policy's cash surrender value is insufficient to pay future monthly deductions if certain criteria are met. This guarantee applies to the policy's death benefit; not the policy's cash value. Form 5E-CCR-11 is used with single life policies while form 5E-4JCC-11 is used with joint life policies.

Items have been bracketed on the enclosed forms to indicate that we will consider it acceptable to change these items in the future without re-filing the forms with your Department, unless you advise otherwise during your review of this form.

You have our assurance that we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49.

We look forward to receiving your approval of these forms. Thank you for your attention to this filing.

Sincerely,

Jennifer DeCesare

Enclosures: Readability Certificate; Certification; Actuarial Memoranda; Copy of Application Approved on 8/3/07

## Company and Contact

### Filing Contact Information

Jennifer DeCesare, Senior Contract Consultant [jdecesare@metlife.com](mailto:jdecesare@metlife.com)  
501 Boylston Street 617-578-3677 [Phone]  
Boston, MA 02116 617-578-5505 [FAX]

### Filing Company Information

MetLife Investors USA Insurance Company	CoCode: 61050	State of Domicile: Delaware
222 Delaware Ave. Suite 900	Group Code: 241	Company Type: Life
P.O. Box 25130	Group Name: MetLife Group	State ID Number:
Wilmington, DE 19899	FEIN Number: 54-0696644	

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(617) 578-2000 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: Delaware is our Domiciliary State and they charge \$50.00 per form and we are submitting (2) Forms so we are sending \$100.00.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$100.00	10/14/2010	40745466

SERFF Tracking Number: METD-126843152 State: Arkansas  
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Adjustable Life  
Product Name: Coverage Continuation Rider  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/19/2010	10/19/2010

*SERFF Tracking Number:*     *METD-126843152*                     *State:*                     *Arkansas*  
*Filing Company:*             *MetLife Investors USA Insurance Company*     *State Tracking Number:*     *47055*  
*Company Tracking Number:*     *5E-CCR-11, ET AL.*  
*TOI:*                     *L09I Individual Life - Flexible Premium*     *Sub-TOI:*                     *L09I.001 Single Life*  
                                   *Adjustable Life*  
*Product Name:*             *Coverage Continuation Rider*  
*Project Name/Number:*         *UL11 Reprice/5E-CCR-11, et al.*

## **Disposition**

Disposition Date: 10/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-126843152 State: Arkansas  
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 47055  
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 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Coverage Continuation Rider  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Arkansas Certification		Yes
<b>Supporting Document</b>	Actuarial Memoranda		Yes
<b>Form</b>	Coverage Continuation Rider		Yes
<b>Form</b>	Joint Coverage Continuation Rider		Yes

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## Form Schedule

### Lead Form Number: 5E-CCR-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	5E-CCR-11	Policy/Cont Coverage ract/Fratern Continuation Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.900	5E-CCR-11.pdf
	5E-4JCC-11	Policy/Cont Joint Coverage ract/Fratern Continuation Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.900	5E-4JCC-11.pdf

## COVERAGE CONTINUATION RIDER

MetLife Investors USA Insurance Company

This Rider provides a guarantee that the Policy will not lapse, as long as this Rider is in force and the Coverage Continuation Benefit is in effect.

This Rider is a part of the Policy if it is listed on the Policy Specifications page. A copy of the application for this Rider is attached to and made part of the Rider.

If the Policy's Death Benefit Option is changed from Option A to Option B: this Rider will terminate; and no new Rider Specifications page will be sent to you. (See the Termination provision.) A new Rider Specifications page will be sent to you if any other change is made to the Policy.

**Coverage Continuation Benefit** The Coverage Continuation Benefit (called "Benefit") guarantees that the Policy will not lapse, as long as this Rider is in force and the Benefit is in effect. This Benefit does not guarantee the Policy's Cash Value. A Coverage Continuation Value account will be established to determine if this Benefit is in effect.

On each monthly anniversary during the first policy year, this Benefit will be in effect if 1., 2., and 3. are met. Thereafter, this Benefit will be in effect if 2. and 3. are met. 1., 2., and 3. are as follows:

1. The amount of premium paid less any Policy Loan Balance at least equals:  $1/12^{\text{th}}$  of the Coverage Continuation Benefit Minimum First Year Total Premium, as shown on the Rider Specifications for Coverage Continuation Rider page (called "Rider Specifications page"); times the number of policy months since the Policy Date (called "First Year Premium Requirement").
2. The Coverage Continuation Value is greater than the Policy Loan Balance at all times.
3. The Policy Loan Balance is less than the Death Benefit.

Unless you elect to take the Maturity Benefit (see the Maturity Benefit provision in the Policy), this Benefit will stay in effect beyond the Maturity Date of the Policy as long as:

1. The Coverage Continuation Value is greater than any Policy Loan Balance on and after the Maturity Date of the Policy; and
2. The Policy Loan Balance is less than the Death Benefit.

Once the Grace Period for this Benefit has expired, this Benefit will terminate. See the Grace Period for Coverage Continuation Benefit provision below. You can reactivate this Benefit within the Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided the payment required to reactivate this Benefit does not disqualify the Policy as life insurance. See the Reactivation of Coverage Continuation Benefit provision below.

## **Impact of Rider on Policy's Cash Value**

### **Cost of Rider**

While this Rider is in force and this Benefit is in effect, the cost of this Rider will be deducted as part of the Monthly Deduction from the Policy's Cash Value. The cost of this Rider equals:

1. The Coverage Continuation Monthly Cost of Insurance Charge; plus
2. The Coverage Continuation Monthly Unit Load Charge; plus
3. The Coverage Continuation Monthly Rider Charge.

More information about the above charges can be found in the Rider Specifications page.

No Cost of Rider charges will be deducted during the Coverage Continuation Benefit Reactivation Period. See the Reactivation of Coverage Continuation Benefit provision below for information on the cost to reactivate the Benefit.

### **Coverage Continuation Monthly Cost of Insurance Charge**

The Coverage Continuation Monthly Cost of Insurance Charge equals:

1. The Net Amount at Risk (see the Net Amount at Risk provisions in the Policy) allocated to the remaining Initial Face Amount times the Coverage Continuation Monthly Cost of Insurance Rate for the Initial Face Amount, divided by 1,000; plus
2. If you request any increases in Face Amount, the Net Amount at Risk allocated to each Requested Increase times the Coverage Continuation Monthly Cost of Insurance Rate for each increase in Face Amount, divided by 1,000.

The Coverage Continuation Monthly Cost of Insurance Rates used to calculate the Coverage Continuation Monthly Cost of Insurance Charge will not exceed the Guaranteed Maximum Coverage Continuation Monthly Cost of Insurance Rates shown on the Rider Specifications page. The Coverage Continuation Monthly Cost of Insurance Rates will vary based on the Attained Age, risk classification, sex and completed years from the Policy Date for the Face Amount and from the Date of Coverage for each Requested Increase.

### **Coverage Continuation Monthly Unit Load Charge**

The Coverage Continuation Monthly Unit Load Charge equals the total of these Charges for the Initial Face Amount and for all Requested Increases. The Charge for each piece of coverage equals: the Face Amount of the Policy or the amount of an increase; times its Coverage Continuation Monthly Unit Load Charge for the applicable year shown on the Rider Specifications page; divided by 1,000.

### **Accumulated Amount**

If the Cash Value of the Policy becomes negative while this Benefit is in effect, the Monthly Deductions will be accumulated without interest (called "Accumulated Amount"). This Accumulated Amount must be repaid before any Cash Value can develop under the Policy. This Accumulated Amount will not decrease the Death Benefit and will not be paid as part of the Policy Proceeds. It will not be considered in calculating the cost of insurance charges.

## Determination of the Status of the Coverage Continuation Benefit

### Coverage Continuation Value

**Please note: The Coverage Continuation Value is not available to you. Its purpose is only to determine the status of this Benefit. It does not affect the Cash Value of your Policy. It is calculated similarly to the calculation of the Cash Value of the Policy, except that the comparable Coverage Continuation Value Charges shown in the Rider Specifications page are used. Also, a Coverage Continuation Value Risk Adjustment Charge will be deducted at the end of the last day of each policy year, if applicable. (See the Coverage Continuation Value Risk Adjustment Charge provision below for more details on this charge.) We have filed a detailed statement of the method of calculating the Coverage Continuation Value with the insurance supervisory official of the state that governs the Policy. You may request, In Writing, additional information on the Coverage Continuation Value.**

The Coverage Continuation Value will no longer be calculated once the Coverage Continuation Benefit Reactivation Period has expired.

