

<i>SERFF Tracking Number:</i>	<i>APLE-126896124</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>IA American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47534</i>
<i>Company Tracking Number:</i>	<i>LTL101</i>		
<i>TOI:</i>	<i>L02I Individual Life - Endowment</i>	<i>Sub-TOI:</i>	<i>L02I.001 Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Easy Term</i>		
<i>Project Name/Number:</i>	<i>Easy Term/LTL101</i>		

## Filing at a Glance

Company: IA American Life Insurance Company

Product Name: Easy Term

SERFF Tr Num: APLE-126896124 State: Arkansas

TOI: L02I Individual Life - Endowment

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47534

Sub-TOI: L02I.001 Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: LTL101

State Status: Approved-Closed

Filing Type: Form

Author: Linda Dymacek

Reviewer(s): Linda Bird

Date Submitted: 12/15/2010

Disposition Date: 12/16/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Easy Term

Status of Filing in Domicile: Pending

Project Number: LTL101

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: 12/16/2010

Explanation for Other Group Market Type:

State Status Changed: 12/16/2010

Deemer Date:

Created By: Linda Dymacek

Submitted By: Linda Dymacek

Corresponding Filing Tracking Number:

Filing Description:

This filing is a new policy and accompanying forms that do not replace any existing policy forms currently in use. The policy contains no unusual or controversial features or language that deviate from normal insurance industry standards. The policy will be offered to individuals in the general public through licensed agents. This policy will not be illustrated.

This policy provides level term insurance until the Insured is age 95. The policy may be converted to an endowment or whole life policy before age 75. The Owner may choose various settlement options prior to the Insured's death.

SERFF Tracking Number: APLE-126896124 State: Arkansas  
 Filing Company: IA American Life Insurance Company State Tracking Number: 47534  
 Company Tracking Number: LTL101  
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium  
 Product Name: Easy Term  
 Project Name/Number: Easy Term/LTL101

Available with the policy are five riders offering additional benefits. We are offering an accidental death, total disability, and waiver of premium benefits, as well as accelerated benefits upon diagnosis of a terminal illness or confinement to a nursing home. We include disclosures for the accelerated benefit riders.

We will also be using other riders with this policy that are currently pending approval in your state. They are Children's Insurance Rider CIB303 and Terminal Illness Rider TIA302, filed under SERFF Tracking # APLE-126945174.

Also included in this filing are the application and policy summary for this product.

## Company and Contact

### Filing Contact Information

Linda Dymacek, Compliance Analyst linda.dymacek@iaplife.com  
 17550 N Perimeter Drive 888-473-5540 [Phone] 8350 [Ext]  
 Suite 210 480-502-5088 [FAX]  
 Scottsdale, AZ 85255

### Filing Company Information

IA American Life Insurance Company CoCode: 91693 State of Domicile: Georgia  
 17550 N. Perimeter Dr. Group Code: 315 Company Type: LAH  
 Suite 210 Group Name: Industrial Alliance State ID Number:  
 Group  
 Scottsdale, AZ 85255-0131 FEIN Number: 13-3036472  
 (480) 473-5540 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$500.00  
 Retaliatory? No  
 Fee Explanation: 10 forms x \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
IA American Life Insurance Company	\$500.00	12/15/2010	42967435

SERFF Tracking Number: *APLE-126896124* State: *Arkansas*  
 Filing Company: *IA American Life Insurance Company* State Tracking Number: *47534*  
 Company Tracking Number: *LTL101*  
 TOI: *L021 Individual Life - Endowment* Sub-TOI: *L021.001 Single Life - Fixed/Indeterminate Premium*  
 Product Name: *Easy Term*  
 Project Name/Number: *Easy Term/LTL101*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/16/2010	12/16/2010

### 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	12/16/2010	12/16/2010	Linda Dymacek	12/16/2010	12/16/2010

*SERFF Tracking Number:*      *APLE-126896124*                      *State:*                      *Arkansas*  
*Filing Company:*              *IA American Life Insurance Company*              *State Tracking Number:*      *47534*  
*Company Tracking Number:*      *LTL101*  
*TOI:*                      *L021 Individual Life - Endowment*              *Sub-TOI:*                      *L021.001 Single Life - Fixed/Indeterminate*  
*Product Name:*                      *Easy Term*  
*Project Name/Number:*              *Easy Term/LTL101*

## **Disposition**

Disposition Date: 12/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: APLE-126896124 State: Arkansas  
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 Project Name/Number: Easy Term/LTL101

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Certification	Yes	Yes
Form	Level Term Life Insurance	Yes	Yes
Form	Statement of Policy Cost and Benefit Information	Yes	Yes
Form	Application for Life Insurance	Yes	Yes
Form	Accelerated Benefits Rider - Confined Care	Yes	Yes
Form	Accelerated Living Benefit Rider	Yes	Yes
Form	Disclosure - Accelerated Benefits Rider - Confined Care	Yes	Yes
Form	Disclosure - Accelerated Living Benefit Rider	Yes	Yes
Form	Accidental Death Benefit Rider	Yes	Yes
Form	Total Disability Benefit Rider	Yes	Yes
Form	Waiver of Premium Disability Rider	Yes	Yes

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Product Name: Easy Term  
Project Name/Number: Easy Term/LTL101

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/16/2010  
Submitted Date 12/16/2010  
Respond By Date 01/17/2011

Dear Linda Dymacek,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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Product Name: Easy Term  
Project Name/Number: Easy Term/LTL101

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/16/2010  
Submitted Date 12/16/2010

Dear Linda Bird,

### Comments:

Thank you for your review of our filing. Please see our response below.

### Response 1

Comments: I have added Certification as supporting documentation, which includes the Rule 19 certification, and a copy of our complaint notice and guaranty fund notice, both of which are included with every policy issued in your state.

#### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please proceed with the approval process. Thank you for your attention to this matter.



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## Form Schedule

### Lead Form Number: LTL101

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTL101AR	Policy/Cont	Level Term Life ract/Fratern Insurance al Certificate	Initial		51.100	LTL101AR.pdf PDP 35 AR.pdf
	LTL501	Outline of Coverage	Statement of Policy Cost and Benefit Information	Initial		48.400	LTL501 SPCBI.pdf
	LTL201	Application/ Enrollment Form	Application for Life Insurance	Initial		45.100	LTL201.pdf
	AB301-R	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accelerated Benefits Rider - Confined Care	Initial		45.200	AB301-R.pdf
	AB302	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accelerated Living Benefit Rider	Initial		41.700	AB302 AB Rdr.pdf
	AB502	Notice of Coverage	Disclosure - Accelerated Benefits Rider - Confined Care	Initial		48.000	AB502 AB- CC discl.pdf
	AB503	Notice of Coverage	Disclosure - Accelerated Living Benefit Rider	Initial		43.800	AB503 AB Discl.pdf
	ADB302	Certificate	Accidental Death	Initial		48.500	ADB302.pdf

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Product Name: Easy Term  
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	Amendmen Benefit Rider				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
TD301	Certificate Total Disability	Initial		45.200	TD301
	Amendmen Benefit Rider				Disability
	t, Insert				Rdr.pdf
	Page,				
	Endorseme				
	nt or Rider				
WPD301	Certificate Waiver of Premium	Initial		55.800	WPD301.pdf
	Amendmen Disability Rider				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				



[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]

## LEVEL TERM LIFE INSURANCE

**WE WILL PAY THE DEATH BENEFIT PROCEEDS** to the Beneficiary if the Insured dies while this Policy is in force. Payment will be made after we receive Due Proof of the Insured's Death and the right of the claimant to the Policy Proceeds, and will be subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The consideration for this contract is the application and payment of the first premium. The first premium must be paid on or before delivery of this Policy.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.

  
Secretary

  
President

### CANCELLATION DURING FIRST 30 DAYS

You may return this Policy within 30 days after delivery if You are not satisfied with it for any reason. The Policy may be returned to us or to the agent through whom it was purchased. Upon surrender of the Policy within the 30 day period, it will be void from the beginning, and we will refund any premium paid.

**LEVEL TERM LIFE INSURANCE TO AGE 95  
CONVERTIBLE  
PREMIUMS INCREASE AFTER LEVEL PREMIUM PERIOD  
NON-PARTICIPATING**

**LIFE INSURANCE PAYABLE AT DEATH BEFORE AGE 95. SEE BENEFIT DESCRIPTION PAGE  
FOR AMOUNT OF INSURANCE AND PREMIUMS. GUARANTEED CASH VALUES PROVIDED.**

**READ YOUR POLICY CAREFULLY**

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## DEFINITIONS

Where used in this Policy:

*"IA American", "we", "our", "us", or "the Company"* means IA American Life Insurance Company.

*"Administrative Office"* is located at the address given on the first page of this Policy.

*"You" or "Your"* means the Owner of this Policy as defined.

*"Net Cash Value"* is the Cash Value less any Indebtedness on this Policy.

*"Due Proof of Death"* means those documents and written instruments required by the Company to verify the death of the Insured, as well as the documents and written instruments necessary to establish the right of the person or persons claiming the benefits to receive those benefits claimed.

*"Recorded by the Company" or "Recorded"* means actual receipt and modification of the Company's records according to normal Company procedures.

*"Indebtedness"* means the principal of any outstanding policy loan on this Policy, together with due and accrued policy loan interest.

*"Policy Anniversary Date"* means the same day and month as the Date of Issue shown on Page 3 for each succeeding year.

*"Policy Year"* means the period from the Date of Issue to the first Policy Anniversary Date, or from one Policy Anniversary Date to the next.

