

SERFF Tracking Number: CMLM-126589470 State: Arkansas  
Filing Company: Columbian Life Insurance Company State Tracking Number: 45692  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Family Connection Ten Year Level Term  
Project Name/Number: /

## Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: Family Connection Ten Year Level Term SERFF Tr Num: CMLM-126589470 State: Arkansas

Level Term

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 45692  
Closed

Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Regina Akulis, ACS, AIRC, AIAA, CCP  
Disposition Date: 05/19/2010

Date Submitted: 05/17/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

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: 05/19/2010

Explanation for Other Group Market Type:

State Status Changed: 05/19/2010

Deemer Date:

Created By: Regina Akulis, ACS, AIRC, AIAA, CCP

Submitted By: Regina Akulis, ACS, AIRC, AIAA, CCP

Corresponding Filing Tracking Number:

Filing Description:

COLUMBIAN LIFE INSURANCE COMPANY

NAIC #76023 FEIN #16-1321681

Form No. 1F570F-CL, Convertible Term Life Insurance Policy

Form No. 1H840F-CL, Accidental Death Benefit Rider

SERFF Tracking Number: CMLM-126589470 State: Arkansas  
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Form No. 1H841F-CL, Waiver of Premium Rider

Form No. 1H842F-CL, Children's Term Insurance Rider

Form No. A350B-CL, Application for Individual Term Life Insurance

Form No. A352B-CL, Application for Reinstatement

The above referenced forms are submitted for approval. These are new forms and will not replace any policy forms.

There are no unique or innovative features in these forms. The policy specification pages contain hypothetical John Doe data/information. All variable information is bracketed and Statements of Variability are included for all forms. The forms are written in readable language. Licensed agents will market these forms on an individual basis in the ordinary market. These forms are non-participating and will not be illustrated.

Form No. 1F570F-CL is a convertible ten year term life insurance policy. It is non-renewable. Premiums are payable for ten years. The amount of insurance is elected in units. The initial death benefit is equal to \$1,000 per unit. The monthly income benefit is equal to \$100 per unit and is paid in monthly payments for 59 consecutive months. There is simple growth of 3% annually for years 2 through 5. A lump sum death benefit is available at the request of the beneficiary.

The riders listed below will be used with the Policy Form No. 1F570F-CL when requested by the Owner.

Form No. 1H840F-CL, Accidental Death Benefit Rider. This rider provides a benefit for death due to accidental causes prior to attained age 70 or policy termination. When this rider is attached to Form 1F570F-CL, one unit of benefit equates to \$1,000 at time of accidental death and a monthly payment over the next 59 months of \$100 increasing annually by 3% simple growth at the beginning of years 2 through 5. The 3% increase rate is guaranteed. Premiums based on the issue age of the insured are payable to attained age 70 or the end of the premium payment period of the base policy, whichever comes first, and are level by duration. This rider benefit is paid in the same manner as the policy form when the Insured dies by accident subject to the terms outlined in the rider form.

Form No. 1H841F-CL, Waiver of Premium Rider. The benefit for this rider is a waiver of premiums on any premium due date in which the insured is continuously disabled for at least six (6) months, and total disability occurred before the first policy anniversary on or after the insured's sixtieth birthday. If the Insured becomes totally disabled after the first Policy Anniversary on or after the Insured's sixtieth (60th) birthday, the premiums will be waived only until the Policy Anniversary on which the Insured attains age sixty-five (65). Premiums that have a due date during the first six months of total disability must be paid, however these premiums will be refunded if the insured is still totally disabled six months after total disability begins. The premiums for the rider are payable until the insured's attained age 65 or the end of the premium payment period of the base policy, whichever comes first, and are level by duration.

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Form No. 1H842F-CL, Children's Term Insurance Rider. This rider provides level term insurance for all eligible children of the Insured.

Application Form No. A350B-CL will be used to apply for Policy Form No. 1F570F-CL and associated riders included in this letter.

Application Form No. A352B-CL will be used to apply for reinstatement of the policy and riders included in this filing.

The Company intends to make secured electronic versions of the applications available to our agents for the purpose of printing and electronically completing applications in the field. The electronic process will include the use of appropriate industry recognized technology and security in order to capture data and signatures. The text of the electronic form will be identical to the form approved by the Department. While electronic forms may result in changes or variations in margins, formatting and pagination, the text will not be less than ten-point type and the form will meet the readability standards required under your law. Any electronic transmissions of the application and data will be secured via industry recognized methods.

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

In compliance with Ark. Code Ann. 23-79-138, there is a welcome letter that accompanies every policy that lists all the Company and servicing agent information including name, address, and telephone number. There is also an Important Notice form (4548CFG) which will accompany every policy that notifies the Owner of the Arkansas Insurance Department address and telephone number.

The Guaranty Association form that accompanies each policy complies with the sample set forth as Appendix B of Rule and Regulation 49.

Actuarial Memorandums are included for the policy and children's term insurance rider. Also included with this filing is the required readability certification and Rule and Regulation 19 certification.

Please contact me if you need any additional information or have any questions. I can be reached by telephone at 607-724-2472, extension 7375 or by email at Regina.Akulis@CFGLife.com.

Sincerely,

SERFF Tracking Number: CMLM-126589470 State: Arkansas  
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 Fixed/Indeterminate Premium - Single Life

Product Name: Family Connection Ten Year Level Term  
 Project Name/Number: /

Regina M. Akulis, ACS, AIRC, AIAA, CCP  
 Sr. Contract Analyst

## Company and Contact

### Filing Contact Information

Regina Akulis, Sr. Contract Analyst Regina.Akulis@CFGLife.com  
 PO Box 1381 607-724-2472 [Phone] 7375 [Ext]  
 Vestal Parkway East 607-724-2801 [FAX]  
 Binghamton, NY 13902

### Filing Company Information

Columbian Life Insurance Company CoCode: 76023 State of Domicile: Illinois  
 PO Box 1381 Group Code: 535 Company Type:  
 Vestal Parkway East Group Name: State ID Number:  
 Binghamton, NY 13902 FEIN Number: 16-1321681  
 (607) 724-2472 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? Yes  
 Fee Explanation: \$50 per form X 6 forms = \$300.  
 Per Company: No

| COMPANY                          | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| Columbian Life Insurance Company | \$300.00 | 05/17/2010     | 36597074      |

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Product Name: Family Connection Ten Year Level Term  
Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status              | Created By | Created On | Date Submitted |
|---------------------|------------|------------|----------------|
| Approved-<br>Closed | Linda Bird | 05/19/2010 | 05/19/2010     |

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 Premium - Single Life  
 Product Name: Family Connection Ten Year Level Term  
 Project Name/Number: /

## Disposition

Disposition Date: 05/19/2010  
 Implementation Date:  
 Status: Approved-Closed  
 Comment:

| Company Name:                       | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this<br>Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Written<br>Premium for<br>this Program: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|-------------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| Columbian Life Insurance<br>Company | %                                 | %                         | \$   |   | \$                                      | %  | %  |