The Policy's annual report will indicate if this Benefit is in effect or in the Grace Period.

### Coverage Continuation Value Risk Adjustment Charge

At the end of the last day of each policy year, an additional charge may be deducted from the Coverage Continuation Value. A Coverage Continuation Value Risk Adjustment Charge will be calculated as follows:

1. The sum of the Coverage Continuation Expected Threshold Amount from the Policy Date to the end of the last day of the policy year (The Coverage Continuation Expected Threshold Amount is shown on the Rider Specifications page.); less
2. The sum of actual premiums paid since the Policy Date; plus
3. The sum of any partial withdrawals since the Policy Date.

This Charge will not be assessed if the Coverage Continuation Value plus the Coverage Continuation Expected Threshold Amount paid annually is sufficient to guarantee coverage to the Insured's Attained Age 121. If (1) - (2) + (3) is greater than zero and the Coverage Continuation Value plus the Coverage Continuation Expected Threshold Amount paid annually is not sufficient to guarantee coverage to the Insured's Attained Age 121, then the Risk Adjustment Charge will equal:

- a. The applicable Coverage Continuation Value Risk Adjustment Percent (which is shown on the Rider Specifications page); times
- b. The amount calculated by (1) - (2) + (3); less
- c. The sum of previous Coverage Continuation Value Risk Adjustment Charges assessed.

If (1) - (2) + (3) is less than or equal to zero, then the Coverage Continuation Value Risk Adjustment Charge will equal \$0.

## General Provisions

### Grace Period for Coverage Continuation Benefit

In the first policy year on each monthly anniversary date, if the First Year Premium Requirement is not met, a Grace Period of 62 days from the monthly anniversary date will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

Also, if on any monthly anniversary date the Coverage Continuation Value is insufficient to pay the Coverage Continuation Charges that are used in the calculation of the Coverage Continuation Value, a Grace Period of 62 days will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

If on any monthly anniversary date the Policy Loan Balance exceeds the Death Benefit, a Grace Period of 62 days will be allowed for payment of the excess due (referred to as the "Amount Due"). Notice of the Amount Due will be sent at the beginning of the Grace Period to your last known address and to any assignee on record.

If we do not receive the Amount Due by the end of this Rider's Grace Period, this Benefit will terminate. No further calculations of the Coverage Continuation Value or deductions of the cost of the Rider will occur, unless you reactivate this Benefit as described below.

**Reactivation of  
Coverage  
Continuation Benefit**

If this Benefit has terminated or the Policy has lapsed while this Benefit was in force, you can reactivate this Benefit within the Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided that the payment required to reactivate this Benefit does not disqualify your Policy as life insurance. If the Policy has lapsed, the Policy must be reinstated in order to reactivate this Benefit. A notice will be sent to your last known address and to any assignee on record at the end of the Grace Period for this Benefit. In order to reactivate this Benefit within the Reactivation Period, we will require a payment sufficient to make the Coverage Continuation Value and the Death Benefit greater than any Policy Loan Balance. All past due costs of the Rider plus an amount to keep the Benefit in effect for two months will be assessed. You may contact us for additional information. If the payment is not paid within the Coverage Continuation Benefit Reactivation Period: the Reactivation Period will terminate; this Benefit cannot be reactivated; and this Rider will terminate.

**Continuation of  
Insurance**

If all premium payments cease and this Benefit is not in effect, the insurance provided under the Policy, including benefits provided by any rider attached to the Policy, will continue in accordance with Continuation of Insurance provision of the Policy.

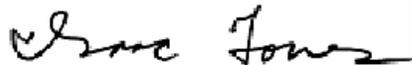
**Termination**

This Rider will terminate on the first of the following events to occur.

1. The date the Policy is surrendered;
2. The date of death of the Insured;
3. The expiration of the Coverage Continuation Benefit Reactivation Period;
4. A change in the Policy's Death Benefit Option from Option A to Option B; and
5. The monthly anniversary on or next following our receipt of your request In Writing to terminate this Rider.

Once this Rider terminates, it cannot be added again to the Policy.

**MetLife Investors USA Insurance Company**



Secretary

## RIDER SPECIFICATIONS FOR COVERAGE CONTINUATION RIDER

Insured: [JOHN DOE] Policy Number: [SPECIMEN]  
 Issue Date: [MARCH 1, 2011]

Guaranteed Coverage Date (Based on Planned [Annual] Premium and Planned First Year Lump Sum)\*: [MARCH 1, 2097]  
 Coverage Continuation Benefit Minimum First Year Total Premium\*\*: [\$1,075.08]

Coverage Continuation Benefit Reactivation Period: [9 MONTHS]

### IMPACT OF RIDER ON POLICY'S CASH VALUE

Maximum Coverage Continuation Monthly Cost of Insurance Rates: SEE TABLE BELOW

Coverage Continuation Monthly Unit Load Charge:

Years 1 – 20 Years 21 & Later	0.2762 PER 1000 0.1973 PER 1000
Coverage Continuation Monthly Rider Charge:	
Years 1 – 20 Years 21 & Later	\$0.00 \$0.00

### DETERMINATION OF THE STATUS OF COVERAGE CONTINUATION VALUE

Monthly Coverage Continuation Value Charges:

Monthly Coverage Continuation Value Expense Charge Per \$1,000:

Year 1 Years 2 – 20	0.0321 PER 1000 0.0321 PER 1000
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Monthly Coverage Continuation Value Rider Charge:

Years 1 – 20 Years 21 & Later	\$5.00 \$5.00
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Monthly Coverage Continuation Value Cost of Insurance Rates:

Coverage Continuation Value Percent of Premium Charge: For Premiums up to and including [\$1,256.28]*** each policy year For Premiums in excess of [\$1,256.28]*** each policy year	Years 1-20 31.43% 30.48%	Years 21 & Later 31.43% 30.48%
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Coverage Continuation Value Accumulation Factors:

Year 1 Years 2 - 39 Years 40 - 60 Years 61 & Later	0.00% 5.00% 6.50% 6.50%
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## RIDER SPECIFICATIONS FOR COVERAGE CONTINUATION RIDER (CONTINUED)

**Coverage Continuation Value Surrender Charge Percent:**

Years 1-10	100.00%
Years 11 & Later	100.00%

**Coverage Continuation Value Risk Adjustment Percent:**

Years 1-10	100.00%
Years 11 & Later	100.00%

**Coverage Continuation Expected Threshold Amount Annually\*\*\*:**

[\$1,107.55]

\*The Policy will stay in force to the Guaranteed Coverage Date if: at least the Planned Premiums are paid by each Planned Premium Due Date; any Planned First Year Lump Sum is paid by the first policy anniversary; no Loans are taken; no partial withdrawals are made; no policy changes are made; the planned premium timing is not changed; there was no misstatement of age or sex; and no riders are added or removed. **Assuming that such conditions are met: the Planned Premium and any Planned First Year Lump Sum represent a premium payment schedule that will keep the Coverage Continuation Value positive in all years and will, as a result, guarantee your Policy will stay in force to the Guaranteed Coverage Date; and you may contact us or our representative for additional information regarding other premium payment schedules that will guarantee your Policy will stay in force to the Guaranteed Coverage Date.**

\*\*During the first policy year, this premium will be recalculated and shown on a new Rider Specifications page if: there is a Requested Increase; there is a change in the Insured's risk classification; there is a misstatement of age or sex; or any riders are added or removed.

\*\*\* This premium will be recalculated and shown on a new Rider Specifications page if: any policy changes are made; any partial withdrawals are taken; there is a change in the Insured's risk classification; there is a misstatement of age or sex; or any riders are added or removed.