*"Home Office"* means IA American Life Insurance Company located at [17550 N. Perimeter Drive, Suite 210, Scottsdale, Arizona 85255].

*"Expiry Date"* means the date on which the coverage under this Policy expires. This is the date when the Insured's Age turns 95, as shown on Page 3.

## GENERAL PROVISIONS

**CONFORMITY WITH STATE STATUTES AND REGULATIONS.** Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time that the application for this Policy is approved for issue by the Company at its Administrative Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

**CONTRACT.** This Policy is a legal contract that You have entered into with us. You have paid the first premium and have submitted an application. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. A copy of such application is attached to this Policy. In return, we promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

1. the Policy; and
2. the riders that add benefits to the Policy, if any; and
3. endorsements, if any; and
4. the attached copy of Your application, and any amendments or supplemental applications.

**CHANGING THE TERMS OF THE POLICY.** Any change in the Policy must be approved in writing at our Administrative Office by one of our officers. Any approved change will be endorsed on the Policy. No agent has the authority to make any changes or waive any of the terms of the Policy.

**DATE OF ISSUE - EFFECTIVE DATE.** The Date of Issue, which is the effective date of this Policy, is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and premium due dates are determined.

**OWNER.** The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

**BENEFICIARY.** The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. Unless the Owner has stated otherwise, in writing, to the Administrative Office of the Company:

1. if any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
2. if no Beneficiary survives the Insured, Proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

If more than one Beneficiary is alive at the death of the Insured, the Company will divide the proceeds equally if not otherwise directed in the application.

**CHANGE OF OWNERSHIP OR BENEFICIARY.** The Owner, or someone authorized to act for the Owner by valid court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to our Administrative Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

**COMMON DISASTER.** If we cannot determine whether a Beneficiary or the Insured died first in a common disaster, we will assume that the Beneficiary died first, unless applicable law or an endorsement to this Policy provides otherwise.

**ASSIGNING THE POLICY.** During the lifetime of the Insured and while this Policy is in force, the Owner may assign this Policy as security for an obligation, subject to the written consent of any irrevocable beneficiary. We will not be bound by an assignment unless it is received in writing at our Administrative Office in a form acceptable to us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

**NON-PARTICIPATION.** This Policy will not pay dividends. It will not participate in any of our surplus or earnings.

## GENERAL PROVISIONS (Continued)

**INCONTESTABILITY.** We will not contest the validity of this Policy after this Policy has been in force during the Insured's life for two years from the Date of Issue.

If the Owner reinstates this Policy as provided by the Reinstatement provision, this Policy will be incontestable as to material misstatements made in the reinstatement application after two years from the effective date of the reinstatement.

This incontestability provision does not apply to any Disability or Accidental Death Benefit.

**SUICIDE.** If the Insured dies as a result of suicide, within two years (one year in Colorado and North Dakota) from the Date of Issue, we will limit the Death Benefit Proceeds to the premiums paid less any Indebtedness on this Policy.

**AGE OR SEX INCORRECTLY STATED.** If the Insured's age or sex has been incorrectly stated in the application, we will adjust the Death Benefit Proceeds. The Proceeds payable will be that which the premium would have purchased at the Date of Issue for the correct age and sex. By age we mean age near birthday as of the Date of Issue.

**PAYMENTS.** All payments of benefits under this Policy will be made from our Administrative Office.

**WHEN THIS POLICY TERMINATES.** This Policy will terminate if:

1. the Owner requests that this Policy be terminated; or
2. the Insured dies; or
3. the Policy expires; or
4. the premium is in default at the end of the grace period, except as otherwise provided in the Guaranteed Values provisions. The date of default will be the due date of the premium in default.

**REINSTATEMENT.** If the Grace Period ends without sufficient premium being paid, and the Policy has not been surrendered for cash, this Policy may be reinstated within five years after the expiration of the Grace Period, but before the Expiry Date, and while the Insured is living. The reinstatement is subject to:

1. evidence of insurability, satisfactory to the Company; and
2. payment of all past due premiums with compound interest at the reinstatement interest rate of 6% a year; and
3. payment of any Indebtedness with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement.

The effective date of reinstatement will be the date we approve the application for reinstatement.

If a rider is attached to this Policy, its coverage will be reinstated according to the Reinstatement provision of this Policy, unless such provision conflicts with the express provision of the rider.

**RATED PREMIUM CLASS.** If this Policy is issued in a Rated Premium Class it will be shown on Page 3 of this Policy.

## PREMIUMS

**PAYMENT OF PREMIUMS.** The premium amounts to be paid are shown in the Benefit Description Page. Premiums are payable in advance at our Administrative Office. A premium receipt signed by an Officer of the Company will be furnished upon request.

Premiums may be paid annually, semi-annually, quarterly or monthly. The Owner may change the frequency of payment provided a premium payment will become due on each policy anniversary. A premium paid by check will be considered paid only after the bank has credited our account with collected funds.

**GRACE PERIOD.** The grace period is a period of 31 days following the due date of each premium after the first. The Owner may pay the premium at any time during the grace period without interest. During the grace period, the Policy will remain in force, but the premium will be in default. The date of default is the date the unpaid premium is due. If the premium is not paid by the end of the grace period, this Policy will terminate, as of the date of default, except as provided in the Guaranteed Values provisions. If death occurs during the grace period, the premium for the policy month in which death occurred will be deducted from the Death Benefit Proceeds.

## DEATH BENEFIT PROCEEDS

The Company will pay the Proceeds of this Policy on the death of the Insured while this Policy is in full force. Payment will be made to the named Beneficiary when the Administrative Office of the Company receives Due Proof of the Insured's Death, subject to the terms of this Policy. The Proceeds will be:

1. the Face Amount shown on Page 3; plus
2. any insurance on the life of the Insured provided by an additional agreement attached to and made a part of this Policy; plus
3. the portion of any premium paid which applies to a period beyond the month of death of the Insured; less
4. the portion of a premium due and unpaid which applies to a period prior to the date of death of the Insured; less
5. any Indebtedness on this Policy.

If proceeds under this Policy, including the refund of any unearned premiums, are not paid within 30 days after Due Proof of Death of the Insured has been furnished to the Company, we will pay interest on such proceeds at the rate of 8% per year from the date of Due Proof of Death is furnished to the date such proceeds are paid.

## GUARANTEED VALUES PROVISIONS

**CASH VALUE.** The Owner may surrender this Policy for its Net Cash Value as defined on Page 2. If all premiums have been paid, the guaranteed cash value is as shown in the Table of Guaranteed Values on Page 3A of the Policy. The Table shows values at the end of the policy years. The Cash Value is:

1. the Guaranteed Cash Value; plus
2. any part of a premium paid for coverage beyond the policy month in which the Owner surrenders this Policy.

**OPTIONS UPON DEFAULT OF PAYMENT OF PREMIUM.** The Owner may elect one of the following options, effective on the default in the payment of premium. Election must be made by written request to the Company at its Administrative Office no later than 60 days after the unpaid premium was due. If an election is not made, Option 2 of this section will be effective. If this Policy is issued in a Rated Premium Class, Option 2 will be effective.

**Option 1 --** Surrender this policy for the Net Cash Value. The Net Cash Value within 60 days of default is the Net Cash Value on that date. The Company may defer payment of the Net Cash Value for a period of up to six months from the date of request.

**Option 2 --** Continue this Policy as Extended Term Insurance. The amount of insurance will be the face amount of this Policy less any Indebtedness. The term of Extended Term Insurance will begin on the date the unpaid premium was due. It will continue for such term as the Net Cash Value will purchase at net single premium rates. Extended Term Insurance may be surrendered for its Net Cash Value as of the date of surrender.

**BASIS OF VALUES.** Guaranteed values and net single premiums are based on the mortality tables and interest rate shown on Page 3A. Net single premiums for Extended Term Insurance are based on the extended term table and interest rate shown on Page 3A. All net single premiums are at the then attained age of the Insured. The Cash Values are calculated by the Standard Nonforfeiture Value Method using the mortality table and interest rate shown on Page 3A. Computations assume that premiums are paid annually and the deaths occur at the end of a policy year.

The Cash Value within a policy year is adjusted for lapse of time and premiums paid for any portion of the policy year. When continued as Extended Term Insurance, this Policy's Cash Value is the present value of future benefits. Within 31 days after any policy anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of this Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of the State of Texas and any state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

## POLICY LOAN PROVISIONS

You may take a policy loan at any time while this Policy is in force. You may borrow an amount which is equal to or less than the Policy's Loan Value. The Loan Value will be the Cash Value less:

1. any prior outstanding loan, plus interest accrued; and
2. interest on the amount to be borrowed to the next policy anniversary.

**LOAN INTEREST.** The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

## POLICY LOAN PROVISIONS (Continued)

**HOW YOU MAY REPAY A POLICY LOAN.** You may repay all or part of a policy loan at any time, except that:

1. repayment may be made only while this Policy is in force and prior to the death of the Insured; and
2. a partial repayment must be at least \$10.00.

Any Indebtedness will be deducted from any settlement of this Policy.

At any time Your policy loan exceeds the Cash Value, this Policy will lapse. However, at least 31 days prior, notice must be mailed by us to Your last known address and to the assignee of record, if any.

**WE CAN DELAY PAYMENT.** We can delay loaning You money for up to six months, or the period allowed by law, whichever is less. However, we cannot delay loaning You money if the amount is to be used to pay a premium to us.

**OBTAINING A LOAN.** You may obtain a policy loan by written request and assignment of the Policy as sole security for the loan.