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 Fixed/Indeterminate Premium - Single Life  
 Product Name: Family Connection Ten Year Level Term  
 Project Name/Number: /

| <b>Schedule</b>            | <b>Schedule Item</b>                           | <b>Schedule Item Status</b> | <b>Public Access</b> |
|----------------------------|--|-----------------------------|----------------------|
| <b>Supporting Document</b> | Flesch Certification                           |                             | Yes                  |
| <b>Supporting Document</b> | Application                                    |                             | Yes                  |
| <b>Supporting Document</b> | Life & Annuity - Actuarial Memo                |                             | No                   |
| <b>Supporting Document</b> | Statements of Variability                      |                             | Yes                  |
| <b>Form</b>                | Convertible Term Life Insurance Policy         |                             | Yes                  |
| <b>Form</b>                | Accidental Death Benefit Rider                 |                             | Yes                  |
| <b>Form</b>                | Waiver of Premium Rider                        |                             | Yes                  |
| <b>Form</b>                | Children's Term Insurance Rider                |                             | Yes                  |
| <b>Form</b>                | Application for Individual Term Life Insurance |                             | Yes                  |
| <b>Form</b>                | Application for Reinstatement                  |                             | Yes                  |
| <b>Rate</b>                | Premium Rates for FCT                          |                             | Yes                  |

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 Product Name: Family Connection Ten Year Level Term  
 Project Name/Number: /

## Form Schedule

### Lead Form Number:

| Schedule Item Status | Form Number        | Form Type Form Name  | Action  | Action Specific Data | Readability | Attachment             |
|----------------------|--------------------|--|---------|----------------------|-------------|------------------------|
|                      | FORM NO. 1F570F-CL | Policy/Cont ract/Fratern Insurance Policy<br>al<br>Certificate   | Initial |                      |             | FORM NO. 1F570F-CL.pdf |
|                      | FORM NO. 1H840F-CL | Policy/Cont ract/Fratern Benefit Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial |                      |             | FORM NO. 1H840F-CL.pdf |
|                      | FORM NO. 1H841F-CL | Policy/Cont ract/Fratern Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider         | Initial |                      |             | FORM NO. 1H841F-CL.pdf |
|                      | FORM NO. 1H842F-CL | Policy/Cont ract/Fratern Insurance Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme              | Initial |                      |             | FORM NO. 1H842F-CL.pdf |

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Project Name/Number: /

|  |         |              |
|--|---------|--------------|
| FORM NO. Application/ Application for    | Initial | FORM NO.     |
| A350B-CL Enrollment Individual Term Life |         | A350B-CL.pdf |
| Form Insurance                           |         |              |
| FORM NO. Application/ Application for    | Initial | FORM NO.     |
| A352B-CL Enrollment Reinstatement        |         | A352B-CL.pdf |
| Form                                     |         |              |



# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST  
PO BOX 1381  
BINGHAMTON, NY 13902-1381  
TELEPHONE: (800) 423-9765  
WEBSITE: [www.cfglife.com](http://www.cfglife.com)

## IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

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

## NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY

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

DANIEL J. FISCHER  
Secretary

THOMAS E. RATTMANN  
Chairman, President  
and Chief Executive Officer

## CONVERTIBLE TERM LIFE INSURANCE POLICY

NON-RENEWABLE  
CONVERTIBLE TO DATE SHOWN ON PAGE 2  
DURING THE TERM PERIOD AMOUNT OF INSURANCE PAYABLE AS SHOWN ON PAGE 4  
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3-1  
NON-PARTICIPATING – NO DIVIDENDS PAID

**COLUMBIAN LIFE INSURANCE COMPANY**

**ALPHABETIC GUIDE TO POLICY PROVISIONS**

|                                  | <b>PAGE</b> |
|----------------------------------|-------------|
| ASSIGNMENT .....                 | 8           |
| BENEFICIARY .....                | 6           |
| CONVERSION BENEFIT .....         | 7           |
| DEFINITIONS .....                | 5           |
| ENTIRE CONTRACT .....            | 5           |
| GENERAL PROVISIONS .....         | 8           |
| GRACE PERIOD .....               | 6           |
| INCONTESTABILITY .....           | 6           |
| LIFE INSURANCE BENEFITS .....    | 5           |
| MISSTATEMENT OF AGE OR SEX ..... | 6           |
| OWNER .....                      | 5           |
| NON-PARTICIPATING .....          | 8           |
| PREMIUMS .....                   | 6           |
| REINSTATEMENT .....              | 6           |
| RIGHT TO EXAMINE POLICY .....    | 1           |
| SUICIDE .....                    | 6           |
| TERMINATION .....                | 8           |

**INSURED: [JOHN DOE]  
SEX: [MALE]  
INSURANCE AGE: [35]  
POLICY CLASS: [STANDARD NON-TOBACCO]  
AMOUNT OF INSURANCE: [10 UNITS]**

**POLICY NUMBER: [SPECIMEN]  
EFFECTIVE DATE: [JANUARY 1, 2010]  
DATE OF ISSUE: [JANUARY 1, 2010]  
REINSTATEMENT INT RATE: 6.00% ANNUALLY  
LAST CONVERSION DATE: [JANUARY 1, 2015]**

**CONVERTIBLE TERM LIFE INSURANCE POLICY**

**NON-RENEWABLE**

**CONVERTIBLE TO DATE SHOWN ON PAGE 2  
DURING THE TERM PERIOD AMOUNT OF INSURANCE PAYABLE AS SHOWN ON PAGE 4  
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3-1  
NON-PARTICIPATING – NO DIVIDENDS PAID**

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

\*\*\*\* BENEFIT INFORMATION \*\*\*\*

| BENEFIT DESCRIPTION                                 | AMOUNT OF INSURANCE | PREMIUM CLASS | BENEFIT PERIOD ENDS | ANNUAL PREMIUM | FORM NUMBER |
|---|---------------------|---------------|---------------------|----------------|-------------|
| 10 YEAR TERM ACCIDENTAL DEATH BENEFIT RIDER         | [10 UNITS*]         | [NON-TOBACCO] | [JAN 01, 2020]      | [\$361.40]     | 1F570F-CL   |
| WAIVER OF PREMIUM CHILDREN'S TERM INSURANCE RIDER** | [10 UNITS*]         | ---           | [JAN 01, 2020]      | [\$63.00]      | 1H840F-CL   |
|   | ---                 | ---           | [JAN 01, 2020]      | [\$22.72]      | 1H841F-CL   |
|   | [5 UNITS]           | ---           | [JAN 01, 2020]      | [\$30.00]      | 1H842F-CL   |

\*INITIAL DEATH BENEFIT IS EQUAL TO \$1000 PER UNIT. THE MONTHLY INCOME BENEFIT IS EQUAL TO \$100 PER UNIT. THE MONTHLY INCOME BENEFIT IS PAID IN MONTHLY PAYMENTS FOR 59 CONSECUTIVE MONTHS. PAGE 4 CONTAINS A TABLE SHOWING THE BENEFIT PAYMENTS.