**TABLE OF GUARANTEED MAXIMUM COVERAGE CONTINUATION RIDER  
MONTHLY COST OF INSURANCE RATES PER \$1,000**

**Insured:** [JOHN DOE]      **Policy Number:** [SPECIMEN]  
**Date of Coverage:** [MARCH 1, 2011]

<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>
1	[0.0001	30	0.0012	59	0.0164
2	0.0001	31	0.0013	60	0.0174
3	0.0001	32	0.0014	61	0.0186
4	0.0001	33	0.0014	62	0.0198
5	0.0002	34	0.0015	63	0.0210
6	0.0002	35	0.0016	64	0.0222
7	0.0002	36	0.0018	65	0.0228
8	0.0002	37	0.0019	66	0.0231
9	0.0002	38	0.0021	67	0.0234
10	0.0002	39	0.0023	68	0.0237
11	0.0003	40	0.0026	69	0.0242
12	0.0003	41	0.0028	70	0.0248
13	0.0003	42	0.0031	71	0.0255
14	0.0004	43	0.0034	72	0.0266
15	0.0004	44	0.0037	73	0.0279
16	0.0004	45	0.0042	74	0.0296
17	0.0005	46	0.0047	75	0.0317
18	0.0005	47	0.0053	76	0.0342
19	0.0005	48	0.0060	77	0.0368
20	0.0006	49	0.0069	78	0.0396
21	0.0006	50	0.0078	79	0.0425
22	0.0007	51	0.0088	80	0.0455
23	0.0007	52	0.0098	81	0.0484
24	0.0008	53	0.0109	82	0.0511
25	0.0008	54	0.0120	83	0.0534
26	0.0009	55	0.0131	84	0.0551
27	0.0010	56	0.0139	85	0.0561
28	0.0010	57	0.0146	86	0.0564
29	0.0011	58	0.0155	87+	0.0000]

**MONTHLY COVERAGE CONTINUATION VALUE COST OF INSURANCE RATES  
PER \$1,000**

**Insured:** [JOHN DOE] **Policy Number:** [SPECIMEN]

**Date of Coverage:** [MARCH 1, 2011]

<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>
1	[0.0000	30	1.2449	59	9.5318
2	0.0814	31	1.3587	60	10.1094
3	0.1005	32	1.4684	61	10.7486
4	0.1150	33	1.5750	62	11.3130
5	0.1287	34	1.6872	63	11.9079
6	0.1338	35	1.7985	64	12.5362
7	0.1473	36	1.9332	65	13.1998
8	0.1629	37	2.0807	66	13.7955
9	0.1809	38	2.2652	67	14.1734
10	0.2030	39	2.4653	68	14.5805
11	0.2258	40	2.6674	69	15.0170
12	0.2521	41	2.9025	70	15.4870
13	0.2813	42	3.1528	71	16.1816
14	0.3127	43	3.4096	72	16.9450
15	0.3429	44	3.6653	73	17.7878
16	0.3674	45	3.9276	74	18.7215
17	0.3965	46	4.2080	75	19.7632
18	0.4364	47	4.5132	76	20.9312
19	0.4813	48	4.8521	77	22.2538
20	0.5337	49	5.2269	78	23.3777
21	0.5856	50	5.6235	79	23.3777
22	0.6417	51	6.0287	80	23.3777
23	0.6997	52	6.4295	81	23.3777
24	0.7517	53	6.8199	82	23.3777
25	0.8020	54	7.2458	83	23.3777
26	0.8712	55	7.6664	84	23.3777
27	0.9489	56	8.0875	85	23.3777
28	1.0365	57	8.5177	86	23.3777
29	1.1356	58	8.9749	87+	0.0000]

The Monthly Coverage Continuation Value Cost of Insurance Charge rate for each piece of coverage is based on the Attained Age, risk classification, sex and completed years from the Policy Date for the Initial Face Amount and for the Date of Coverage for each Requested Increase.

## JOINT COVERAGE CONTINUATION RIDER

MetLife Investors USA Insurance Company

This Rider provides a guarantee that the Policy will not lapse, as long as this Rider is in force and the Joint Coverage Continuation Benefit is in effect.

This Rider is a part of the Policy if it is listed on the Policy Specifications page. A copy of the application for this Rider is attached to and made part of the Rider.

If the Policy's Death Benefit Option is changed from Option A to Option B: this Rider will terminate; and no new Rider Specifications page will be sent to you. (See the Termination provision.) A new Rider Specifications page will be sent to you if any other change is made to the Policy.

### **Joint Coverage**

### **Continuation Benefit**

The Joint Coverage Continuation Benefit (called "Benefit") guarantees that the Policy will not lapse, as long as this Rider is in force and the Benefit is in effect. This Benefit does not guarantee the Policy's Cash Value. A Joint Coverage Continuation Value account will be established to determine if this Benefit is in effect.

On each monthly anniversary during the first policy year, this Benefit will be in effect if 1., 2., and 3. are met. Thereafter, this Benefit will be in effect if 2. and 3. are met. 1., 2., and 3. are as follows:

1. The amount of premium paid less any Policy Loan Balance at least equals:  $1/12^{\text{th}}$  of the Joint Coverage Continuation Benefit Minimum First Year Total Premium, as shown on the Rider Specifications for Joint Coverage Continuation Rider page (called "Rider Specifications page"); times the number of policy months since the Policy Date (called "First Year Premium Requirement").
2. The Joint Coverage Continuation Value is greater than the Policy Loan Balance at all times.
3. The Policy Loan Balance is less than the Death Benefit.

Unless you elect to take the Maturity Benefit (see the Maturity Benefit provision in the Policy), this Benefit will stay in effect beyond the Maturity Date of the Policy as long as:

1. The Joint Coverage Continuation Value is greater than any Policy Loan Balance on and after the Maturity Date of the Policy; and
2. The Policy Loan Balance is less than the Death Benefit.

Once the Grace Period for this Benefit has expired, this Benefit will terminate. See the Grace Period for Joint Coverage Continuation Benefit provision below. You can reactivate this Benefit within the Joint Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided the payment required to reactivate this Benefit does not disqualify the Policy as life insurance. See the Reactivation of Joint Coverage Continuation Benefit provision below.

### Impact of Rider on Policy's Cash Value

#### Cost of Rider

While this Rider is in force and this Benefit is in effect, the cost of this Rider will be deducted as part of the Monthly Deduction from the Policy's Cash Value. The cost of this Rider equals:

1. The Joint Coverage Continuation Monthly Cost of Insurance Charge; plus
2. The Joint Coverage Continuation Monthly Unit Load Charge; plus
3. The Joint Coverage Continuation Monthly Rider Charge.

More information about the above charges can be found in the Rider Specifications page.

No Cost of Rider charges will be deducted during the Joint Coverage Continuation Benefit Reactivation Period. See the Reactivation of Joint Coverage Continuation Benefit provision below for information on the cost to reactivate the Benefit.

#### Joint Coverage Continuation Monthly Cost of Insurance Charge

The Joint Coverage Continuation Monthly Cost of Insurance Charge equals:

1. The Net Amount at Risk (see the Net Amount at Risk provisions in the Policy) allocated to the remaining Initial Face Amount times the Joint Coverage Continuation Monthly Cost of Insurance Rate for the Initial Face Amount, divided by 1,000; plus
2. If you request any increases in Face Amount, the Net Amount at Risk allocated to each requested increase in Face Amount times the Joint Coverage Continuation Monthly Cost of Insurance Rate for each increase in Face Amount, divided by 1,000.

The Joint Coverage Continuation Monthly Cost of Insurance Rates used to calculate the Joint Coverage Continuation Monthly Cost of Insurance Charge will not exceed the Guaranteed Maximum Joint Coverage Continuation Monthly Cost of Insurance Rates shown on the Rider Specifications page. The Joint Coverage Continuation Monthly Cost of Insurance Rates will vary based on the attained ages, risk classifications, sexes and completed years from the Policy Date for the Face Amount and from the Date of Coverage for each requested increase in Face Amount.

#### Joint Coverage Continuation Monthly Unit Load Charge

The Joint Coverage Continuation Monthly Unit Load Charge equals the total of these Charges for the Initial Face Amount and for all requested increases in Face Amount. The Charge for each piece of coverage equals: the Face Amount of the Policy or the amount of an increase; times its Joint Coverage Continuation Monthly Unit Load Charge for the applicable year shown on the Rider Specifications page; divided by 1,000.