## CONVERSION PROVISIONS

**PRIVILEGE TO CONVERT.** While this Policy is in force by payment of premiums, it may be converted to any plan of Whole Life or Endowment insurance issued by the Company upon receipt of:

1. written request, acceptable to the Company; and
2. payment of the required premium; and
3. surrender of this Policy for cancellation on or before the earlier of:
  - (a) the Expiry Date; or
  - (b) the policy anniversary following the Insured's attained age 75; or
  - (c) within five years from the Policy Date if later than the policy anniversary following the Insured's attained age 75.

Evidence of insurability will not be required.

The face amount of the new policy may be equal to or less than the Face Amount of this Policy; however, the face amount of the new policy may not be less than the Company's minimum required on the date of conversion for the plan selected.

The new policy will be issued as of the date of conversion. The premium rate for the new policy will be based on: (a) the rate then in effect for the Insured's attained age; and (b) the same mortality classification that applied to the Insured under this Policy.

Any agreement included in this Policy granting additional benefits for accidental death may be included in the new policy. Benefits may be included in the new policy for waiver of premium for total and permanent disability, without evidence of insurability, provided:

1. this Policy contains such benefits on the date of conversion; and
2. on the date of conversion, the Insured is not disabled as defined in the waiver of premium benefit; and
3. the new policy is on a Whole Life plan with premiums payable for life.

Otherwise, the inclusion of waiver of premium benefits will be subject to:

1. the submission of evidence of insurability; and
2. consent of the Company.

**DISABILITY CONVERSION.** If, on the last day that this Policy can be converted in accordance with the "Privilege to Convert" provision, premiums for this Policy are being waived under an agreement included in this Policy granting benefits in the event of total and permanent disability, this Policy may be exchanged for a new policy. Any premium for the new policy which becomes due during the continuance of such disability shall be waived.

The new policy will:

1. be on the Whole Life continuous premium plan; and
2. be for the death benefit amount of this Policy at the date of exchange; and
3. include any agreements in force under this Policy at the date of exchange granting benefits for: (a) total and permanent disability; or (b) additional benefits for accidental death.

The date of issue of the new policy will be the date of exchange. The premium for the new policy will be based on: (a) the Company's rates then in effect for the Insured's attained age on such date; and (b) the same mortality classification as this Policy.

## SETTLEMENT OPTIONS

**ELECTION OF A SETTLEMENT OPTION.** The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living, subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

**PAYEE.** The Payee is the person or persons entitled to receive payments under a Settlement Option.

**AVAILABILITY OF OPTIONS.** The Company may pay the then balance of the Proceeds in one sum if:

1. the Proceeds are less than \$5,000; or
2. the amount on deposit under Option 1 or 2 below becomes less than \$2,000; or
3. periodic payments are, or become, less than \$100; or
4. the Payee is not the person first entitled to payment; or
5. the Payee is an assignee, estate, trustee, partnership, corporation or association.

**EFFECTIVE DATE OF SETTLEMENT OPTION.** If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of Due Proof of the Death of the Insured.

**BASIS OF PAYMENT OPTIONS.** The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

**LIFE INCOME AND AGE.** When Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

**OPTION 1 -- DEPOSIT --** Left on deposit with interest to accumulate. Interest is compounded annually. Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

**OPTION 2 -- INTEREST INCOME --** Left on deposit, with interest payable periodically. Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

**OPTION 3 -- INSTALLMENTS OF SPECIFIED AMOUNT --** Paid as an income of a specified amount mutually agreed upon, until the Proceeds and interest are exhausted.

**OPTION 4 -- INSTALLMENTS FOR SPECIFIED PERIOD --** Paid as an income for a specified period mutually agreed upon.

**OPTION 5 -- LIFE INCOME WITH GUARANTEED PERIOD --** Paid as an income for life. Payments are guaranteed for 120 months.

**OPTION 6 -- LIFE INCOME WITHOUT GUARANTEED PERIOD --** Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

**DEATH OF PAYEE.** After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

**PROTECTION AGAINST CREDITORS.** To the extent permitted by law, Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

**OPTION 2  
INTEREST INCOME**

<b>Payable</b>	<b>Interest Payable</b>
Monthly	\$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

**OPTION 4  
INSTALLMENTS**

<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

**SETTLEMENT OPTIONS (Continued)**

**OPTIONS 5 AND 6  
MONTHLY LIFE INCOMES**

Age	Option 5 120 Installments Guaranteed		Option 6 Life Only		Age	Option 5 120 Installments Guaranteed		Option 6 Life Only	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

**IA American Life Insurance Company**  
Administrative Office  
P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2777

**LEVEL TERM LIFE INSURANCE TO AGE 95**

**CONVERTIBLE**

**PREMIUMS INCREASE AFTER LEVEL PREMIUM PERIOD**

**NON-PARTICIPATING**

**LIFE INSURANCE PAYABLE AT DEATH BEFORE AGE 95. SEE BENEFIT DESCRIPTION PAGE  
FOR AMOUNT OF INSURANCE AND PREMIUMS. GUARANTEED CASH VALUES PROVIDED.**

***READ YOUR POLICY CAREFULLY***

BASIC POLICY- LEVEL TERM TO AGE 95

[\$ 381.00] FOR 30 YEARS\*

TOTAL ANNUAL PREMIUM [\$ 381.00]

ISSUED METHOD OF PAYMENT – ANNUAL [\$ 381.00]

OTHER METHODS OF PAYMENT SEMIANNUAL [\$ 201.93]

QUARTERLY [\$ 102.87]

MONTHLY [\$ 35.44]

PREMIUM CLASS: NON-TOBACCO

\* PREMIUMS ARE LEVEL FOR THE FIRST 30 POLICY YEARS. AFTER 30 POLICY YEARS, THE PREMIUM WILL INCREASE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 30 YEARS ARE SHOWN IN THE TABLE OF GUARANTEED ANNUAL PREMIUMS ON PAGE 3B OF THE POLICY.

INSURED: [JOHN DOE]

FACE AMOUNT: [\$100,000]

AGE: [35]

DATE OF ISSUE: [MAY 1, 2000]

SEX: [MALE]

EXPIRY DATE: [MAY 1, 2070]

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [JOHN DOE]

FACE AMOUNT: [\$100,000]

AGE: [35]

DATE OF ISSUE: [MAY 1, 2000]

SEX: [MALE]

EXPIRY DATE: [MAY 1, 2070]

POLICY NUMBER: [XXXXXXXXXX]

TABLE OF GUARANTEED VALUES

LEVEL TERM TO AGE 95

END OF POLICY YEAR	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE		END OF POLICY YEAR
		YEARS	DAYS	
1	.00	0	0	1
2	.00	0	0	2
3	.00	0	0	3
4	.00	0	0	4
5	.00	0	0	5
6	.00	0	0	6
7	.00	0	0	7
8	.00	0	0	8
9	.00	0	0	9
10	.00	0	0	10
11	.00	0	0	11
12	.00	0	0	12
13	.00	0	0	13
14	.00	0	0	14
15	.00	0	0	15
16	.00	0	0	16
17	.00	0	0	17
18	.00	0	0	18
19	.00	0	0	19
20	.00	0	0	20
21	.00	0	0	21
22	.00	0	0	22
23	.00	0	0	23
24	.00	0	0	24
25	.00	0	0	25
26	.00	0	0	26
27	.00	0	0	27
28	.00	0	0	28
29	.00	0	0	29
30	.00	0	0	30
31	.00	0	0	31
32	.00	0	0	32
33	.00	0	0	33

INSURED: [JOHN DOE]

FACE AMOUNT: [\$100,000]

AGE: [35]

DATE OF ISSUE: [MAY 1, 2000]

SEX: [MALE]

EXPIRY DATE: [MAY 1, 2070]

POLICY NUMBER: [XXXXXXXXXX]

TABLE OF GUARANTEED VALUES

LEVEL TERM TO AGE 95

END OF POLICY YEAR	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE		END OF POLICY YEAR
		YEARS	DAYS	
34	.00	0	0	34
35	.00	0	0	35
36	.00	0	0	36
37	.00	0	0	37
38	.00	0	0	38
39	.00	0	0	39
40	.00	0	0	40
41	.00	0	0	41
42	.00	0	0	42
43	.00	0	0	43
44	.00	0	0	44
45	.00	0	0	45
46	.00	0	0	46
47	.00	0	0	47
48	.00	0	0	48
49	.00	0	0	49
50	.00	0	0	50
51	.00	0	0	51
52	.00	0	0	52
53	.00	0	0	53
54	.00	0	0	54
55	.00	0	0	55
56	.00	0	0	56
57	.00	0	0	57
58	.00	0	0	58
59	.00	0	0	59
60	.00	0	0	60

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE TABLE: 2001 CSO AND MALE NONSMOKER

EXTENDED TERM MORTALITY TABLE: 2001 CSO AND MALE NONSMOKER

REINSTATEMENT INTEREST RATE: 6% ANNUAL RATE

TABLE OF GUARANTEED ANNUAL PREMIUMS

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
1 thru 30	381.00	46	23,755.00
31	5,415.00	47	26,544.00
32	5,954.00	48	29,449.00
33	6,500.00	49	32,582.00
34	7,088.00	50	36,050.00
35	7,697.00	51	39,925.00
36	8,435.00	52	44,219.00
37	9,261.00	53	48,909.00
38	10,346.00	54	53,935.00
39	11,491.00	55	59,238.00
40	12,695.00	56	64,771.00
41	14,011.00	57	69,976.00
42	15,446.00	58	75,401.00
43	17,112.00	59	81,123.00
44	19,058.00	60	87,168.00
45	21,305.00		



[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY [XXXXXXXXXX]**

ANY CORRESPONDENCE REGARDING THIS POLICY SUMMARY MAY BE FORWARDED EITHER TO  
OUR ADMINISTRATIVE OFFICE OR THE AGENT LISTED BELOW.