\*\* INTEREST RATE FOR PAID UP RIDER VALUE CALCULATION: 4.00%

\*\*\*\* TOTAL MODAL PREMIUMS \*\*\*\*  
 MODE OF PAYMENT ELECTED: [ANNUAL]

| BEGINNING ON  | AT AGE | ANNUAL          | SEMI-ANNUAL | QUARTERLY | MONTHLY EFT | MONTHLY COLLECTION |
|---------------|--------|-----------------|-------------|-----------|-------------|--------------------|
| [JAN 01, 2010 | 35     | \$477.12        | \$248.10    | \$126.44  | \$41.51     | \$50.10            |
| JAN 01, 2020  | 45     | PREMIUMS CEASE] |             |           |             |                    |

ENDORSEMENTS: [ ]

ENDORSEMENTS:

**POLICY NUMBER: [SPECIMEN]**

**INSURANCE AGE: [35]**

| FORM NO. | DESCRIPTION |
|----------|-------------|
|----------|-------------|

|     |     |
|-----|-----|
| [ ] | [ ] |
|-----|-----|

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

TABLE OF MONTHLY INCOME BENEFIT PAYMENTS

POLICY NUMBER: [SPECIMEN]

AMOUNT OF INSURANCE: [10 UNITS]

SEX: [MALE]

TEN YEAR TERM: [STANDARD NON-TOBACCO]

INSURANCE AGE: [35]

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

| MONTH | BENEFIT PAYMENT | ** ACCIDENTAL DEATH BENEFIT PAYMENT | MONTH | BENEFIT PAYMENT | **ACCIDENTAL DEATH BENEFIT PAYMENT |
|-------|-----------------|-------------------------------------|-------|-----------------|------------------------------------|
| 1     | [\$10,000       | \$10,000                            | 31    | \$1,060         | \$1,060                            |
| 2     | \$1,000         | \$1,000                             | 32    | \$1,060         | \$1,060                            |
| 3     | \$1,000         | \$1,000                             | 33    | \$1,060         | \$1,060                            |
| 4     | \$1,000         | \$1,000                             | 34    | \$1,060         | \$1,060                            |
| 5     | \$1,000         | \$1,000                             | 35    | \$1,060         | \$1,060                            |
| 6     | \$1,000         | \$1,000                             | 36    | \$1,060         | \$1,060                            |
| 7     | \$1,000         | \$1,000                             | 37    | \$1,090         | \$1,090                            |
| 8     | \$1,000         | \$1,000                             | 38    | \$1,090         | \$1,090                            |
| 9     | \$1,000         | \$1,000                             | 39    | \$1,090         | \$1,090                            |
| 10    | \$1,000         | \$1,000                             | 40    | \$1,090         | \$1,090                            |
| 11    | \$1,000         | \$1,000                             | 41    | \$1,090         | \$1,090                            |
| 12    | \$1,000         | \$1,000                             | 42    | \$1,090         | \$1,090                            |
| 13    | \$1,030         | \$1,030                             | 43    | \$1,090         | \$1,090                            |
| 14    | \$1,030         | \$1,030                             | 44    | \$1,090         | \$1,090                            |
| 15    | \$1,030         | \$1,030                             | 45    | \$1,090         | \$1,090                            |
| 16    | \$1,030         | \$1,030                             | 46    | \$1,090         | \$1,090                            |
| 17    | \$1,030         | \$1,030                             | 47    | \$1,090         | \$1,090                            |
| 18    | \$1,030         | \$1,030                             | 48    | \$1,090         | \$1,090                            |
| 19    | \$1,030         | \$1,030                             | 49    | \$1,120         | \$1,120                            |
| 20    | \$1,030         | \$1,030                             | 50    | \$1,120         | \$1,120                            |
| 21    | \$1,030         | \$1,030                             | 51    | \$1,120         | \$1,120                            |
| 22    | \$1,030         | \$1,030                             | 52    | \$1,120         | \$1,120                            |
| 23    | \$1,030         | \$1,030                             | 53    | \$1,120         | \$1,120                            |
| 24    | \$1,030         | \$1,030                             | 54    | \$1,120         | \$1,120                            |
| 25    | \$1,060         | \$1,060                             | 55    | \$1,120         | \$1,120                            |
| 26    | \$1,060         | \$1,060                             | 56    | \$1,120         | \$1,120                            |
| 27    | \$1,060         | \$1,060                             | 57    | \$1,120         | \$1,120                            |
| 28    | \$1,060         | \$1,060                             | 58    | \$1,120         | \$1,120                            |
| 29    | \$1,060         | \$1,060                             | 59    | \$1,120         | \$1,120                            |
| 30    | \$1,060         | \$1,060                             | 60    | \$1,120         | \$1,120]                           |

\*\* PAYABLE IN ADDITION TO THE BENEFIT PAYMENT SUBJECT TO THE TERMS OF THE ACCIDENTAL DEATH BENEFIT RIDER.

LUMP SUM DEATH BENEFIT: [\$65,395.30]

## DEFINITIONS

YOU and YOUR means the Owner of this Policy.

WE, OUR and US means Columbian Life Insurance Company.

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

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

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

## IMPORTANT DATES

*Effective Date* – The Effective Date is shown on page 2. Policy months, policy years, policy anniversaries and premium due dates are measured from the Effective Date.

*Date of Issue* - The Date of Issue is shown on page 2.

*Term Period* – The length of time for which this Policy provides coverage is called the Term Period. The first Term Period begins on the Policy Date and ends on the date the basic term insurance benefit period ends. The date the benefit period ends is stated on page 3-1.

*Conversion Period* – The period during which this Policy may be converted to a new life policy is called the Conversion Period. The Last Conversion Date is stated on Page 2.

## ENTIRE CONTRACT

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

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

## LIFE INSURANCE BENEFITS

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

- (A) The benefit payment amount shown on Page 4; and
- (B) Any insurance on the life of the Insured provided by benefit riders; and
- (C) The portion of any premium actually paid, and that has not been waived under any waiver of premium rider, that applies to a period beyond the Policy month in which the Insured dies.

LESS:

- (A) The part of any unpaid premium that applies to the Grace Period provided the Insured dies within the Grace Period.

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

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

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

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

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

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

**FILING OF A DEATH CLAIM.** Claim to the Life Insurance Benefits is made by providing due proof of the Insured's death. Due proof of death shall consist of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. Upon receipt of such proof, the benefits will be paid to the Beneficiary as shown in the Policy Specification Pages. A lump sum payment can be paid upon request by the Beneficiary. The Lump Sum Death Benefit is shown on Page 4.

We will pay interest from the date of death until the date of payment of the Initial Monthly Income Benefit, or Lump Sum payment, at a rate not less than required by state law.

## **INCONTESTABILITY**

We may not contest this Policy after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue except for nonpayment of premium. A reinstatement of coverage will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers in the written application for reinstatement.