#### Accumulated Amount

If the Cash Value of the Policy becomes negative while this Benefit is in effect, the Monthly Deductions will be accumulated without interest (called "Accumulated Amount"). This Accumulated Amount must be repaid before any Cash Value can develop under the Policy. This Accumulated Amount will not decrease the Death Benefit and will not be paid as part of the Policy Proceeds. It will not be considered in calculating the cost of insurance charges.

## Determination of the Status of the Joint Coverage Continuation Benefit

### Joint Coverage Continuation Value

**Please note: The Joint Coverage Continuation Value is not available to you. Its purpose is only to determine the status of this Benefit. It does not affect the Cash Value of your Policy. It is calculated similarly to the calculation of the Cash Value of the Policy, except that the comparable Joint Coverage Continuation Value Charges shown in the Rider Specifications page are used. Also, a Coverage Continuation Value Risk Adjustment Charge will be deducted at the end of the last day of each policy year, if applicable. (See the Coverage Continuation Value Risk Adjustment Charge provision below for more details on this charge.) We have filed a detailed statement of the method of calculating the Joint Coverage Continuation Value with the insurance supervisory official of the state that governs the Policy. You may submit a written request for additional information about the Joint Coverage Continuation Value to us at our Designated Office.**

The Joint Coverage Continuation Value will no longer be calculated once the Joint Coverage Continuation Benefit Reactivation Period has expired.

The Policy's annual report will indicate if this Benefit is in effect or in the Grace Period.

### Coverage Continuation Value Risk Adjustment Charge

At the end of the last day of each policy year, an additional charge may be deducted from the Joint Coverage Continuation Value. A Coverage Continuation Value Risk Adjustment Charge will be calculated as follows:

1. The sum of the Joint Coverage Continuation Expected Threshold Amount from the Policy Date to the end of the last day of the policy year (The Joint Coverage Continuation Expected Threshold Amount is shown on the Rider Specifications page.); less
2. The sum of actual premiums paid since the Policy Date; plus
3. The sum of any partial withdrawals since the Policy Date.

This Charge will not be assessed if the Joint Coverage Continuation Value plus the Joint Coverage Continuation Expected Threshold Amount paid annually is sufficient to guarantee coverage to the younger Insured's Attained Age 120. If (1) - (2) + (3) is greater than zero and the Joint Coverage Continuation Value plus the Joint Coverage Continuation Expected Threshold Amount paid annually is not sufficient to guarantee coverage to the younger Insured's Attained Age 120, then the Risk Adjustment Charge will equal:

- a. The applicable Coverage Continuation Value Risk Adjustment Percent (which is shown on the Rider Specifications page); times
- b. The amount calculated by (1) - (2) + (3); less
- c. The sum of previous Coverage Continuation Value Risk Adjustment Charges assessed.

If (1) - (2) + (3) is less than or equal to zero, then the Coverage Continuation Value Risk Adjustment Charge will equal \$0.

## General Provisions

### Grace Period for Joint Coverage Continuation Benefit

In the first policy year on each monthly anniversary date, if the First Year Premium Requirement is not met, a Grace Period of 62 days from the monthly anniversary date will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

Also, if on any monthly anniversary date the Joint Coverage Continuation Value is insufficient to pay the Joint Coverage Continuation Charges that are used in the calculation of the Joint Coverage Continuation Value, a Grace Period of 62 days will be allowed for the payment of a premium amount sufficient to keep this Benefit in effect (referred to as the "Amount Due"). See the Grace Period provision in your Policy.

If on any monthly anniversary date the Policy Loan Balance exceeds the Death Benefit, a Grace Period of 62 days will be allowed for payment of the excess due (referred to as the "Amount Due"). Notice of the Amount Due will be sent at the beginning of the Grace Period to your last known address and to any assignee on record.

If we do not receive the Amount Due by the end of this Rider's Grace Period, this Benefit will terminate. No further calculations of the Joint Coverage Continuation Value or deductions of the cost of the Rider will occur, unless you reactivate this Benefit as described below.

This Rider cannot be reinstated if the Policy lapses.

**Reactivation of Joint Coverage Continuation Benefit**

If your Policy is in force and this Benefit has terminated, you can reactivate this Benefit within the Joint Coverage Continuation Benefit Reactivation Period shown on the Rider Specifications page provided that the payment required to reactivate this Benefit does not disqualify your Policy as life insurance. A notice will be sent to your last known address and to any assignee on record at the end of the Grace Period for this Benefit. In order to reactivate this Benefit within the Reactivation Period, we will require a payment sufficient to make the Joint Coverage Continuation Value and the Death Benefit greater than any Policy Loan Balance. All past due costs of the Rider plus an amount to keep the Benefit in effect for two months will be assessed. You may contact us for additional information. If the payment is not paid within the Joint Coverage Continuation Benefit Reactivation Period: the Reactivation Period will terminate; this Benefit cannot be reactivated; and this Rider will terminate.

**Continuation of Insurance**

If all premium payments cease and this Benefit is not in effect, the insurance provided under the Policy, including benefits provided by any rider attached to the Policy, will continue in accordance with Continuation of Insurance provision of the Policy.

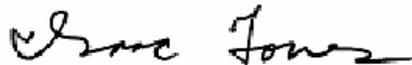
**Termination**

This Rider will terminate on the first of the following events to occur.

1. The date the Policy is terminated;
2. The date of the Last Death;
3. The expiration of the Joint Coverage Continuation Benefit Reactivation Period;
4. A change in the Policy's Death Benefit Option from Option A to Option B; and
5. The monthly anniversary on or next following our receipt of your written request at our Designated Office to terminate this Rider.

Once this Rider terminates, it cannot be added again to the Policy.

**MetLife Investors USA Insurance Company**



Secretary

## RIDER SPECIFICATIONS FOR JOINT COVERAGE CONTINUATION RIDER

**Insureds:** [JOHN DOE] **Policy Number:** [SPECIMEN]  
 [JANE DOE]  
**Issue Date:** [MARCH 1, 2011]

**Guaranteed Coverage Date (Based on Planned [Annual] Premium and Planned First Year Lump Sum)\*:** [MARCH 1, 2096]  
**Joint Coverage Continuation Benefit Minimum First Year Total Premium\*\*:** [\$1,171.20]

**Joint Coverage Continuation Benefit Reactivation Period:** [9 MONTHS]

### IMPACT OF RIDER ON POLICY'S CASH VALUE

**Maximum Joint Coverage Continuation Monthly Cost of Insurance Rates:** SEE TABLE BELOW  
**Joint Coverage Continuation Monthly Unit Load Charge:**

Years 1-20	0.1976 PER 1000
Years 21 & Later	0.1976 PER 1000

**Joint Coverage Continuation Monthly Rider Charge:**

Years 1-20	\$0.00
Years 21 & Later	\$0.00

### DETERMINATION OF THE STATUS OF JOINT COVERAGE CONTINUATION VALUE

**Monthly Joint Coverage Continuation Value Charges:**

**Monthly Coverage Continuation Value Expense Charge Per \$1,000:**

Years 1-20	0.1584 PER 1000
Years 21 & Later	0.0000 PER 1000

**Monthly Coverage Continuation Value Rider Charge:**

Years 1-20	\$5.00
Years 21 & Later	\$5.00

**Monthly Coverage Continuation Value Cost of Insurance Rates:** SEE TABLE BELOW

	Years 1-20	Years 21 & Later
<b>Coverage Continuation Value Percent of Premium Charge:</b>		
For Premiums up to and including [\$1,490.91]*** each policy year	11.43%	11.43%
For Premiums in excess of [\$1,490.91]*** each policy year	12.86%	12.86%