IA AMERICAN LIFE INSURANCE COMPANY  
ADMINISTRATIVE OFFICE:  
[425 AUSTIN AVENUE  
WACO, TEXAS 76701]

PREPARED BY:  
[JOE AGENT  
P.O. BOX 910  
WACO, TEXAS 76705]

DATE OF ISSUE: [MAY 1, 2006]

STATEMENT PREPARATION DATE: [MAY 10, 2006]

PAGE 1 OF 3

INSURED: [JOHN DOE ] AGE: [35]

PREMIUM CLASS: [NON-TOBACCO]

PAYMENT MODE: [ANNUAL]

FORM NUMBER	BASIC BENEFIT	AMOUNT OR UNITS	MATURITY OR EXPIRY DATE	PREMIUM	YEARS PAYABLE
LTL101	LEVEL TERM TO AGE 95	[100,000.00 ]	[MAY 1, 2066[	[381.00 ]	30 *

\* PREMIUMS ARE LEVEL FOR THE FIRST 30 POLICY YEARS. AFTER 30 POLICY YEARS, THE PREMIUM WILL INCREASE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 30 POLICY YEARS ARE SHOWN ON THE FOLLOWING PAGES.

TOTAL ANNUALIZED PREMIUM AT ISSUE [ 381.00]  
POLICY LOAN INTEREST RATE – 7.40% PAYABLE IN ADVANCE

ANNUAL	[381.00]
SEMI-ANNUAL	[201.93]
QUARTERLY	[102.87]
MONTHLY	[35.44]

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY [XXXXXXXXXX]**

DATE OF ISSUE: [MAY 1, 2006]

STATEMENT PREPARATION DATE: [MAY 10, 2006]

PAGE 2 OF 3

INSURED: [JOHN DOE]

AGE: [35]

PREMIUM CLASS: [NON-TOBACCO]

PAYMENT MODE: [ANNUAL]

-----LEVEL TERM TO AGE 95-----

YEAR	ANNUALIZED PREMIUM	GUARANTEED CASH VALUE *	GUARANTEED DEATH BENEFIT	YEAR	ANNUALIZED PREMIUM	GUARANTEED CASH VALUE *	GUARANTEED DEATH BENEFIT
1	[381.00	.00	100,000	21	381.00	.00	100,000
2	381.00	.00	100,000	22	381.00	.00	100,000
3	381.00	.00	100,000	23	381.00	.00	100,000
4	381.00	.00	100,000	24	381.00	.00	100,000
5	381.00	.00	100,000	25	381.00	.00	100,000
6	381.00	.00	100,000	26	381.00	.00	100,000
7	381.00	.00	100,000	27	381.00	.00	100,000
8	381.00	.00	100,000	28	381.00	.00	100,000
9	381.00	.00	100,000	29	381.00	.00	100,000
10	381.00	.00	100,000	30	381.00	.00	100,000
11	381.00	.00	100,000	31	5,415.00	.00	100,000
12	381.00	.00	100,000	32	5,954.00	.00	100,000
13	381.00	.00	100,000	33	6,500.00	.00	100,000
14	381.00	.00	100,000	34	7,088.00	.00	100,000
15	381.00	.00	100,000	35	7,697.00	.00	100,000
16	381.00	.00	100,000	36	8,435.00	.00	100,000
17	381.00	.00	100,000	37	9,261.00	.00	100,000
18	381.00	.00	100,000	38	10,346.00	.00	100,000
19	381.00	.00	100,000	39	11,491.00	.00	100,000
20	381.00	.00	100,000	40	12,695.00	.00	100,000]

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY[ XXXXXXXXXXXX]**

DATE OF ISSUE: [MAY 1, 2006]

STATEMENT PREPARATION DATE: [MAY 10, 2006]

PAGE 3 OF 3

INSURED: [JOHN DOE]

AGE: [35]

PREMIUM CLASS: [NON-TOBACCO]

PAYMENT MODE: [ANNUAL]

----- LEVEL TERM TO AGE 95 -----

YEAR	ANNUALIZED PREMIUM	GUARANTEED CASH VALUE *	GUARANTEED DEATH BENEFIT	YEAR	ANNUALIZED PREMIUM	GUARANTEED CASH VALUE *	GUARANTEED DEATH BENEFIT
41	[14,011.00	.00	100,000	51	39,925.00	.00	100,000
42	15,446.00	.00	100,000	52	44,219.00	.00	100,000
43	17,112.00	.00	100,000	53	48,909.00	.00	100,000
44	19,058.00	.00	100,000	54	53,935.00	.00	100,000
45	21,305.00	.00	100,000	55	59,238.00	.00	100,000
46	23,755.00	.00	100,000	56	64,771.00	.00	100,000
47	26,544.00	.00	100,000	57	69,976.00	.00	100,000
48	29,449.00	.00	100,000	58	75,401.00	.00	100,000
49	32,582.00	.00	100,000	59	81,123.00	.00	100,000
50	36,050.00	.00	100,000	60	87,168.00	.00	100,000]

GUARANTEED VALUES

10<sup>TH</sup> YEAR      20<sup>TH</sup> YEAR

[ 3.81            3.81

3.81            3.81]

LIFE INSURANCE SURRENDER COST INDEX

LIFE INSURANCE NET PAYMENT COST INDEX

EXPLANATION OF THE INTENDED USE OF THE COST INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYER'S GUIDE.

\* VALUES SHOWN AT THE END OF THE POLICY YEAR.

Proposed Insured: _____ <small>(First) (Middle) (Last)</small>					Telephone interview done (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address: (No. & Street) _____					Phone _____ Best time to call <input type="checkbox"/> am <input type="checkbox"/> pm				
City: _____		State: _____		Zip Code: _____		E-mail Address _____ @ _____			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr / /	Age	State of Birth	SS# _____	Height: _____ ft _____ in	Occupation: _____			
				DL# _____	Weight: _____ lbs	Annual Salary: \$ _____			
Owner: Name _____		SS# _____		Address: _____					
Payor: Name _____		SS# _____		Address: _____					
<b>Primary Insured:</b> Primary Beneficiary _____					Relationship _____				
Contingent Beneficiary _____					Relationship _____				
Plan: _____ <input type="checkbox"/> Return of Premium (not available on 10 year term plan)								<b>Face Amount</b>	
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____									
<input type="checkbox"/> Waiver of Premium		<input type="checkbox"/> ADB \$ _____		<input type="checkbox"/> CIA _____ Units		<b>Policy Date Request:</b> / /			
<input type="checkbox"/> Disability Income \$		<input type="checkbox"/> Critical Illness %		<input type="checkbox"/> Other		<b>Mail Policy:</b> <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner			
<b>Mode:</b> <input type="checkbox"/> Bank Draft		<input type="checkbox"/> Draft 1st Prem on Req. Date		<input type="checkbox"/> Payroll Deduction		<b>CWA:</b> <input type="checkbox"/> E-Check Immediate 1st Prem			
<input type="checkbox"/> Qtrly		<input type="checkbox"/> Other		Modal Prem \$ _____		<input type="checkbox"/> Collected \$ _____			
Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					Company _____				
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No					Policy # _____		Amount of Coverage \$ _____		
<b>Other Proposed Insureds: Name</b>	Rider	Amt.	Sex	Birthdate	St. of Birth	Height	Weight	Relationship	

**SECTION A: Answer Questions 1, 2 and 3 for all Proposed Insureds.**

- Has any Proposed Insured been diagnosed or treated for, taken medication for or currently under treatment for (circle condition that applies):
  - high blood pressure, heart attack, angina, arrhythmia, aneurysm, stroke, TIA, heart or circulatory disease or disorder? ..... Yes  No
  - diabetes, pancreas disorder, hepatitis, Crohn's Disease, ulcerative colitis, liver or digestive disease or disorder? ..... Yes  No
  - cancer in any form, lung disease or disorder, seizures, mental or nervous disorder, bi-polar disorder, paralysis, blindness? ..... Yes  No
  - any disease or disorder of the kidneys, urinary bladder, prostate, reproductive organs, or sexually transmitted disease? ..... Yes  No
  - connective tissue disease, systemic lupus (SLE), anemia, arthritis, or any disorder of the back, joints, muscles? ..... Yes  No
  - any other disease or disorder, injury, surgery **within the past 24 months**? ..... Yes  No
- Within the past 2 years** has any proposed insured participated in parachuting, hang gliding, rock or mountain climbing, rodeo events, sky diving, scuba diving, organized racing of any kind, any professional sport, or aviation? ..... Yes  No
- Has any Proposed Insured:
  - been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ..... Yes  No
  - within the past 5 years**, been convicted of any misdemeanor or felony charge, had their driver's license suspended or revoked, or convicted of driving under the influence of alcohol or drugs, or driver's license currently suspended or revoked? ..... Yes  No
  - within the past 5 years**, used illegal drugs, abused alcohol or drugs, or had or been recommended by a medical professional or licensed counselor to discontinue the use of alcohol or drugs or to have treatment or counseling for alcohol or drug use? ..... Yes  No
  - within the past 6 months**, been on probation, parole, or been prohibited from actively working full time (30 hours or more per week) at their regular occupation due to any illness, injury, or health related problem, or are you **currently** disabled? ..... Yes  No
  - within the past 12 months**, consulted a physician, had surgery, been hospitalized, or had diagnostic tests such as EKG, Xray, MRI, CAT scan? ..... Yes  No
  - within the past 12 months**, had diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? ..... Yes  No

**SECTION B: If applying for Critical Illness Rider answer Question 4. (Provide: name, relationship, age at onset, medical condition.)**