## **MISSTATEMENT OF AGE OR SEX**

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

## **SUICIDE**

If the Insured commits suicide within two (2) years from the Date of Issue and while this Policy is in force, the amount We pay will be limited to a refund of all premiums paid that have not been waived under any waiver of premium rider.

## **PREMIUMS**

Premiums are payable for the number of years shown on Page 3-1. The premium amount and payment frequencies are shown on Page 3-1. Payment is due in advance on the first day of each payment period, starting on the Effective Date.

## **GRACE PERIOD**

We allow a Grace Period for paying each premium except the first. If a premium has not been paid by its due date, the Policy will stay in force for thirty-one (31) days. Any payment sent by U.S. mail must be postmarked within the Grace Period. If death occurs during the Grace Period, the premium due and unpaid will be deducted from the Life Insurance Benefits.

## **REINSTATEMENT**

This Policy may be reinstated at any time within five (5) years after the premium default or the policy termination date whichever is earlier. To do so, You must:

- (A) Give proof of insurability satisfactory to Us; and
- (B) Pay all unpaid premiums with interest at the Reinstatement Interest Rate stated on Page 2.

## CONVERSION BENEFIT

This Policy may be converted to a new policy on the Insured's life. No evidence of insurability is required.

CONDITIONS. Conversion is subject to these conditions:

- (A) The conversion must be applied for in writing before the Last Conversion Date shown on page 2.
- (B) Any premiums due more than thirty-one (31) days before the date of the application must have been paid.
- (C) The first premium for the new policy must be paid to Us at our Administrative Service Office.
- (D) This Policy must be returned to Us.
- (E) The date of conversion must be the same day of the month as the Effective Date of this Policy as shown on page 2. The date of conversion will be the first such date after conditions (A) through (D) above, for conversion have been met.

NEW POLICY. The new policy will be issued as follows:

- (A) The Effective Date of the new policy will be the date to which premiums have been paid on this Policy. If premiums have been paid beyond the date of conversion, you may elect to have the Effective Date be the date of conversion. The portion of any premium paid beyond the Effective Date of the new policy will be credited toward the first premium for the new policy;
- (B) The Insurance Age will be based on the Insured's age on the Effective Date of the new policy as defined under the new policy;
- (C) The amount of insurance may not exceed the amount of insurance of this Policy on the date of conversion;
- (D) The plan may be any life plan (except term insurance) then issued by the Company for conversion purposes, subject to our rules as to amount, age and rating. At least one plan of insurance with a face amount to which the Insured may convert will always be available;
- (E) The premium will be based on rates in effect on the Effective Date of the new policy;
- (F) The underwriting rating will be the same as this Policy;
- (G) Any limitation of risk in this Policy will apply;
- (H) A Waiver of Premium Rider may be included only as stated later in this section. Other benefits may be included only with the consent of the Company;
- (I) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Policy; and
- (J) The new policy will be subject to any assignment of this Policy.

WAIVER OF PREMIUM UNDER THE CONVERTED POLICY. The new policy may include a Waiver of Premium Rider provided:

- (A) This Policy includes a Waiver of Premium Rider which is in force on the date of conversion;
- (B) The Insured is not totally disabled, as defined in such Rider, on the date of conversion;
- (C) The new policy is issued on a whole life plan under which premiums are payable for at least twenty (20) years; and
- (D) The rider must be applied for.

Evidence of insurability is not required. For any other conversion, a Waiver of Premium Rider may be included in the new policy only with our consent.

**AUTOMATIC CONVERSION IN EVENT OF DISABILITY.** This policy will be automatically converted to a new policy on the whole life plan if:

- (A) This Policy includes a Waiver of Premium Rider which is in force on the Last Conversion Date; and
- (B) We are then waiving the premiums under this Policy.

The conversion will be as of attained age. The new policy will include a Waiver of Premium Rider. We will continue waiving premiums for the new policy under the terms of the new rider.

## **GENERAL PROVISIONS**

**ASSIGNMENT.** You may assign the proceeds of this Policy. The rights of the Beneficiary become subject to that assignment. Unless specified by the Owner, an assignment shall take effect on the date it is signed, subject to any payments made or actions by the Company prior to receipt of the notice in written form at our Administrative Service Office. If there is already an assignment on record, We will require You to confirm the change in assignment. We assume no responsibility for the validity of any assignment.

**NON-PARTICIPATING.** This Policy is Non-Participating. No dividends will be paid.

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

- (A) The date the Term Period ends;
- (B) The Policy lapses, after the end of the Grace Period, because of nonpayment of premium; or
- (C) The Insured dies.



# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST  
PO BOX 1381  
BINGHAMTON, NY 13902-1381  
TELEPHONE: (800)423-9765  
WEBSITE: [www.cfglife.com](http://www.cfglife.com)

**CONVERTIBLE TERM LIFE INSURANCE POLICY**

**NON-RENEWABLE**

**CONVERTIBLE TO DATE SHOWN ON PAGE 2**

**DURING THE TERM PERIOD AMOUNT OF INSURANCE PAYABLE AS SHOWN ON PAGE 4**

**PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3-1**

**NON-PARTICIPATING – NO DIVIDENDS PAID**

# COLUMBIAN LIFE INSURANCE COMPANY

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

## ACCIDENTAL DEATH BENEFIT RIDER

### BENEFITS

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

Accidental death means that:

1. Death was caused directly by an accidental injury to the body;
2. Death was not caused in any way by a factor other than accidental injury;
3. Death occurred within one hundred eighty (180) days from the date the accidental injury was sustained; and
4. Death did not result from one or more of the causes listed below.

### RISKS NOT ASSUMED

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

1. Suicide, while sane or insane; or
2. Active participation in a riot, insurrection or terrorist activity; or
3. Any act attributed to riot or war, declared or undeclared, whether or not the Insured is in military services; or
4. An infection not occurring as a direct result or consequence of the accidental bodily injury; or
5. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity; or
6. Travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger; or
7. Voluntary intake or use by any means of poison gas or fumes, unless a direct result of an occupational accident; or
8. Committing or attempting to commit a felony; or
9. Participation in an illegal occupation or activity; or
10. While the Insured is incarcerated; or
11. Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
12. Intoxication as defined by the jurisdiction where the accident occurred.

### INCONTESTABILITY

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

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

### TERMINATION

This Rider will terminate on the earliest of the following:

- (a) The date the Policy terminates for any reason; or
- (b) The first Policy Anniversary on or after the Insured's seventieth (70th) birthday; or

- (c) The date the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office;  
or
- (d) The date the Policy or this Rider lapse because of nonpayment of premium.

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

#### GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. There are no cash values or loan values for this Rider. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3-2.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

# COLUMBIAN LIFE INSURANCE COMPANY

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

## WAIVER OF PREMIUM RIDER

### BENEFIT

A premium for the Policy does not have to be paid provided:

1. The Insured becomes totally disabled before the first Policy Anniversary on or after the Insured's sixty-fifth (65<sup>th</sup>) birthday;
2. The Policy and this Rider are in force on a premium paying basis on the date the total disability begins;
3. The Insured is totally disabled on the premium due date;
4. The Insured has been totally disabled continuously for six (6) months on the premium due date; and
5. All the requirements of this Rider are met.