**Coverage Continuation Value Accumulation Factors:**

Years 1	0.00%
Years 2-39	5.00%
Years 40 - 60	6.50%
Years 61 & Later	6.50%

## RIDER SPECIFICATIONS FOR JOINT COVERAGE CONTINUATION RIDER (CONTINUED)

**Coverage Continuation Value Surrender Charge Percent:**

Years 1-10	100.00%
Years 11 & Later	100.00%

**Coverage Continuation Value Risk Adjustment Percent:**

Years 1-10	100.00%
Years 11 & Later	100.00%

**Joint Coverage Continuation Expected Threshold Amount Annually\*\*\*:**

Years 1-10	\$1,247.01
Years 11 & Later	\$1,247.01

\*The Policy will stay in force to the Guaranteed Coverage Date if: at least the Planned Premium is paid by each Planned Premium Due Date; any Planned First Year Lump Sum is paid by the first policy anniversary; no Loans are taken; no partial withdrawals are made; no policy changes are made; the planned premium timing is not changed; there was no misstatement of age or sex; and no riders are added or removed. **Assuming that such conditions are met: the Planned Premium and any Planned First Year Lump Sum represent a premium payment schedule that will keep the Joint Coverage Continuation Value positive in all years and will, as a result, guarantee your Policy will stay in force to the Guaranteed Coverage Date; and you may contact us or our representative for additional information regarding other premium payment schedules that will guarantee your Policy will stay in force to the Guaranteed Coverage Date.**

\*\*During the first policy year, this premium will be recalculated and shown on a new Rider Specifications page if: there is a requested increase in Face Amount; there is any change in a risk classification; there is any misstatement of age or sex; or any riders are added or removed.

\*\*\* This premium will be recalculated and shown on a new Rider Specifications page if: any policy changes are made; any partial withdrawals are taken; there is any change in a risk classification; there is any misstatement of age or sex; or any riders are added or removed.

**TABLE OF GUARANTEED MAXIMUM JOINT COVERAGE CONTINUATION RIDER  
MONTHLY COST OF INSURANCE RATES PER \$1,000**

**Insureds:** [JOHN DOE] **Policy Number:** [SPECIMEN]  
 [JANE DOE]  
**Date of Coverage:** [MARCH 1, 2011]

<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>
1	[0.0000	30	0.0000	59	0.0000
2	0.0000	31	0.0000	60	0.0000
3	0.0000	32	0.0000	61	0.0000
4	0.0000	33	0.0000	62	0.0000
5	0.0000	34	0.0000	63	0.0000
6	0.0000	35	0.0000	64	0.0000
7	0.0000	36	0.0000	65	0.0000
8	0.0000	37	0.0000	66	0.0000
9	0.0000	38	0.0000	67	0.0000
10	0.0000	39	0.0000	68	0.0000
11	0.0000	40	0.0000	69	0.0000
12	0.0000	41	0.0000	70	0.0000
13	0.0000	42	0.0000	71	0.0000
14	0.0000	43	0.0000	72	0.0000
15	0.0000	44	0.0000	73	0.0000
16	0.0000	45	0.0000	74	0.0000
17	0.0000	46	0.0000	75	0.0000
18	0.0000	47	0.0000	76	0.0000
19	0.0000	48	0.0000	77	0.0000
20	0.0000	49	0.0000	78	0.0000
21	0.0000	50	0.0000	79	0.0000
22	0.0000	51	0.0000	80	0.0000
23	0.0000	52	0.0000	81	0.0000
24	0.0000	53	0.0000	82	0.0000
25	0.0000	54	0.0000	83	0.0000
26	0.0000	55	0.0000	84	0.0000
27	0.0000	56	0.0000	85	0.0000
28	0.0000	57	0.0000	86+	0.0000]
29	0.0000	58	0.0000		

**MONTHLY JOINT COVERAGE CONTINUATION VALUE COST OF INSURANCE RATES  
PER \$1,000**

**Insureds:** [JOHN DOE] **Policy Number:** [SPECIMEN]  
 [JANE DOE]  
**Date of Coverage:** [MARCH 1, 2011]

<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>	<b>Policy Year</b>	<b>Rate</b>
1	[0.0000	30	0.2381	59	6.6245
2	0.0100	31	0.2781	60	7.1391
3	0.0100	32	0.3219	61	7.8743
4	0.0100	33	0.3704	62	8.5505
5	0.0100	34	0.4247	63	9.2433
6	0.0100	35	0.4843	64	9.3734
7	0.0100	36	0.5536	65	9.7513
8	0.0100	37	0.6328	66	10.3421
9	0.0100	38	0.7288	67	10.9462
10	0.0100	39	0.8340	68	11.6222
11	0.0100	40	0.9497	69	12.3586
12	0.0100	41	1.0783	70	13.1675
13	0.0100	42	1.2206	71	14.2050
14	0.0100	43	1.3813	72	15.2797
15	0.0121	44	1.5629	73	16.3901
16	0.0154	45	1.7670	74	17.5153
17	0.0194	46	1.9898	75	18.6917
18	0.0245	47	2.2638	76	19.8997
19	0.0306	48	2.5586	77	21.0693
20	0.0381	49	2.8636	78	22.2107
21	0.0470	50	3.1948	79	23.2621
22	0.0578	51	3.5536	80	24.7148
23	0.0702	52	3.9027	81	26.0781
24	0.0836	53	4.3400	82	27.4945
25	0.0990	54	4.7866	83	29.0444
26	0.1201	55	5.2379	84	30.4884
27	0.1429	56	5.6416	85	31.9583
28	0.1705	57	5.8617	86+	0.0000]
29	0.2023	58	6.1925		

The Monthly Joint Coverage Continuation Value Cost of Insurance Charge rate for each piece of coverage is based on the attained ages, risk classifications, sexes and completed years from the Policy Date for the Initial Face Amount and for the Date of Coverage for each requested increase in Face Amount.

SERFF Tracking Number: METD-126843152 State: Arkansas  
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 47055  
 Company Tracking Number: 5E-CCR-11, ET AL.  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Coverage Continuation Rider  
 Project Name/Number: UL11 Reprice/5E-CCR-11, et al.

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR Readability Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
<b>Attachment:</b> ENB-7-07.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Arkansas Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Actuarial Memoranda		
<b>Comments:</b>		
<b>Attachments:</b> Actuarial Demo - CCR11 - Generic.pdf Actuarial Demo -JCCR11 -Generic.pdf		

## State of Arkansas

### Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

<b>Form Number(s)</b>	<b>Flesch Score(s)</b>
5E-CCr-11	52.9
5E-4JCC-11	50.9



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Karen Johnson, Vice President

10/15/2010

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Date

**Application for Life Insurance**

**Company** (Check the appropriate ONE.)  
 The Company indicated in this section is referred to as "**the Company**".

Metropolitan Life Insurance Company     General American Life Insurance Company  
 New England Life Insurance Company     MetLife Investors USA Insurance Company  
 MetLife Investors Insurance Company

**SECTION I - About the Proposed Insured**

For Additional Insureds please complete the **Additional Insureds Supplement** form.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country of Legal Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Preferred Time to Call \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 AM  PM     AM  PM    Sex  Male  Female  
 Place of Birth \_\_\_\_\_ Social Security or Tax ID Number \_\_\_\_\_ Earned Annual Income \_\_\_\_\_ Net Worth \_\_\_\_\_  
 U.S. Driver's License    If not licensed, please indicate other form of ID:  Passport  Government Issued Photo ID  
 Issuer of ID \_\_\_\_\_ ID Number \_\_\_\_\_ Issue Date (if any) \_\_\_\_\_ Expiration Date (if any) \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Position/Duties \_\_\_\_\_

<b>NON U.S. CITIZENS ONLY</b> - Country of Citizenship	Green Card/Visa Type	Expiration Date
Country of Permanent Residence	ID Number	Years in the U.S.

**SECTION II - About the Owner**

**⚠ Complete ONLY if the Owner is NOT the Proposed Insured.**

**OWNER - TRUST / BUSINESS ENTITY** - Name of Entity \_\_\_\_\_ Tax ID Number \_\_\_\_\_ Trustee / Owner State \_\_\_\_\_  
 Trust     Business Entity     Charity     Qualified Pension Plan     Complete the appropriate **required** form(s).  
 **OWNER - OTHER INDIVIDUAL**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country of Legal Residence \_\_\_\_\_ Citizenship \_\_\_\_\_ Social Security or Tax ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Earned Annual Income \_\_\_\_\_ Net Worth \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
 Please indicate form of ID:  U.S. Driver's License     Passport     Government Issued Photo ID  
 Issuer of ID \_\_\_\_\_ ID Number \_\_\_\_\_ Issue Date (if any) \_\_\_\_\_ Expiration Date (if any) \_\_\_\_\_  
 **Check if ownership should revert to Insured upon Owner and Contingent Owner's deaths.**



**SECTION III - About the Beneficiary / Beneficiaries**

For additional Beneficiaries, use Section IX - Additional Information.