- Has primary insured had a natural parent, brother or sister, suffer from diabetes, kidney disease, require a major organ transplant or been diagnosed with heart disease, cerebrovascular disease, or internal cancer prior to age 60? ..... Yes  No

**SECTION C: Give details to all "Yes" answers in Sections A and B and list current medications (use COMMENTS section on back for additional space).**

Illness, Injury, Disease, or Symptoms	Dates	Treatment	Name and Address of Physician and/or Hospital
	/ /		
	/ /		
	/ /		

LTL201

**NOTICE**

**Printed in compliance with Public Law 91-508**

Thank you for considering IA American Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

**MIB PRE-NOTICE**

Information regarding your insurability will be treated as confidential. IA American Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

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

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

COMMENTS: \_\_\_\_\_

**AGREEMENT**—I agree with IA American Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

**AUTHORIZATION**—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) IA American Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize IA American Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

**CERTIFICATION**—I hereby certify, under penalties of perjury, that (1) the social security number indicated above is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406 (a) (1) (c) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

*I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB Pre-Notice. I acknowledge receiving the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.*

Signed at \_\_\_\_\_ Date of Application \_\_\_\_\_  
CITY STATE MONTH DAY YEAR  
SIGNATURE OF PROPOSED INSURED SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

**AGENT'S REPORT**

*I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable.*

Does the proposed insured have any existing life or disability insurance or annuity contract? .....  Yes  No  
Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? .....  Yes  No

Agent \_\_\_\_\_ No: \_\_\_\_\_ % Agent \_\_\_\_\_ No: \_\_\_\_\_ %  
SIGNATURE SIGNATURE

**PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN**

Insured \_\_\_\_\_ Account Holder \_\_\_\_\_  
Financial Institution (name/address) \_\_\_\_\_  
Transit / ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_  Checking  Savings Requested Draft Day (1st-28th) \_\_\_\_\_

**ATTACH VOIDED CHECK OR DEPOSIT SLIP**

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of IA American Life Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records) \_\_\_\_\_ DATE \_\_\_\_\_

LTL201

**IA AMERICAN LIFE INSURANCE COMPANY**  
P.O. BOX 2549, WACO, TX 76702-2549

**CONDITIONAL RECEIPT**

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT. THIS RECEIPT SHALL BE INVALID AND MAY NOT BE ISSUED WITH RESPECT TO PROPOSED PAYMENT OF THE INITIAL PREMIUM TENDERED BY MEANS OF A POST-DATED CHECK.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as first payment on this application for Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

If (1) an amount equal to the first full premium is submitted or a payroll deduction authorization, a government allotment authorization, or a bank draft authorization has been fully implemented in an amount sufficient to pay the first full monthly premium, (2) any check or bank draft authorization given in payment of the initial premium is honored when first presented, (3) all underwriting requirements, including any medical examinations required by the Company's rules, are completed, and (4) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date the payroll deduction authorization or government allotment authorization is submitted for processing, or (c) the requested draft date specified in the bank draft authorization, or (d) the date of the latest medical exam required by the Company. THE TOTAL AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$150,000.00. (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met exactly, the liability of the Company shall be limited to the return of any amount paid.

[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]  
[www.iaamerican.com](http://www.iaamerican.com)

**TAX IMPLICATIONS.** The acceleration-of-life-insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as Your life expectancy at the time benefits are accelerated or whether You use the benefits to pay for necessary long term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from Your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect Your. Your spouse or Your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependant Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect You, Your spouse, and Your family's eligibility for public assistance.

This Rider provides an accelerated payment of life insurance proceeds under conditions specified in this Rider. It is not intended to provide health, nursing home or long term care insurance. **CASH VALUES (IF ANY), LOAN VALUES (IF ANY), AND DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID.**

This Rider is attached to and made a part of the Policy to which it is attached. It is subject to the provisions of the Policy unless amended in this Rider. There is no premium or administrative fee for this Rider

#### **DEFINITIONS**

**Confined Care:** Full time, permanent residence in a Nursing Home until death.

**Monthly Accelerated Benefit Payment:** A fixed monthly payment equal to the lesser of the 2.5% of the Policy Face Amount, reduced by any outstanding Policy loans, or \$5,000. The Monthly Accelerated Benefit Payment amount will be determined as of the date the Company receives the Owner's written request to receive the Rider Benefit.

**Nursing Home:** An institution which is not primarily a residential facility and which:

1. is a Medicare-approved Skilled Nursing Facility; or
2. is state licensed as a Skilled Nursing or Intermediate Care Facility; or
3. meets all the following:
  - a. is state licensed as a Nursing Home; and primarily provides nursing care; and
  - b. is supervised by a registered or licensed practical nurse; and
  - c. keeps daily patient medical records; and
  - d. records and controls all medications it gives.

**Physician:** A duly licensed physician practicing within the scope of his or her license. It does not include the Insured or family members of either the Insured or the Owner.

**Physician's Statement:** a written statement signed by a Physician which:

1. gives the Physician's diagnosis of the Insured's medical condition; and
2. states that the Insured is a full time permanent resident of a Nursing Home and will continue full time, permanent residence in a Nursing Home until death.

## RIDER BENEFIT

The Owner can elect to receive the Monthly Accelerated Benefit Payment during the Insured's life subject to the following requirements:

1. the election must be in writing.
2. the election must be sent to the Administrative Office.
3. a Physician's Statement must be provided.
4. the Face Amount of the Policy that will remain after the monthly Accelerated Benefit Payment must be at least \$5,000.

This Rider's Benefits are only available if the Owner elects it on his or her own. THE OWNER CANNOT ELECT UNDER THIS RIDER:

1. if required by law to use this Rider to pay creditor's claims;
2. if the Owner is required by government to use this Rider to get a government benefit;
3. during the first 30 days from the Policy Date.

A request for an accelerated benefit will not be approved if the Policy is assigned, or if the Beneficiary cannot be changed by the Owner. The Owner can elect to receive Rider Benefits only one time.

The Monthly Accelerated Benefit Payments will continue until the sum of all Monthly Accelerated Benefit Payments received subtracted from the unadjusted Policy Face Amount equals \$5,000, or for a maximum of 60 months, whichever occurs first.

## ADJUSTMENTS TO THE POLICY

The following adjustments will be made to the Policy after a Monthly Accelerated Benefit Payment is made.

1. The Policy's Face Amount will be reduced by the amount of the Monthly Accelerated Benefit Payment received. Any portion remaining after reduction of the death benefit due to an accelerated payment of life insurance proceeds will be paid upon the death of the Insured. The accelerated payment and the balance of the death benefit of the Policy will constitute full settlement on maturity of the Face Amount of the Policy. The Cash Value (if any) and the amount available for loans (if any) for the Policy will decrease in proportion to the amount of benefit paid. The Cash Value will be equal to or greater than the minimum Cash Value for the reduced future guaranteed death benefit. After the accelerated payment, the mortality and interest used in calculating the minimum cash values for the life insurance coverage will be the same as before the accelerated payment. The accelerated payment will not change the calculation of the nonforfeiture benefits of the Policy.
2. The Company will provide the Owner with a payment statement that explains how the Company pays the Monthly Accelerated Benefit Payments.

## TERMINATION

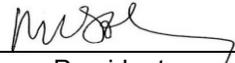
This Rider will terminate on the earlier of:

1. the termination date of the Policy to which this Rider is attached;
2. the death of the Insured;
3. the Face Amount of the Policy equals \$5,000;
4. 60 monthly benefits payments have been made; or
5. upon written request of the Owner.

This Rider is effect  Date.

Signed for the Company.

\_\_\_\_\_  
Secretary

  
\_\_\_\_\_  
President

[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]  
[www.iaamerican.com](http://www.iaamerican.com)

IA American Life Insurance Company (“the Company”) has issued this Rider (“the Rider”) as a part of the Policy (“the Policy”) to which it is attached. The provisions of the Policy apply to the Rider except where such provisions conflict with the express provisions hereof, in which event the provisions of the Rider will control. Terms defined in the Policy, which are used herein, will have the same meaning specified in the Policy.

**BENEFIT WHICH IS PAID UNDER THIS ACCELERATED LIVING BENEFIT RIDER WILL REDUCE THE FACE AMOUNT, THE ASSOCIATED PREMIUMS, THE CASH VALUE (IF ANY) AND ANY POLICY LOANS UNDER THE LIFE INSURANCE POLICY TO WHICH THIS RIDER IS ATTACHED, AS DESCRIBED BELOW.**

All statements in the application and supplement are deemed representations and not warranties except in the case of fraud. No statements will void this Rider or be used in defense of a claim unless contained in the application or supplement.

**TAX DISCLOSURE:** Pursuant to the acceleration-of-life insurance benefits provisions offered under this Rider, You may receive benefits that do not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Generally a recipient of acceleration-of-life-insurance benefits qualifies for favorable tax treatment of those benefits only if the recipient has been certified by a Physician as having a life expectancy of two years or less, or the recipient has been certified by a licensed health care practitioner as being sufficiently disabled to require long-term care services, such as nursing home care or home health care, the benefits are used to pay for such services and the contract provisions providing for payment of the benefits meet certain other state and federal requirements.

**FACE AMOUNT;** In this Rider, the the Face Amount refers to the Face Amount under the Policy to which this Rider is attached, excluding any insurance provided by another benefit rider.

**PHYSICIAN:** Individual licensed to practice medicine in this state or any other state of the United States, excluding family members of the Insured or the Owner.

**PREMIUMS:** Premiums required to keep this Rider in force are shown in the Benefit Description Page of the Policy to which this Rider is attached.