"Premium" for the Policy includes all benefits under the policy as well as optional riders. These benefits will continue in force as long as the waiver benefit is in effect. If the Insured becomes totally disabled after the first Policy Anniversary on or after the Insured's sixtieth (60<sup>th</sup>) birthday, the premiums will be waived only until the Policy Anniversary on which the Insured attains age sixty-five (65), provided the Insured continues to be totally disabled and meets all other conditions of this Rider.

### NOTICE OF CLAIM

Written notice of a claim under this Rider must be given to us while the Insured is alive and remains totally disabled. Failure to give such notice will not result in a reduction or denial of benefits provided:

1. It is not reasonably possible to give the notice; and
2. The notice is given as soon as it is reasonably possible.

No premium which fell due more than one year before the Company received written notice of claim at its Administrative Service Office will be waived.

### PREMIUMS REFUNDED OR WAIVED

Premiums that have a due date during the first six (6) months of total disability must be paid. These premiums will be refunded if the Insured is still totally disabled six (6) months after the total disability begins. There will be no refund of any premium paid if the due date was before or after a period of total disability.

Premiums that have a due date more than six (6) months after the beginning of the total disability do not have to be paid provided the Insured remains totally disabled on the due date.

If total disability starts during the Grace Period, any premium due for the Grace Period must be paid. Premiums that have been waived will not be deducted from the policy proceeds.

### TOTAL DISABILITY

**During the first twenty-four (24) months, total disability** means the Insured is unable to perform the substantial and material duties of their job due to sickness or accidental bodily injury.

**After the first twenty-four (24) month, total disability** means the Insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties or their job, or any other job for which they become reasonably suited by education, training or experience.

Before the Insured has attained his sixteenth (16<sup>th</sup>) birthday, working means attending school.

## **EXCLUSIONS**

Premiums will not be waived if total disability was caused or contributed to by:

1. Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; or
2. Any act attributed to riot or war, declared or undeclared, whether or not the Insured is in military service; or
3. Active participation in a riot insurance or terrorist activity; or
4. Committing or attempting to commit a felony; or
5. Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
6. Voluntary intake or use by any means of any poison, gas or fumes, unless a direct result of an occupational accident; or
7. Intoxication as defined by the jurisdiction where the total disability occurred; or
8. Participation in an illegal occupation or activity.

## **PROOF OF DISABILITY**

Proof of total disability must be given to us at reasonable times when requested by us. Our medical representatives must be permitted to examine the Insured at reasonable times at our expense. During the first two (2) years after total disability begins, We will not require proof more than once every thirty (30) days. After two (2) years from the date total disability begins, We will not require proof, including medical examinations more than once a year.

If We are not given proof or medical examinations when requested, premiums will again be payable on the policy. Where it is not reasonably possible to give such proof, benefits will not be reduced or denied provided:

1. The proof is given as soon as it is reasonably possible; and
2. It is given within one year from the time it is requested.

## **INCONTESTABILITY**

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

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

## **TERMINATION**

This Rider will terminate on the earliest of the following:

- (a) The date the Policy terminates for any reason; or
- (b) The first Policy Anniversary on or after the Insured's sixty-fifty (65<sup>th</sup>) birthday; or
- (c) The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
- (d) The date the Policy or this Rider lapse because of nonpayment of premium.

Termination of this Rider will not affect any claim which began while it was in force.

## GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. There are no cash or loan values for this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown on Page 3-2.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

# COLUMBIAN LIFE INSURANCE COMPANY

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

## CHILDREN'S TERM INSURANCE RIDER

### BENEFIT

If an Insured Child dies while covered under this Rider and while this Rider is in force, the death benefit of this Rider will be paid to the Beneficiary. Claim to the death benefit under this Rider is made by filing a claim form with Us at Our Administrative Service Office and giving Us satisfactory proof of the Insured Child's death. The payment is subject to all terms of this Rider and the Policy.

This Rider provides a death benefit of \$1,000 per unit on each Insured Child. The number of units is stated on the Policy Specifications Pages.

If the Insured dies while this Rider is in force, any insurance under this Rider will remain in force. Payment of premiums for this Rider will no longer be required. The other terms of this Rider will continue to apply. This benefit will not be provided if the Insured commits suicide within two (2) years after the Date of Issue of the Policy.

### INSURED CHILDREN

Natural born children, stepchildren, and legally adopted children may become Insured Children under this Rider.

Each such child will be an Insured Child on the Date of Issue of this Rider if he or she is:

1. Named in the application for this Rider; and
2. More than 14 days old and less than 19 years old on the Date of Issue of this Rider.

Each such child acquired by the Insured after the date of application will automatically become an Insured Child if he or she is less than 19 years old when acquired. Coverage begins on the latest of:

- (a) The date the child is 15 days old; or
- (b) The date the child is acquired or legally adopted; or
- (c) The Date of Issue of this Rider.

Coverage of each Insured Child ends on the earlier of:

- (d) The policy date of the new policy for the Insured Child under the Early Conversion option; or
- (e) The policy date of the new policy if the Insured Child exercises the conversion benefit upon marriage; or
- (f) The Insured Child's 25th birthday; or
- (g) The first Policy Anniversary on or after the Insured's 70th birthday.

## **BENEFICIARY**

The Beneficiary under this Rider will be as named in the application for this Rider. If no Beneficiary is named, the Insured will be the Beneficiary. If no Beneficiary is alive on the date an Insured Child dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary of this Rider may be changed by a proper written notice to us. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We record the notice on Company Records.

Neither a change of Owner nor a change of Beneficiary for the Policy will change the Beneficiary for this Rider.

## **MISSTATEMENT OF AGE OF AN INSURED CHILD**

If the age of any Insured Child has been misstated, benefits will be based on the premiums actually paid and the correct age of the Insured Child.

## **DEATH OF OWNER**

If the Policy Owner dies, the Insured, if living, will become Owner of this Rider. If the Insured is not living, the Owner's estate will be owner of the insurance on each Insured Child's life.

## **CASH SURRENDER OPTION AFTER DEATH OF INSURED**

This Rider does not have a surrender value while the Insured is living.

If this Rider is being continued in force after the death of the Insured as stated in the "Benefit" section of this Rider, it has a value. Upon the written request of the Owner and the surrender of this Rider We will pay the Paid-Up Rider Value. This Rider will then terminate. We have six (6) months from the date We receive a written request in which to pay the Paid-Up Rider Value.

**Paid-Up Rider Value.** The Paid-Up Rider Value for each Insured Child is the net single premium for the future guaranteed Life Insurance Benefits on that Insured Child under this Rider. This net single premium is based on the following assumptions:

- (1) Mortality rates according to the Commissioners' 2001 Standard Ordinary Composite Ultimate Mortality Table, age last birthday; and
- (2) Interest at a rate shown in the Policy Specifications Pages; and
- (3) Immediate payment of death claims.