Check here if the Owner is the Primary Beneficiary.

For Primary or Contingent Beneficiaries who are NOT the Owner, complete the table below.

Beneficiary Type	Name (First, Middle, Last)	Date of Birth	Relationship to Proposed Insured	Social Security Number (Optional)	Percentage of Proceeds (if not equal)
Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Check here to include all living and future natural or adopted children of the Proposed Insured as Contingent Beneficiaries. (Name all living children above.)

If a Custodian is acting on behalf of a minor Beneficiary listed above, please use **Co-Owner/Contingent Owner and UTMA Designations Supplement** form.

Federal law states that if someone with special needs has assets over \$2,000, they may lose eligibility for government benefits.

**SECTION IV - About Proposed Coverage**

Check the desired coverage(s).

<input type="checkbox"/> Universal Life	<input type="checkbox"/> Variable Life <input type="checkbox"/>	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Term Life
Product Name _____	Product Name _____	Product Name _____	Product Name _____
Face Amount* _____	Face Amount* _____	Face Amount* _____	Face Amount* _____
Riders and Details _____	Riders and Details _____	Riders and Details _____	Riders and Details _____
<input type="checkbox"/> Coverage Continuation (UL only)	<input type="checkbox"/> Disability Waiver	<input type="checkbox"/> Dividend Options: <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> Disability Waiver: <input type="checkbox"/> Convertible <input type="checkbox"/> Non-Convertible
Disability Waiver: <input type="checkbox"/> Specified Premium _____ <input type="checkbox"/> Monthly Deduction (VUL only)	<input type="checkbox"/> Automatic Premium Loan Requested	<input type="checkbox"/> For a full list of riders and options, please consult with your Producer. <b>Note:</b> Some riders may require supplement forms to be completed. <input type="checkbox"/> For Variable Life products, please complete the <b>Variable Life Supplement</b> form. * If Face Amount is equal to or exceeds \$1,000,000, please complete the <b>Personal Financial Information</b> form.	
Death Benefit Option _____			
Definition of Life Insurance: <input type="checkbox"/> Guideline Premium Test <input type="checkbox"/> Cash Value Accumulation Test			
Planned Premium Year 1 _____ Years 2 to _____ Years ____ to ____ (UL only)			

**ADDITIONAL OPTIONS**

One Time (Single) Payment Amount    1035 Exchange Amount    Requested Policy Date     Save Age

**POLICY OPTIONS**

Alternate Policy: Product, Face Amount and Details \_\_\_\_\_

Additional Policy: Product, Face Amount and Details \_\_\_\_\_

Group Conversion Only

Group Conversion Alternative

}  Please complete the **Group Conversion Supplement** form for either choice.



**SECTION V - About Existing or Applied for Insurance**

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company?

Proposed Insured  Yes  No  
 Owner  Yes  No

If **YES**, please provide details of any existing or applied for **Life Insurance** on the **Proposed Insured only**.

Company	Amount of Insurance	Year of Issue	Status
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance?

Yes  No

If **YES**, complete **Replacement Questionnaire** AND any other state required replacement forms or 1035 exchange forms.

**If Proposed Insured is financially dependent on another individual, indicate individual providing support:**

Spouse  Child  Parent  Other \_\_\_\_\_

Amount of insurance on individual providing support. Existing Insurance \_\_\_\_\_ Insurance Applied For \_\_\_\_\_

If Proposed Insured is a minor, are all siblings equally insured?  Yes  No

If **NO**, please provide details: \_\_\_\_\_

**SECTION VI - About Payment Information**

**PREMIUM PAYOR**

Proposed Insured  Owner (If NOT the Proposed Insured.)  Other (Complete the box below.)

Other Premium Payor Name	Social Security or Tax ID Number	Relationship to Proposed Insured or Owner	
Reason this Person is the Payor			
Permanent Address	City	State	Zip

**PAYMENT MODE**

(Check the appropriate ONE.)

Billing Mode:  Annual  Semi-Annual  Quarterly  
 Monthly Draft per Debit Authorization (See next page.)  
 Monthly Draft per Existing Electronic Payment Number \_\_\_\_\_

Special Account:  Government Allotment  Salary Deduction  List Bill  
 If Special Account, provide Employer Group Number (EGN) or List Bill Number \_\_\_\_\_

**INITIAL PAYMENT**

Amount Collected with Application  
 \_\_\_\_\_

Method of Collection:

Initial Premium by Electronic Funds Transfer (Must be at least a monthly amount.)  
 Check (Must be at least 1/12 of an annual premium.)

**SOURCE OF CURRENT AND FUTURE PAYMENTS** (Check **ALL** that apply.)

Earned Income  Mutual Fund/Brokerage Account  Money Market Fund  Savings  Loans  
 Certificate of Deposit  Use of Values in another Life Insurance/Annuity Contract  Other \_\_\_\_\_



**DEBIT AUTHORIZATION**  **Available only if the bank account holder is the Owner and/or Proposed Insured.**

 All others please complete the **Electronic Payment (EP) Account Agreement** form.

The undersigned ("I") hereby authorize the Company with whom I am completing this application to initiate debit entries through Metropolitan Life Insurance Company to the deposit account designated below, at the Financial Institution named below, using the Automated Clearing House. I authorize:

1. Monthly recurring debits; AND
2. Debits made from time to time, as I authorize.

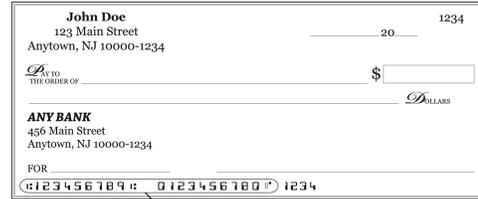
This authorization is to remain in full force and effect until the Company has received written notification from me of its termination at such time and in such manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

Monthly Debit Date:  Issue Date of the Policy  
 Debit Date on the \_\_\_\_\_ of each month

Bank Account Type:  Checking  Savings

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_



⑈000000000⑈ 0000000000⑈ 1234  
 BANK ROUTING NUMBER      BANK ACCOUNT NUMBER

 **Note:** Please attach a voided check or deposit slip to Section IX - Additional Information.

We cannot establish banking services from starter checks, cash management, brokerage, or mutual fund checks. We cannot establish banking services from foreign banks UNLESS the check is being paid in U.S. Dollars through a U.S. correspondent bank (the U.S. correspondent bank name must be on the check).

**SECTION VII - General Risk Questions**

Use Section IX - Additional Information if necessary.

1. Within the past three years has the Proposed Insured flown in a plane other than as a passenger on a commercial airline or does he or she have plans for such activity within the next year?  Yes  No

 If **YES**, please complete a separate **Aviation Risk Supplement** form for the Proposed Insured.

2. Within the past three years has the Proposed Insured participated in or does he or she plan to participate in **any** of the following?  Yes  No

- Underwater sports - SCUBA diving, skin diving, or similar activities
- Racing sports - motorcycle, auto, motor boat or similar activities
- Sky sports - skydiving, hang gliding, parachuting, ballooning or similar activities
- Rock or mountain climbing or similar activities
- Bungee jumping or similar activities

 If **YES**, please complete a separate **Avocation Risk Supplement** form for the Proposed Insured.

3. Has the Proposed Insured **traveled** or **resided** outside the U.S. or Canada within the **past two years**; or does he or she plan to **travel** or **reside** outside the U.S or Canada within the **next two years**?  Yes  No

If **YES**, please provide details.