**PREMIUM CHANGE:** The Company may change the premium for this Rider from time to time. The conditions under which the premium may be changed are:

1. the changed premium may be greater than or less than the Rider premium at issue, as shown in the Benefit Description Page 3 of the Policy, but will not be greater than the maximum premium shown in the Benefit Description Page 3B.
2. any change in premium rates will be applied to all Riders on this form on a uniform basis for Insureds of the same issue age and premium classification.
3. the premium may not be changed before the end of the Rider Guaranteed Premium Period shown in the Benefit Description Page 3 of the Policy and may not be changed more often that once a year thereafter.
4. notice of a change of premium will be sent to the Owner at least 30 days before the change becomes effective.

Upon any Rider premium increase, the Owner has the option to:

1. pay the new Rider premium or
2. reduce the Rider benefit proportionally.

If the Owner does not elect 1 above in writing within 60 days after notification of the premium increase, the Company will automatically reduce the benefit of this Rider proportionally. If election of 1 above is received after 60 days and before the policy anniversary following such premium increase, the Company will reinstate the Rider benefit to the amount as of the last policy anniversary if the Owner:

1. begins to pay the new Rider premium; and
2. pays the unpaid difference between the new Rider premium and the Rider premium since the most recent increase.

## PUBLIC ASSISTANCE DISCLOSURE

Receipt of acceleration-of-life-insurance benefits may affect You, Your spouse or Your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect You, Your spouse and Your family's eligibility for public assistance.

### BENEFIT

Upon receipt of proof of a qualifying event, we will pay an accelerated benefit in a single sum. To calculate the benefit, we will begin with:

1. should the qualifying event occur on or after the 91<sup>st</sup> day following the Date of Issue, the lesser of:
  - (a) ten percent (10%) of the percent, indicated in the Benefit Description Page, of the Face Amount, or
  - (b) \$25,000.
2. should the qualifying event occur on or after the 91<sup>st</sup> day following the Date of Issue, the lesser of:
  - (a) the percent, indicated in the Benefit Description Page, of the Face Amount, or
  - (b) \$250,000.

The applicable percentage shall be the lesser of a) or b) above divided by the Face Amount.

Then we will subtract:

1. the applicable percentage of any outstanding loan and loan interest due and unpaid on the date of the qualifying event; and
2. any premium due and unpaid which applies to a period prior to the date a qualifying event occurs.

On the date payment is made, the following will be reduced by the applicable percentage:

1. the Face Amount;
2. the Policy's base premium excluding the policy fee;
3. the cash value (if any); and
4. any policy loans.

The premium rate for any riders on the Policy will not be reduced.

At the time of payment of the lump sum acceleration-of-life-insurance benefit, we will provide the Owner of the Policy a statement specifying:

1. the amount of benefit paid;
2. the effect of the acceleration-of-life-insurance on the Face Amount, future premiums, cash value (if any); and any policy loans.

Any portion of the Face Amount remaining after reduction of the Face Amount due to payment of any acceleration-of-life-insurance benefit shall be paid upon the death of the Insured, should the Policy be in force, constituting full settlement of the contract.

### DEFINITION OF A QUALIFYING EVENT

A "Qualifying Event" means one of the medical conditions defined below. The Insured must be first diagnosed with one of the Qualifying Events after the Date of Issue and in accordance with all other requirements of the Policy. This benefit is payable only once, except for the 10% acceleration upon occurrence of Coronary Artery Bypass Graft. If the Coronary Artery Bypass Graft is paid, future acceleration of any other benefit is reduced proportionally. In no case will the sum of the benefits paid under this Rider exceed the percent of the Benefit Basis shown on Page 3 of the Policy. Only an event sustained by the Insured will be considered a qualifying event.

**HEART ATTACK:** The death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries and resulting in a loss of the normal function of the heart. A Physician must furnish us in writing diagnosis of the condition. This diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. Diagnosis of a Heart Attack must be established by all of the following 6 criteria:

1. clinical picture of a myocardial infarction;
2. new electrocardiographic changes consistent with myocardial infarction;
3. elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK and NSTEMI respectively, a CPK-MB measurement must be used and non-ST segment elevation MI (NSTEMI) with elevation of Troponin I or T is excluded;

4. maximum treadmill test;
5. MUGA-scan;
6. cardiac-catheterization.

At our discretion, we may waive one or more of the criteria.

The following are excluded: Angina, chest pains associated with restricted blood supply to the heart.

**CORONARY ARTERY BYPASS GRAFT (CABG):** 10% of the accelerated living benefit will be paid for the first ever open chest surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts, either saphenous vein or internal mammary graft. The surgery must have been proven to be necessary by means of coronary angiography. A cardiologist must recommend the surgery.

The following is excluded: angioplasty, laser relief of an obstruction, and other intra-arterial procedures.

**STROKE:** A cerebral vascular incident caused by hemorrhage, embolism, thrombosis producing measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke. The diagnosis must be supported by new changes on a CT or MRI scan.

The following are excluded: pre-malignant tumors or polyps, cancer in-situ (e.g. cervical dysplasia), transitional carcinoma of urinary bladder Stage 0, prostate cancer Stage A or equivalent, TNM Classification (T1, T1a, T1b), colon cancer Dukes Stage A, all tumors in the presence of HIV, hyperkeratosis, basal cell and squamous skin cancers, malignant melanomas of the skin classified Clark Level 2 or less, or has a Breslow thickness measurement 0.75 or less.

**CANCER:** Only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. Cancer includes: Leukemia, Malignant Lymphoma, Hodgkin's Disease (except Stage 1 Hodgkin's Disease). Diagnosis of cancer must be established according to the criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

The following are excluded: pre-malignant tumors or polyps, cancer in-situ (e.g. cervical dysplasia), transitional carcinoma of urinary bladder Stage 0, prostate cancer Stage A or equivalent TNM Classification (T1, T1a, T1b), colon cancer Dukes Stage A, all tumors in the presence of HIV, hyperkeratoses, basal cell and squamous skin cancers, malignant melanomas of the skin classified Clark Level 2 or less, or has a Breslow thickness measurement 0.75mm or less.

**KIDNEY FAILURE:** End stage kidney disease presented as chronic irreversible failure of both kidneys to function. The undergoing of regular renal dialysis or undergoing a renal transplant must evidence this.

The following are excluded: single kidney failure, temporary kidney failure.

**MAJOR ORGAN TRANSPLANT SURGERY:** The actual undergoing as a recipient (human to human) of a transplant of the heart, lung, liver, pancreas, kidney or bone marrow. The transplant must be medically necessary and based on objective confirmation of organ failure.

**PARALYSIS:** Total and permanent loss of use of two or more limbs due to an injury or sickness. These conditions have to be medically documented by a neurologist for at least 3 months.

**BLINDNESS:** Total, permanent and uncorrectable loss of sight in both eyes confirmed by an ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

**HIV CONTRACTED PERFORMING OCCUPATIONAL DUTIES AS A MEDICAL PROFESSIONAL HEALTHCARE WORKER:** A medical professional healthcare worker who in the performance of their occupational duties is exposed to and ultimately acquires positive HIV resulting from an accidental injury.

The following are excluded: HIV infection as a result of IV drug use, sexual intercourse.

**TERMINAL ILLNESS:** The Insured must be suffering from a condition, which in the opinion of a physician will lead to death within twelve (12) months.

## MEDICAL REFEREE

If the Owner and the Company do not agree on the diagnosis (as defined in the Policy), either may request the opinion of a Medical Referee at our expense. Such a request must be submitted in writing and must include a description of the issue disagreed upon. If the use of a Medical Referee is mutually acceptable, each party shall select a Physician and shall notify the other party of the Physician chosen.

Each Physician will examine the Insured and his/her medical records.

If the two Physicians are unable to agree, they will appoint a disinterested third Physician acceptable to both to act as the Medical Referee.

Such Medical Referee must be board-certified specialist in the medical field pertinent to the issue disputed. The Medical Referee shall meet with the other two Physicians, if necessary, at a mutually agreed upon time and place in an attempt to resolve the differences.

If the decision of the Medical Referee is in favor of the Insured, the Company will accept the decision as binding and pay the cost of the Insured's Physician, the Company's Physician and the Medical Referee.

If the decision is in the favor of the Company, the Company will pay the cost of its Physician and the Medical Referee. However, a decision in favor of the Company is not binding on the Owner, who may appeal further as provided by law.

### TERMINATION OF COVERAGE FOR THE ACCELERATED LIVING BENEFIT RIDER

The insurance provided under this Rider will terminate on the earliest of the following dates;

1. the date the Policy matures or expires;
2. the date the Insured has attained the age of 70;
3. the date the Accelerated Living Benefit is paid, except for the acceleration upon occurrence of Coronary Artery Bypass Graft;
4. at the end of a Policy grace period when any required Rider premium (as shown in the Benefit Description Page of the Policy) remains unpaid;
5. the date the Owner requests cancellation in writing at a premium due date;
6. the date any non-forfeiture option is selected.

### OTHER

Benefit provided under the settlement of a policy  is payable to the Owner unless otherwise designated. Should the Insured die before the settlement of a policy under this Rider, the amount of the claims is payable to the Owner if different from the Insured, otherwise, it will be paid to the designated Beneficiary of the Policy. Such designation must be in writing to us and will be effective on the date we receive it.

The effective date of this Rider is the Date of Issue of the Policy.

Signed for the Company.