For thirty (30) days after each policy anniversary, this value will not be less than on the anniversary. The values of this Rider are not less than the minimum values required by the laws of the jurisdiction in which this Rider is delivered.

## **REINSTATEMENT**

The Reinstatement Provision of the Policy also applies to this Rider. In addition to the requirements stated in the Policy, each Insured Child must be an acceptable insurance risk. If any Insured Child is not an acceptable insurance risk, this Rider may still be placed back in force. However, each Insured Child who is not an acceptable insurance risk will not be covered after reinstatement.

## **CONVERSION BENEFIT**

Insurance on an Insured Child under this Rider may be converted to a new policy on the life of the Insured Child. Evidence that the Insured Child is a good insurance risk will not be required. Conversion may be made only at the following times (later called the date of conversion):

- A. On the date coverage of the Insured Child ends under this Rider. Application for conversion must be received by Us before such date.
- B. Upon marriage of the Insured Child prior to their 25th birthday. Application for conversion must be received by Us within ninety (90) days after the date of marriage.
- C. An Early Conversion Option is available while the Insured Child is between the ages of 22 and 25. Application for Early Conversion of this Rider must be received by Us in writing prior to the Insured Child's 25th birthday.
- D. On the date of the Insured's death if the Insured commits suicide within two (2) years of the Date of Issue of the Policy. Application for conversion must be received by Us in writing within thirty-one (31) days after the Insured's death.

CONDITIONS - Conversion is subject to these conditions:

- 1. Any premiums for this Rider and all the Policy premiums due more than thirty-one (31) days before the date of the application must have been paid; and
- 2. The first premium for the new policy must be paid to the Administrative Service Office.

NEW POLICY - The new policy will be issued as follows:

- (a) The Policy Date of the new policy will be the date of conversion; and
- (b) The Insurance Age will be based on the Insured Child's attained age on the Policy Date of the new policy as defined under the new policy; and
- (c) The Face Amount may not exceed five (5) times the death benefit under this Rider unless the Insured Child has elected for Early Conversion. (If converted under the Early Conversion option, the Face Amount may not exceed the current death benefit of this Rider.); and
- (d) The plan may be any life plan (except term insurance) then issued by the Company, subject to our rules as to amount, age and rating. However, at least one plan will always be available for conversion; and
- (e) The premium will be based on the rates in effect on the Policy Date of the new policy; and
- (f) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Rider; and
- (g) The new policy will not include any additional benefits for accidental death or disability or any other additional benefits provided by rider unless agreed to by Us.

## **INCONTESTABILITY**

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

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured Child's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

## TERMINATION

This Rider will terminate on the earliest of the following:

1. The date the Policy terminates for any reason other than the death of the Insured; or
2. The first Policy Anniversary on or after the Insured's 70th birthday; or
3. The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
4. The date the Policy or this Rider lapse because of nonpayment of premium; or
5. The date the Policy is changed to any other plan of life insurance, except as stated below.

If the Policy is changed to any other plan of life insurance, this Rider may be continued under the new policy only if:

- (a) Premiums for the new policy are payable at least until the first Policy Anniversary on or after the Insured's 70th birthday; and
- (b) A written request for continuation is made at the same time the policy is changed; and
- (c) The premium for this Rider is paid along with the first premium for the new policy.

The Date of Issue of this Rider and the date the benefit ceases will not change.

## GENERAL PROVISIONS

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



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

**COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL  
 ADMINISTRATIVE SERVICE OFFICE: [4704 VESTAL PARKWAY EAST  
 PO Box 1381, Binghamton, NY 13902-1381  
 (800) 423-9765 / www.cflife.com]

**APPLICATION FOR INDIVIDUAL TERM LIFE INSURANCE**

FGN \_\_\_\_\_

|  |                                       |  |                 |   |  |                              |
|--|---------------------------------------|--|-----------------|---|--|------------------------------|
| <b>1. PROPOSED INSURED</b> First Name, Middle Initial, Last Name   |                                       | Sex  | Age             | Date of Birth   | Place of Birth   | SSN / Green Card or Visa No. |
| Residence Address (Street, City, State, Zip Code)  |                                       |  |                 | Mailing Address If Different From Street Address  |  |                              |
| Telephone No. (Home)<br>(Work)   |                                       | Email Address  |                 |   | Driver's License No. and State                           |                              |
| <b>2. OWNER</b> (If other than Proposed Insured) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation  |                                       |  |                 |   |  |                              |
| Name:  |                                       |  |                 | Email Address:  |  |                              |
| Sex  | Social Security No./ Taxpayer Id. No. | Relationship to Proposed Insured   |                 | Mailing Address (Street, City, State, Zip Code)   |  |                              |
| <b>3. PRIMARY BENEFICIARY</b> Name & Address   |                                       |  |                 | SSN (if available)  | Telephone No.  | Relationship                 |
| <b>4. CONTINGENT BENEFICIARY</b> Name & Address  |                                       |  |                 | SSN (if available)  | Telephone No.  | Relationship                 |
| <b>5. BENEFIT</b> _____ Units  |                                       | <b>6. PREMIUM CLASS</b>  |                 | <b>7. OPTIONAL BENEFITS/RIDERS (If Available)</b>   |  |                              |
| Initial Death Benefit is \$ 1,000 for each unit.<br>Monthly Income Benefit is \$100 for each unit.   |                                       | <input type="checkbox"/> Non-Tobacco<br><input type="checkbox"/> Tobacco |                 | <input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Waiver of Premium<br><input type="checkbox"/> Children's Term Insurance <input type="checkbox"/> Other _____<br>(Please complete information below for Children's Term Rider.) |  |                              |
| Children's Rider Amount: _____ Units (Children are natural, step, and legally adopted children.)   |                                       |  |                 |   |  |                              |
| Name   | Sex                                   | Date of Birth  | Height / Weight | Beneficiary   |  |                              |
|  |                                       |  | /               | Applies to all Children, including Children added after Issue Date.   |  |                              |
|  |                                       |  | /               | NAME:   |  |                              |
|  |                                       |  | /               | RELATIONSHIP:   |  |                              |
|  |                                       |  | /               |   |  |                              |
| <b>ANSWER ONLY IF APPLYING FOR WAIVER OF PREMIUM RIDER – IF THIS QUESTION IS ANSWERED "YES," WAIVER IS NOT AVAILABLE.</b>  |                                       |  |                 |   |  |                              |
| Have you requested or received benefits or compensation because of sickness, injury or disability in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |                 |   |  |                              |
| <b>8. METHOD OF PAYMENT &amp; PREMIUM AMOUNT</b> \$ _____  |                                       |  |                 | <b>9. PREMIUM PAID W/ APPLICATION</b>   |  |                              |
| <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual   |                                       |  |                 | \$ _____  |  |                              |
| <input type="checkbox"/> Quarterly <input type="checkbox"/> Credit / Debit Card <input type="checkbox"/> EFT Monthly <input type="checkbox"/> Debit Bill <input type="checkbox"/> Government Allotment   |                                       |  |                 |   |  |                              |
| <b>10. HEALTH HISTORY</b>  |                                       | Height   | Weight          | Has any Proposed Insured had an unexplained weight change of more than fifteen (15) pounds in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                              |
| 1. Has any Proposed Insured used tobacco or nicotine in the past twelve (12) months?   |                                       |  |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                              |
| <b>IF ANY PART OF QUESTION 2, 3, 4 OR 5 IS ANSWERED "YES," COVERAGE WILL BE DECLINED.</b>  |                                       |  |                 |   |  |                              |
| 2. Has any Proposed Insured, ever been:  |                                       |  |                 |   |  |                              |
| a. Diagnosed or treated for dementia/Alzheimer's, sickle cell anemia, Down's syndrome, received or been recommended for an organ transplant, or had an amputation due to diabetes or disease?  |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| b. Diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 3. In the past five (5) years has any Proposed Insured been diagnosed with, been treated for, tested positive for, or been given medical advice by a member of the medical profession for:   |                                       |  |                 |   |  |                              |
| a. internal cancer, leukemia, brain tumor, kidney disease or dialysis, diabetes under age 50, paralysis, heart attack, heart disease, heart surgery, congestive heart failure, pacemaker, lung or liver disease, hepatitis, emphysema, stroke, systemic lupus, uncontrolled high blood pressure, mental retardation, or mental or nervous system disorder? |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| b. circulatory or neurological disease, blood disease or disorder, asthma under age 5, Crohn's disease, Ulcerative colitis, Spina bifida under age 10, or Spina bifida over age 10 with symptoms or residuals?   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| c. alcohol abuse, drug abuse, or the use of drugs or controlled substances except as prescribed by a physician?  |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 4. Has any proposed insured ever been diagnosed or treated by a member of the medical profession for an aneurysm without surgery, or has the proposed insured had an aneurysm that was surgically corrected in the past two (2) years?   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 5. Has any Proposed Insured been advised to have any diagnostic test, biopsy or invasive surgical procedure that has not been completed?   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| <b>11. OCCUPATION</b>  |                                       |  |                 |   |  |                              |
| <b>12. DRIVING &amp; CONVICTIONS. IF ANY PART OF QUESTION 12 IS ANSWERED "YES," COVERAGE WILL BE DECLINED.</b>   |                                       |  |                 |   |  |                              |
| 1. Within the past two (2) years, has any Proposed Insured had their license restricted or revoked, been cited for driving under the influence of drugs or alcohol?  |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 2. Within the past three (3) years, has any Proposed Insured been convicted of a felony or is he/she currently on probation?   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| <b>13. AGENT INFORMATION</b>   |                                       |  |                 |   |  |                              |
| Agent (1) Name   | %                                     | Writing No.  | Agent (2) Name  | %   | Writing No.  | GA Name GA No.               |
|  |                                       |  |                 |   |  |                              |
| <b>14. REPLACEMENT</b>   |                                       |  |                 |   |  |                              |
| Do any persons proposed for coverage have any existing life insurance or annuities?<br>(If "Yes", Submit any special forms required by the state in which the application is signed)   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Is this application for insurance intended to replace any life insurance or annuities now in force?<br>(If "Yes", Submit any replacement forms required by the state in which the application is signed)   |                                       |  |                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |



SECONDARY ADDRESSEE / THIRD PARTY DESIGNEE

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

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

Name & Address:

Secondary Addressee / Third Party Authorization

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

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

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Owner Taxpayer Identification Number:

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

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

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

X \_\_\_\_\_  
Owner's Signature

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PLAN ("EFT Plan")

(Must Be Completed For EFT)

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_  
Name of Branch \_\_\_\_\_

I authorize the payment of debits drawn on my account payable to Columbian Life Insurance Company ("the Company"), provided there are sufficient funds in the account. I agree that the Company shall be under no liability whatsoever in the event of one or more dishonored debits, whether any alleged harm or damage is directly or indirectly the result of the dishonor, and whether the dishonor results in the forfeiture of insurance or any other harm or damage.

I hereby waive any requirement for giving notice of premiums due as long as this EFT Plan is in effect. No premium shall be deemed to have been paid until the Company receives actual payment which is not subsequently reversed. The use of this Plan shall in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

This authorization shall not become effective unless and until the policy applied for is issued and delivered and shall relate only to premiums thereafter falling due. This authorization does not pertain to or waive repayment of any policy loan or payment of interest thereon. Such interest, if any, shall be due and payable annually on the policy anniversary.

This plan shall continue in effect until terminated by the Company or by me upon thirty days written notice to the other party. The Company may terminate the EFT Plan if any check or electronic fund transfer is not paid on presentation. Upon termination of the EFT Plan, premiums due under the policy shall be payable directly to the Company at the minimum modal premium available at the time of issue. I understand the monthly premium charged under the EFT Plan may be lower than a regular monthly premium.

Withdrawals will be processed on or about my requested withdrawal date. The Company is not liable if withdrawals are made on differing date(s).  
Please submit a voided check or deposit slip if available.

\_\_\_\_\_ X \_\_\_\_\_  
Date Authorized Signature as it appears on Bank Records

AUTHORIZATION FOR IMMEDIATE ONE TIME ELECTRONIC FUND TRANSFER

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

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

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

Financial Institution: \_\_\_\_\_  
Account Type ( ) Checking or ( ) Savings

Routing Number   
(Must have 9 digits in routing no.)

Account Number   
(Can have up to 17 positions in account no.)

\_\_\_\_\_ X \_\_\_\_\_  
Date Authorized Signature as it appears on Bank Records

## INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION

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

### INVESTIGATIVE CONSUMER REPORT

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

### IDENTIFICATION

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

### ACCESS TO INFORMATION

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

### WHERE TO WRITE US

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

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

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

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

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

## CONDITIONAL RECEIPT

Complete Only When Full Modal Premium Is Received With Application

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

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

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

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

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

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

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Licensed Agent

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

# APPLICATION FOR REINSTATEMENT

# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: [4704 VESTAL PARKWAY EAST