Past	Future	Duration (weeks)	Cities and Countries	Purpose
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

4. Has the Proposed Insured **EVER** used tobacco or nicotine products in any form (e.g., cigars, cigarettes, cigarillos, pipes, chewing tobacco, nicotine patches, or nicotine gum)? If **YES**, please provide details.  Yes  No

Product(s)	Frequency / Amount	Date Last Used



5. Has the Proposed Insured **EVER** had a driver's license suspended or revoked, been convicted of DUI or DWI, or in the last five years had any moving violations? If **YES**, please provide date(s) and violation(s).  Yes  No

\_\_\_\_\_

6. Has the Proposed Insured **EVER** had an application for life, disability income or health insurance declined, postponed, rated or modified or required an extra premium? If **YES**, please provide details.  Yes  No

\_\_\_\_\_

7. In the past 10 years, has the Proposed Insured been convicted of or pled Guilty or No Contest to a felony?  Yes  No  
If **YES**, list type of felony, state, and date of occurrence. \_\_\_\_\_

\_\_\_\_\_

8. Is the Proposed Insured actively at work performing the usual duties of his or her occupation?  Yes  No  
If **NO**, please provide details. \_\_\_\_\_

\_\_\_\_\_

**SECTION VIII - Personal Physician**

Check here if Proposed Insured does not have a personal physician.

Physician Name	Name of Practice or Clinic		
_____	_____		
Street Address	City	State	Zip
_____	_____	_____	_____
Phone Number	Date Last Consulted	Reason	Findings/Treatment Given/Medication Prescribed
_____	_____	_____	_____

**SECTION IX - Additional Information**

If more space is needed, attach additional sheet(s).

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## Certification / Agreement / Disclosure

Was a sales illustration provided for the life insurance policy as applied for?

Yes  No

A. If **Yes**, please choose one of the following:

- An illustration was signed and **matches the policy applied for**. It is included with this application.
- An illustration was shown or provided but is **different from the policy applied for**. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- The sale was made using an illustration with Accelerated Payment.
- If illustration was **only shown on a computer screen**, check and complete the details in the box below.

An illustration was displayed on a computer screen. The displayed illustration **matches the policy applied for** but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration on the screen included the following personal and policy information:

1. Gender (as illustrated)  Male  Female  Unisex
2. Age \_\_\_\_\_
3. Rating Class (e.g. Standard Non-smoker) \_\_\_\_\_  Non-smoker  Smoker
4. Product Name (e.g. GAUL) \_\_\_\_\_
5. Face Amount \_\_\_\_\_
6. Dividend Option (Whole Life only) \_\_\_\_\_

B. If **No**, please choose one of the following:

- Producer certifies that a signed illustration is **not required** by law or the policy applied for is not illustrated in this state.
- No illustration conforming to the policy** as applied for was shown or provided prior to or at the time of this application. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

## Agreement / Disclosure

I have read this application for life insurance including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- My statements in this application and any amendment(s), paramedical/medical exam and supplement(s) are the basis of any policy issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, paramedical/medical exam, amendment(s), or any supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- Except as stated in the Temporary Insurance Agreement and Receipt, no insurance will take effect until a policy is delivered to the Owner and the full first premium due is paid. It will only take effect at the time it is delivered if: (a) the condition of health of each person to be insured is the same as stated in the application; and (b) no person to be insured has received any medical advice or treatment from a medical practitioner since the date of the application.
- If I have requested a rider that provides an acceleration of death benefit, I have received the appropriate disclosure form.
- I understand that paying my insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.
- **If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.**
- **I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.**
- **If I was required to sign a Notice and Consent for HIV Testing, I have received a copy of that Notice.**



**Fraud Warnings**

**Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma, Rhode Island**

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

**District of Columbia, Tennessee, Virginia, Washington**

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

**Taxpayer Identification Number Certification**

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
  - (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; **or**
  - (b) the IRS has notified me that I am not subject to backup withholding.  
*(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)*
- I am a U.S. citizen or a U.S. resident alien for tax purposes.  
*(If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).*

❶ **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Signatures**

If not witnessing all signatures, witness should initial next to signature being witnessed and sign below.

Signature(s) of all Proposed Insured(s)	Date	Signed at City, State
▶ _____	_____	_____

▶ _____	_____	_____
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(age 15 or over)

📄 Please complete the **Additional Insureds Supplement** or **Child Rider Supplement** form(s) if applicable.

Signature(s) of all Owner(s) (If <b>NOT</b> the Proposed Insured.)	Date	Signed at City, State
▶ _____	_____	_____

▶ _____	_____	_____
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(age 15 or over)

❶ If the Owner is a firm or corporation, include Officer's title with signature.

📄 If Co-Owner or Custodian, please complete the **Co-Owner/Contingent Owner and UTMA Designations Supplement** form.

Signature of Parent or Guardian	Date	Signed at City, State
▶ _____	_____	_____

(If Owner or Proposed Insured is under 18, sign here. If not sign above.)

Witness to Signatures

Licensed Producer	Print Name of Producer
▶ _____	_____



MetLife Investors USA Insurance Company  
222 Delaware Ave, Suite 900, PO Box 25130, Wilmington, DE 19899

### State Use Only

Account		Check number	
Date		Initials	
Amount		Reviewer	

### State of Arkansas

#### Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



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Karen Johnson, Vice President

10/15/2010

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Date

**Actuarial Memorandum**  
**MetLife Investors USA Insurance Company**  
**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE**  
**COVERAGE CONTINUATION RIDER (CCR)**  
**POLICY FORM 5E-CCR-11\***

**I. Description of Rider Benefits**

The Coverage Continuation Rider (CCR) provides a secondary guarantee on the flexible premium adjustable life insurance policy to which it is attached, whereby coverage will remain in effect so long as the Coverage Continuation Value (CCV), net of any outstanding indebtedness, is greater than zero even if the policy's Cash Surrender Value is insufficient to provide for the sum of the applicable Policy Expense Charges, and the corresponding cost of term insurance protection based on the net amount at risk. Depending upon the amount and timing of premium payments, the length of the secondary guarantee period provided by the CCR can range from less than one year to the entire lifetime of the insured.

The sole purpose of the CCV is to determine the status of benefits provided by the CCR. The CCV is calculated in a manner that is mechanically similar to that used to determine the policy's Cash Value, however, the CCV is based on a distinct set of charges, factors, and interest rates which when applied to premium payments, produce a notional (or "shadow") account balance that it is neither accessible nor available to the policy owner as a cash benefit:

- *Monthly Coverage Continuation Expense Charge per \$1,000* – This charge is expressed as a guaranteed rate per \$1,000 of face amount, and is stipulated at its guaranteed level on the Rider Specifications page.
- *Monthly Coverage Continuation Rider Charge* – This charge, which is expressed as a flat dollar amount, is stipulated at its guaranteed level on the Rider Specifications Page.
- *Monthly Coverage Cost of Insurance Rates* – These rates, which are applied per \$1,000 of net amount at risk (based on the CCV as opposed to the Cash Value), are stipulated at their guaranteed levels on the Rider Specifications page, and vary by attained age, risk classification, sex, policy duration, and band.
- *Coverage Continuation Value Accumulation Factors* – These factors, which represent annual effective interest rates that vary by issue age and policy duration and are used to determine the amount of interest credited on CCV balances, are stipulated at their guaranteed levels on the Rider Specifications page.
- *Coverage Continuation Percent of Premium Charge* – This charge is structured on a tiered basis, whereby two distinct factors will be applied to premiums paid up to and in excess of a specified threshold, respectively. These factors are stipulated at their guaranteed levels on the Rider Specifications page.

**Actuarial Memorandum**  
**POLICY FORM 5E-CCR-11\***

In addition to the preceding charges and factors, which all have counterparts that are used to determine a policy's Cash Value, the CCV may be impacted by the assessment of a CCV Risk Adjustment Charge on the last day of a policy year if criteria stipulated in the Rider are not satisfied. The purpose of the CCV Risk Adjustment Charge is to promote utilization of the CCR as a means to secure guaranteed coverage over the long term.

The CCR face amount is equal to the face amount of the underlying base policy to which it is attached. As long as the CCR is in effect, all riders will remain active provided that they would have remained in effect had the secondary guarantee not been triggered.

**II. Base Policy Calculations When Cash Value is Negative**

If the Cash Value of the underlying base policy is less than or equal to zero, then Policy Expense Charges and cost of insurance charges will continue to be assessed per the terms of the contract. However, the extent to which the Cash Value balance is negative will be ignored for purposes of calculating a policy's net amount at risk, as well as for purposes of determining the amount of interest that is to be credited, which is floored at zero.