\_\_\_\_\_  
Secretary

  
\_\_\_\_\_  
President



## DISCLOSURE

[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]  
[www.iaamerican.com](http://www.iaamerican.com)

## ACCELERATED BENEFITS RIDER- CONFINED CARE

**TAX IMPLICATIONS.** The acceleration-of-life-insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

**ANY MEDICAID OR OTHER GOVERNMENT ENTITLEMENT FOR WHICH THE OWNER IS ELIGIBLE MAY BE AFFECTED BY PAYMENTS RECEIVED UNDER THIS RIDER.**

The Rider provides early (pre-death) payments of life insurance proceeds if the Insured is receiving Confined Care as defined in the Accelerated Benefits Rider - Confined Care. Benefits are only paid at the Owner's option and request. The terms and conditions are detailed in the Rider. **THE RIDER IS NOT INTENDED TO PROVIDE HEALTH INSURANCE, NURSING HOME INSURANCE OR LONG TERM CARE INSURANCE. IT MAY NOT COVER ALL NURSING HOME EXPENSES. IT DOES NOT COVER HOME CARE OR ADULT DAY CARE SERVICES.**

Cash Value, if any, and the Face Amount are reduced if Accelerated Benefits are paid.

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**ACCELERATED LIVING  
BENEFIT RIDER**

**TAXATION** — Receipt of the accelerated benefit paid under the Rider may be taxable. Assistance should be sought from your personal tax advisor. The benefit paid may also affect your eligibility for Medicaid and other government benefits.

**COVERED CONDITIONS**

**Heart Attack** — The death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries and resulting in a loss of the normal function of the heart. A Physician must furnish us in writing a diagnosis of the condition. This diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. The following are excluded: Angina, chest pains associated with restricted blood supply to the heart.

**Coronary Artery Bypass Graft (CABG)** — 10% of the accelerated living benefit will be paid for the first ever open chest surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts, either saphenous vein or internal mammary graft. The surgery must have been proven to be necessary by means of coronary angiography. A cardiologist must recommend surgery. The following are excluded: angioplasty, laser relief of an obstruction, and other intra-arterial procedures.

**Stroke** — A cerebral vascular incident caused by hemorrhage, embolism, thrombosis producing measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke. The diagnosis must be supported by new changes on a CT or MRI scan. The following are excluded: neurological symptoms due to transient ischemic attack (TIA) or mini-stroke, migraine, cerebral injury resulting from trauma or hypoxia, vascular disease affecting the eye, optic nerve and vestibular function.

**Cancer** — Only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. Cancer includes: Leukemia, Malignant Lymphoma, Hodgkin's Disease (except Stage 1 Hodgkin's Disease). Diagnosis of cancer must be established according to the criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. The following are excluded: pre-malignant tumors or polyps, cancer in-situ (e.g. cervical dysplasia), transitional carcinoma of urinary bladder Stage 0, prostate cancer Stage A or equivalent TNM Classification (T1, T1a, T1b), colon cancer Dukes Stage A, all tumors in the presence of HIV, hyperkeratoses, basal cell and squamous skin cancers, malignant melanomas of the skin classified Clark Level 2 or less, or has a Breslow thickness measurement 0.75mm or less.

**Kidney Failure** — End stage kidney disease presented as chronic irreversible failure of both kidneys to function. The undergoing of regular renal dialysis or undergoing a renal transplant must evidence this. The following are excluded: single kidney failure, temporary kidney failure.

**Major Organ Transplant Surgery** — The actual undergoing as a recipient (human to human) of a transplant of the heart, lung, liver, pancreas, kidney or bone marrow. The transplant must be medically necessary and based on objective confirmation of organ failure.

**Paralysis** — Total and permanent loss of use of two or more limbs due to an injury or sickness. These conditions have to be medically documented by a neurologist for at least 3 months.

**Blindness** — Total, permanent, and uncorrectable loss of sight in both eyes confirmed by an ophthalmologist. The corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

HIV Contracted Performing Occupational Duties as a Medical Professional Healthcare Worker — A medical professional healthcare worker who in the performance of their occupational duties is exposed to and ultimately acquires positive HIV resulting from an accidental injury. The following are excluded: HIV infection as a result of IV drug use, sexual intercourse.

Terminal Illness — The Insured must be suffering from a condition, which in the opinion of a physician will lead to death within twelve (12) months.

FACE AMOUNT — In the Rider, the term “Face Amount” refers to the Face Amount under the Policy to which the Rider is attached.

PREMIUM CHANGE — The Company may change the premium for this Rider. The changed premium may be greater than or less than the Rider premium at issue but will not be greater than the maximum premium shown in the Benefit Description Page 3B of the Policy. The premium may not be changed before the end of the first five years and may not be changed more often than once a year thereafter. Notice of a change of premium will be sent to the Owner at least 30 days before the change becomes effective. Upon any Rider premium increase, the Owner has the option to: (a) pay the new Rider premium; or (b) reduce the Rider benefit proportionally. If the Owner does not elect (a) above in writing within 60 days after notification of the premium increase, the Company will automatically reduce the benefit of this Rider Proportionally.

ACCELERATED LIVING BENEFIT — Upon receipt of proof of the Insured’s diagnosis of a qualifying event and written consent of all irrevocable beneficiaries and all assignees, we will pay an accelerated benefit. It will be paid in a single sum. To calculate the benefit, we will begin with the lesser of:

(Prior to the 91st day following the date of issue of the Policy):

- (a) ten percent (10%) of the percent, indicated in the Benefit Description Page, of the Face Amount, or
- (b) \$25,000.

(Starting on the 91st day following the date of issue of the Policy):

- (a) the percent, indicated in the Benefit Description Page of the Policy, of the Face Amount, or
- (b) \$250,000.

The applicable percentage shall be the lesser of (a) or (b) above divided by the Face Amount.

Then we will subtract: (a) the applicable percentage of any outstanding loan and loan interest due and unpaid on the date of the qualifying event; and (b) any premium due and unpaid which applies to a period prior to the date a qualifying event occurs.

On the date payment is made, the following will be reduced by the applicable percentage: (a) the Face Amount; (b) the Policy’s base premium excluding the Policy fee (if any); (c) the cash value (if any); (d) any policy loans. The premium rate for any riders on the Policy will not be reduced. The accelerated benefit rider and its associated premium will terminate, unless the qualifying event for which payment was made is for Coronary Artery Bypass Graft. Upon payment of 10% of the accelerated benefit due to the occurrence of Coronary Artery Bypass Graft, the rider premium continues unchanged and future acceleration of any other benefit under the Rider will be reduced proportionately.



[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]  
[www.iaamerican.com](http://www.iaamerican.com)

## ACCIDENTAL DEATH BENEFIT RIDER

**ACCIDENTAL DEATH BENEFIT.** The Accidental Death Benefit may be paid in addition to any other benefits provided in the Policy. The Company will pay the Benefit amount shown on page 3 of the Policy to the Beneficiary upon receipt of due proof that: (a) death of the Insured was a direct result of bodily injuries caused by an accident; (b) death resulted independently of all other causes; (c) death occurred within 90 days after the date of the accident; and (d) both the accident and resulting death took place while this Rider was in force.

**RISKS NOT ASSUMED.** This Rider does not cover death which results directly or indirectly from:

1. suicide, while sane or insane;
2. participation in any act related to a riot, rebellion, or war. The term "war" includes war declared or undeclared;
3. operating, riding in, descending or falling from or with an aircraft, unless: (a) the Insured was a passenger on a civilian aircraft; (b) such aircraft was flown by a licensed pilot; and (c) the Insured was without duties of any kind;
4. physical or mental infirmity, disease, or medical or surgical treatment thereof;
5. service in the military, naval, or air forces while engaged in war (declared or undeclared) of any of the following: (a) a country; (b) combination of countries; or (c) international organization;
6. any of the following when voluntarily taken, administered, injected, absorbed, or inhaled: (a) drugs (including drug sensitivity), unless administered by or on the advice of a physician; or (b) poison or gas (including carbon monoxide);
7. the commission, attempted commission, or involvement in an act which would constitute: (a) a civil or criminal assault or battery; or (b) a felony.

**TERMINATION.** This Rider shall terminate:

1. on the Policy anniversary after the number of years shown on page 3; or
2. when the grace period expires for payment of any premium in default on the Policy or this Rider; or
3. when the Policy terminates.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

**ADDITIONAL BENEFIT.** The Additional Benefits that this Rider provides shall not be considered when Policy loan or nonforfeiture values are determined. Unless expressly stated, nothing contained in this Rider will change, waive, or extend the terms of the Policy.

**CONSIDERATION.** This Rider is issued in consideration of the application and payment of an additional premium. A copy of the application is attached to the Policy; the extra premium is shown on page 3 of the Policy. Such premium is payable: (a) until the Rider is terminated; or (b) for the period stated in the Policy, if such period is shorter. If a premium is tendered to and accepted by the Company after coverage under this Agreement has ceased, the Company's acceptance of the premium shall not be deemed a waiver of the termination of coverage. The Company will refund such premiums.

Signed for the Company.

\_\_\_\_\_  
Secretary  


  
\_\_\_\_\_  
President

[Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
Toll Free: 800-736-7311]  
[www.iaamerican.com](http://www.iaamerican.com)

## BENEFITS

If the Insured is totally disabled, we will pay the Monthly Disability Benefit shown for this Rider on Page 3 of Your Policy. The Benefit will begin on the first monthly Rider anniversary after the Insured's condition has met all of the requirements of Total Disability as defined below, including continuing for at least 60 days. The Rider benefit will begin after the end of the 60 day elimination period. This is the number of days the Insured must be disabled before receiving benefits. You will not receive any benefits during the elimination period.

We may require proof of continued Total Disability as indicated in the Proof of Continued Total Disability provision of this Rider.