**III. Nonforfeiture Benefits**

As long as the CCV is greater than the policy's outstanding indebtedness, the death benefit will remain in effect. There is no cash value associated with this Rider.

Should the remittance of premiums cease, the policy can effectively be viewed as paid-up extended term insurance for which the duration of coverage will continue as long as the CCV exceeds the policy's outstanding indebtedness, or if longer, as long as the policy's Cash Value is sufficient to cover the required Policy Expense Charges and the corresponding cost of term insurance protection based on the net amount at risk.

**IV. Self Support**

The policy including the CCR benefit is self supporting as described in the NAIC Life Insurance Illustration Model Regulation and Actuarial Standard of Practice No. 24.

**V. Impact of Rider on Base Policy Values**

The cost of this Rider, which is deducted as part of the Monthly Deduction from the policy's Cash Value, is comprised of three components:

- *Coverage Continuation Monthly Cost of Insurance Charge* – These rates are: guaranteed to not exceed stipulated maximum levels shown on the Rider Specifications page; applied per \$1,000 of net amount at risk; and vary by attained age, risk classification, sex, policy duration, and band.
- *Coverage Continuation Unit Load Charge* – This charge is expressed as a rate per \$1,000 of face amount, and is stipulated on the Rider Specifications page.
- *Coverage Continuation Monthly Rider Charge* – This charge is expressed as a flat dollar amount, and is stipulated on the Rider Specifications page.

**Actuarial Memorandum**  
**POLICY FORM 5E-CCR-11\***

**VI. Coordination of the Rider Reserve with the Policy Reserve**

Reserves established in consideration of the underlying flexible premium adjustable life insurance policy when issued with the CCR will be set equal to the greater of:

1. Reserves produced through application of the Commissioners Reserve Valuation Method (UL CRVM),
2. Reserves produced through application of the NAIC Valuation of Life Insurance Policies Model Regulation (or variations thereof as adopted in this jurisdiction) in consideration of NAIC Actuarial Guideline 38, The Application of the Valuation of Life Insurance Policies Model Regulation, and
3. The cash surrender value of the policy.

The valuation basis used in the determination of these reserve values will consist of 2001 CSO, age nearest birthday, sex distinct, nonsmoker/smoker mortality tables; continuous assumptions; and an issue year specific valuation interest rate that will not exceed the maximum valuation interest rate permitted by law.



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Wendy Williams, FSA, MAAA  
Assistant Vice President & Actuary

October 1, 2010  
Date

**Actuarial Memorandum**  
**MetLife Investors USA Insurance Company**  
**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE**  
**JOINT COVERAGE CONTINUATION RIDER (JCCR)**  
**POLICY FORM 5E-4JCC-11\***

**I. Description of Rider Benefits**

The Joint Coverage Continuation Rider (JCCR) provides a secondary guarantee on the flexible premium adjustable life insurance policy to which it is attached, whereby coverage will remain in effect so long as the Joint Coverage Continuation Value (JCCV), net of any outstanding indebtedness, is greater than zero even if the policy's Cash Surrender Value is insufficient to provide for the sum of the applicable Policy Expense Charges, and the corresponding cost of term insurance protection based on the net amount at risk. Depending upon the amount and timing of premium payments, the length of the secondary guarantee period provided by the JCCR can range from less than one year to the entire lifetime of the insured.

The sole purpose of the JCCV is to determine the status of benefits provided by the JCCR. The JCCV is calculated in a manner that is mechanically similar to that used to determine the policy's Cash Value, however, the JCCV is based on a distinct set of charges, factors, and interest rates which when applied to premium payments, produce a notional (or "shadow") account balance that it is neither accessible nor available to the policy owner as a cash benefit:

- *Monthly Coverage Continuation Expense Charge per \$1,000* – This charge is expressed as a guaranteed rate per \$1,000 of face amount, and is stipulated at its guaranteed level on the Rider Specifications page.
- *Monthly Coverage Continuation Rider Charge* – This charge, which is expressed as a flat dollar amount, is stipulated at its guaranteed level on the Rider Specifications page.
- *Monthly Coverage Cost of Insurance Rates* – These rates, which are applied per \$1,000 of net amount at risk (based on the JCCV as opposed to the Cash Value), are stipulated at their guaranteed levels on the Rider Specifications page.
- *Coverage Continuation Value Accumulation Factors* – These factors, which represent annual effective interest rates that vary by issue age and policy duration and are used to determine the amount of interest credited on JCCV balances, are stipulated at their guaranteed levels on the Rider Specifications page.
- *Coverage Continuation Percent of Premium Charge* – This charge is structured on a tiered basis, whereby two distinct factors will be applied to premiums paid up to and in excess of a specified threshold, respectively. These factors are stipulated at their guaranteed levels on the Rider Specifications page.

**Actuarial Memorandum**  
**POLICY FORM 5E-4JCC-11\***

In addition to the preceding charges and factors, which all have counterparts that are used to determine a policy's Cash Value, the JCCV may be impacted by the assessment of a JCCV Risk Adjustment Charge on the last day of a policy year if criteria stipulated in the Rider are not satisfied. The purpose of the JCCV Risk Adjustment Charge is to promote utilization of the JCCR as a means to secure guaranteed coverage over the long term.

The JCCR face amount is equal to the face amount of the underlying base policy to which it is attached. As long as the JCCR is in effect, all riders will remain active provided that they would have remained in effect had the secondary guarantee not been triggered.

**II. Base Policy Calculations When Cash Value is Negative**

If the Cash Value of the underlying base policy is less than or equal to zero, then Policy Expense Charges and cost of insurance charges will continue to be assessed per the terms of the contract. However, the extent to which the Cash Value balance is negative will be ignored for purposes of calculating a policy's net amount at risk, as well as for purposes of determining the amount of interest that is to be credited, which is floored at zero.

**III. Nonforfeiture Benefits**

As long as the JCCV is greater than the policy's outstanding indebtedness, the death benefit will remain in effect. There is no cash value associated with this Rider.

Should the remittance of premiums cease, the policy can effectively be viewed as paid-up extended term insurance for which the duration of coverage will continue as long as the JCCV exceeds the policy's outstanding indebtedness, or if longer, as long as the policy's Cash Value is sufficient to cover the required Policy Expense Charges and the corresponding cost of term insurance protection based on the net amount at risk.

**IV. Impact of Rider on Base Policy Values**

The cost of this Rider, which is deducted as part of the Monthly Deduction from the policy's Cash Value, is comprised of three components:

- *Coverage Continuation Monthly Cost of Insurance Charge* – These rates are: guaranteed to not exceed stipulated maximum levels shown on the Rider Specifications page; applied per \$1,000 of net amount at risk.
- *Coverage Continuation Unit Load Charge* – This charge is expressed as a rate per \$1,000 of face amount, and is stipulated on the Rider Specifications page.
- *Coverage Continuation Monthly Rider Charge* – This charge is expressed as a flat dollar amount, and is stipulated on the Rider Specifications page.

**Actuarial Memorandum**  
**POLICY FORM 5E-4JCC-11\***

**V. Coordination of the Rider Reserve with the Policy Reserve**

Reserves established in consideration of the underlying flexible premium adjustable life insurance policy when issued with the JCCR will be set equal to the greater of:

1. Reserves produced through application of the Commissioners Reserve Valuation Method (UL CRVM),
2. Reserves produced through application of the NAIC Valuation of Life Insurance Policies Model Regulation (or variations thereof as adopted in this jurisdiction) in consideration of NAIC Actuarial Guideline 38, The Application of the Valuation of Life Insurance Policies Model Regulation, and
3. The cash surrender value of the policy.

The valuation basis used in the determination of these reserve values will consist of 2001 CSO, age nearest birthday, sex distinct, nonsmoker/smoker mortality tables; continuous assumptions; and an issue year specific valuation interest rate that will not exceed the maximum valuation interest rate permitted by law.



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Wendy Williams, FSA, MAAA  
Assistant Vice President & Actuary

October 1, 2010  
Date