Benefits are subject to the maximum benefit period for any one continuous Total Disability. The maximum benefit period is two years. If following a period of Total Disability, the Insured resumes their regular occupation for a period of less than 180 days, any subsequent disability resulting from the same cause(s) will be considered a continuation of the same disability. Our liability for the entire period, including any prior disability, is subject to the limits under which the original period of disability benefits was paid.

## DEFINITIONS

**TOTAL DISABILITY:** Total Disability of the Insured is a disability which:

1. first appears while this Rider is in effect; and
2. continues for at least 60 days; and
3. begins before the Rider anniversary following the Insured's 65<sup>th</sup> birthday; and
4. is not included in the Limitations section of this Rider; and
5. results from bodily injury or disease; and
6. keeps the Insured from being able to perform the major duties of their regular occupation as a result of such injury or disease.

The irrevocable loss of the following will be deemed Total Disability:

1. the entire sight of both eyes; or
2. the entire use of both hands, and both feet or one hand and one foot.

**POLICY:** The Policy to which this Rider is attached.

## LIMITATIONS

We will not pay the Monthly Disability Benefit if Total Disability results from:

1. attempted suicide; or
2. intentional self-inflicted injury; or
3. alcoholism or drug addiction; or
4. normal pregnancy or childbirth; or
5. any act of war, declared or undeclared, or any act related to war; or
6. military service for any country at war.

## PROVISIONS

**PREMIUM.** The premium for this Rider is shown on Page 3 of the Policy and is payable under the same conditions as the Policy.

**TIME LIMIT ON CERTAIN DEFENSES.** After two years from the Date of Issue of the Policy, no misstatements made by the Insured in the application for this Rider shall be used to void the Rider or to deny a claim for loss incurred commencing after the expiration of such two year period.

TERMINATION. All coverage under this Rider shall terminate at the earliest of:

1. surrender or termination of the Policy; or
2. request for termination of this Rider accompanied by the Policy for proper endorsement; or
3. the number of years for this Rider as shown on Page 3 of the Policy; or
4. when the grace period expires for payment of any premium in default on this Rider; or
5. when a policy nonforfeiture option takes effect.

PROOF OF CONTINUED TOTAL DISABILITY. We may periodically require proof of continued Total Disability. We may also require that the Insured be examined by a physician of our choice at our expense. Monthly Disability Benefits will end if the Insured does not provide satisfactory proof within 30 days of our request or if the Insured ceases to be totally disabled. The Insured agrees to notify us as soon as possible after the Insured ceases to be totally disabled. If Total Disability stops, we will not pay further benefits.

HOW TO CLAIM THE BENEFIT. To claim a benefit under this Rider, send us a written notice of claim and proof of the Insured's Total Disability satisfactory to us. We must receive such notice and proof:

1. while the Rider is in effect; and
2. during the Insured's life; and
3. while the Insured is totally disabled.

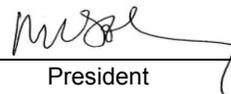
If the Insured does not meet these conditions but show that proof was given as soon as was reasonably possible, We may grant the benefits.

GENERAL PROVISIONS. This Rider is a part of the Policy to which it is attached. The provisions of the Policy also apply to this Rider unless otherwise provided in this Rider. We issue this Rider in return for Your premium and the attached application. This Rider does not affect any surrender value of the Policy. The effective date of the Rider is the Date of Issue of the Policy unless otherwise shown on this Rider. Rider years, months and anniversaries are measured from the effective date.

Signed for the Company.



Secretary



President

## WAIVER OF PREMIUM DISABILITY RIDER

**THE COMPANY WILL WAIVE** the payment of each premium of this policy which becomes due: (a) after the policy anniversary nearest the Insured's attained age 15; and (b) during the continuous, total and permanent disability of the Insured, provided:

1. due proof that the Insured became totally disabled while this Agreement was in force is furnished to the Company at its Administrative Office; and
2. such total disability has existed continuously for at least six consecutive months. Total disability for such six months is sufficient to be considered permanent only in order to determine when benefits will begin; and
3. written notice of the claim is received by the Company at its Administrative Office not more than twelve months after the premium due date.

**TOTAL DISABILITY DEFINED.** As used in this Rider, Total Disability means the complete inability of the Insured to:

1. engage in any business or occupation; or
2. perform any work for compensation or gain. Such disability must be due to bodily injuries sustained or disease first manifested while this Agreement was in force.

Within the meaning of this Rider, the following shall qualify as Total Disability:

1. total and irrecoverable loss of the sight of both eyes; or
2. loss of the use of both hands; or
3. loss of the use of both feet; or
4. loss of the use of one hand and one foot.

**RISKS NOT ASSUMED.** No premiums shall be waived under this Rider if disability results directly from:

1. injury which was intentional and self-inflicted; or
2. service in the military, naval, or air forces of any of the following while engaged in war: (1) a country; (2) combination of countries; or (3) international organization. The term "war" includes war declared or undeclared.

**NOTICE OF CLAIM.** Written notice of the claim for benefits under this Rider must be received by the Company at its Administrative Office. The notice must be received during the lifetime and continued disability of the Insured. Notice must be given within one year following any termination of coverage under this Rider. Failure to give notice within such time shall not nullify a claim if it is shown that it was not possible to give notice within the prescribed time. Such notice must be given as soon as reasonably possible thereafter.

**PROOF OF DISABILITY.** The Company will require due proof of disability and continued disability at reasonable intervals; however, this will only be required once a year after premiums have been waived for two full years. The Company may require medical examinations of the Insured by an examiner specified by the Company. Premiums falling due shall not be waived and shall become payable as provided in the Policy in the event that:

1. the Insured fails to furnish proof of disability; or
2. the Insured fails to submit to examination upon request; or
3. total disability is interrupted at any time.

**TERMINATION.** This Agreement shall terminate:

1. on the policy anniversary after the number of years shown on page 3 of the Policy; however, any benefits for total disability which commenced prior to such termination shall continue; or
2. if any premium for the Policy or this Agreement remains unpaid at the end of its grace period; however, benefits under this Agreement shall be allowed: (a) if disability begins after the premium due date but before the last day of the grace period; and (b) if such due date was within twelve months immediately preceding the notice claim.

Such benefits will be allowed as if the default had not occurred; but the premium in default, with interest at the rate specified in the Policy to which this Rider is attached, shall be due the Company. If not paid, such sum shall be deducted from any amounts payable under the Policy or this Rider.

This Rider may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

**EFFECT OF WAIVER.** The premium to be waived under this Rider shall be the same as the mode of payment in effect when notice of claim hereunder is received. All benefits under the Policy shall be the same as if any premiums waived had been paid in cash.

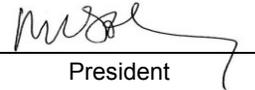
**ADDITIONAL BENEFITS.** The Additional Benefits that this Rider provides shall not be considered when Policy loan or nonforfeiture values are determined. Unless expressly stated, nothing contained in this Rider will change, waive, or extend the terms of the Policy.

**CONSIDERATION.** This Rider is issued in consideration of the application and payment of additional premium. A copy of the application is attached to the Policy; the extra premium is shown on Page 3, such premium is payable: (a) until the Rider is terminated; or (b) for the period stated in the Policy, if such period is shorter. If a premium is tendered to and accepted by the Company after coverage under this Rider has ceased, the Company's acceptance of the premium shall not be deemed a waiver of the termination of coverage. The Company will refund such premiums.

Signed for the Company.



Secretary



President

SERFF Tracking Number: APLE-126896124 State: Arkansas  
Filing Company: IA American Life Insurance Company State Tracking Number: 47534  
Company Tracking Number: LTL101  
TOI: L021 Individual Life - Endowment Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium  
Product Name: Easy Term  
Project Name/Number: Easy Term/LTL101

## Supporting Document Schedules

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

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Certification		
<b>Comments:</b>		
<b>Attachments:</b> GNAR.pdf CNAR.pdf ARcert.pdf		

### CERTIFICATION OF READABILITY

IA American Life Insurance Company hereby certifies that the following forms comply with state requirements for readability as follows:

LTL101AR	Level Term Life Insurance	51.1
LTL201	Application for Life Insurance	45.1
LTL501	Statement of Policy Cost and Benefit Information	48.4
AB301-R	Accelerated Benefits Rider – Confined Care	45.2
AB302	Accelerated Living Benefit Rider	41.7
AB502	Disclosure - Accelerated Benefits Rider – Confined Care	48.0
AB503	Disclosure - Accelerated Living Benefits Rider	43.8
ADB302	Accidental Death Benefit Rider	48.5
TD301	Total Disability Benefit Rider	45.2
WPD301	Waiver of Premium Disability Rider	55.8

  
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Michael L. Stickney  
President

November 15, 2010

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

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### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201  
  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

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The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

### **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a non-affiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**NOTICE TO  
ARKANSAS POLICYHOLDERS**

Policyholder Service Office of IA American Life Insurance Company:

Customer Service Center  
P.O. Box 19009, Greenville, SC 29602-9009  
Toll Free: 1-866-363-3290

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

Address of Agent: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

If we at IA American Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact the Arkansas Insurance Department, Consumer Services Division, 400 University Tower Building, Little Rock, AR 72204, (501) 371-1813.

**STATE OF ARKANSAS**

**FILING CERTIFICATION**

IA AMERICAN LIFE INSURANCE COMPANY hereby certifies that the attached filing is in compliance with Arkansas Rule and Regulation 19 regarding discrimination in the sale of insurance.

\_\_\_\_\_  
Michael L. Stickney, President

December 16, 2010  
\_\_\_\_\_  
Date