PO Box 1381, Binghamton, NY 13902-1381 (800) 423-9765 / www.cfglife.com]

| NAME OF INSURED  | POLICY NUMBER | AMOUNT RECEIVED | FOR THE OUTSTANDING PREMIUMS :  |                          |
|--|---------------|-----------------|---|--------------------------|
|  |               |                 | FROM  | THROUGH                  |
|  |               | \$              |   |                          |
| CURRENT ADDRESS: STREET/RD:  |               |                 | APT #   |                          |
| CITY:  | STATE:        | ZIP CODE:       |   |                          |
| PHONE NUMBER:  |               | Email Address   |   |                          |
| I hereby apply for reinstatement of the above numbered policy, subject to its provisions and terms. This application is made on the basis of, and is subject to, the following answers:  |               |                 |   |                          |
| HEALTH HISTORY:  | Height        | Weight          | Has any Proposed Insured had an unexplained weight change of more than fifteen (15) pounds in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
|  |               |                 | <b>YES</b>  | <b>NO</b>                |
| 1. Has any Proposed Insured used tobacco or nicotine in the past twelve (12) months?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 2. Has any Proposed Insured, ever been:  |               |                 |   |                          |
| a. Diagnosed or treated for dementia/Alzheimer's, sickle cell anemia, Down's syndrome, received or been recommended for an organ transplant, or had an amputation due to diabetes or disease?  |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. Diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 3. In the past five (5) years has any Proposed Insured been diagnosed with, been treated for, tested positive for, or been given medical advice by a member of the medical profession for:   |               |                 |   |                          |
| a. internal cancer, leukemia, brain tumor, kidney disease or dialysis, diabetes under age 50, paralysis, heart attack, heart disease, heart surgery, congestive heart failure, pacemaker, lung or liver disease, hepatitis, emphysema, stroke, systemic lupus, uncontrolled high blood pressure, mental retardation, or mental or nervous system disorder? |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. circulatory or neurological disease, blood disease or disorder, asthma under age 5, Crohn's disease, Ulcerative colitis, Spina bifida under age 10, or Spina bifida over age 10 with symptoms or residuals?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| c. alcohol abuse, drug abuse, or the use of drugs or controlled substances except as prescribed by a physician?  |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 4. Has any proposed insured ever been diagnosed or treated by a member of the medical profession for an aneurysm without surgery, or has the proposed insured had an aneurysm that was surgically corrected in the past two (2) years?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 5. Has any Proposed Insured been advised to have any diagnostic test, biopsy or invasive surgical procedure that has not been completed?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>DRIVING &amp; CONVICTIONS:</b>  |               |                 |   |                          |
| 1. Within the past two (2) years, has any Proposed Insured had their license restricted or revoked, been cited for driving under the influence of drugs or alcohol?  |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 2. Within the past three (3) years, has any Proposed Insured been convicted of a felony or is he/she currently on probation?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>ANSWER ONLY IF APPLYING FOR REINSTATEMENT OF A POLICY WITH THE WAIVER OF PREMIUM RIDER:</b>   |               |                 |   |                          |
| Have you requested or received benefits or compensation because of sickness, injury or disability in the past three (3) years?   |               |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>REMARKS: (Provide full details here if any of the Health History questions were answered "YES.") Attach another sheet if necessary. (Include names, dates, physicians and addresses, illnesses and injuries, and name of drugs.)</b>  |               |                 |   |                          |
|  |               |                 |   |                          |



**REINSTATEMENT DEPOSIT RECEIPT      COLUMBIAN LIFE INSURANCE COMPANY**

**NO INSURANCE COVERAGE IS CREATED BY THIS RECEIPT**

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

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ to be retained by the Company while the Reinstatement Application is processed. This is not a conditional receipt and shall have no binding effect on the Company. The Company will refund any money remitted herewith for a policy that is not approved for reinstatement. The Reinstatement Application applies to the policy number: \_\_\_\_\_.

It is understood and agreed that reinstatement shall not be effective unless and until this application is approved by the Company, nor shall it be effective unless all payments required for reinstatement have been paid with the application. The temporary retention of the amount tendered herewith shall not be deemed to effect reinstatement. If reinstatement cannot be approved, any premium remitted with this application will be refunded.

To the extent permitted by law, the provisions contained in the policy which relate to incontestability shall run anew from the date of such reinstatement, but only with respect to the statements and answers contained in this application.

Date \_\_\_\_\_ Agent's Signature \_\_\_\_\_ Agent Number \_\_\_\_\_

**INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION FOR REINSTATEMENT**

This Notice is given to you at the time you apply for life insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

**INVESTIGATIVE CONSUMER REPORT**

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

**IDENTIFICATION**

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

**ACCESS TO INFORMATION**

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

**WHERE TO WRITE US**

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

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

The Medical Information Bureau is a nonprofit membership organization of life insurance companies. The Bureau provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is [50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901 (TTY (866) 346-3642). MIB's website is [www.mib.com](http://www.mib.com)].

SERFF Tracking Number: CMLM-126589470 State: Arkansas  
 Filing Company: Columbian Life Insurance Company State Tracking Number: 45692  
 Company Tracking Number:  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate  
 Premium - Single Life  
 Product Name: Family Connection Ten Year Level Term  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

**Company Rate Information**

| Company Name:                    | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this<br>Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Written<br>Premium for<br>this Program: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|----------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| Columbian Life Insurance Company | %                                 | %                         |  |   |   | %  | %  |

SERFF Tracking Number: CMLM-126589470 State: Arkansas  
 Filing Company: Columbian Life Insurance Company State Tracking Number: 45692  
 Company Tracking Number:  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Family Connection Ten Year Level Term  
 Project Name/Number: /

## Rate/Rule Schedule

| Schedule Item Status: | Document Name:        | Affected Form Numbers:<br>(Separated with commas) | Rate Action: | Rate Action Information: | Attachments               |
|-----------------------|-----------------------|---|--------------|--------------------------|---------------------------|
|                       | Premium Rates for FCT |   | New          |                          | Premium Rates for FCT.pdf |

**FAMILY PROTECTION PLAN  
BASE PREMIUMS PER UNIT**

| <b>Iss Age</b> | <b>Male<br/>Non-Tob</b> | <b>Female<br/>Non-Tob</b> | <b>Male<br/>Tobacco</b> | <b>Female<br/>Tobacco</b> |
|----------------|-------------------------|---------------------------|-------------------------|---------------------------|
| 18             | 30.50                   | 23.68                     | 41.53                   | 28.43                     |
| 19             | 30.54                   | 23.77                     | 42.12                   | 29.12                     |
| 20             | 30.57                   | 23.87                     | 42.71                   | 29.81                     |
| 21             | 30.61                   | 23.97                     | 43.30                   | 30.50                     |
| 22             | 30.65                   | 24.07                     | 43.89                   | 31.19                     |
| 23             | 30.69                   | 24.16                     | 44.48                   | 31.87                     |
| 24             | 30.73                   | 24.26                     | 45.08                   | 32.56                     |
| 25             | 30.77                   | 24.36                     | 45.69                   | 33.25                     |
| 26             | 30.98                   | 24.95                     | 46.44                   | 34.29                     |
| 27             | 31.20                   | 25.54                     | 47.20                   | 35.33                     |
| 28             | 31.41                   | 26.13                     | 47.96                   | 36.37                     |
| 29             | 31.62                   | 26.72                     | 48.71                   | 37.40                     |
| 30             | 31.85                   | 27.33                     | 49.45                   | 38.44                     |
| 31             | 32.71                   | 28.04                     | 51.46                   | 39.95                     |
| 32             | 33.56                   | 28.75                     | 53.47                   | 41.47                     |
| 33             | 34.42                   | 29.46                     | 55.47                   | 42.98                     |
| 34             | 35.27                   | 30.17                     | 57.48                   | 44.49                     |
| 35             | 36.14                   | 30.88                     | 59.50                   | 46.02                     |
| 36             | 37.85                   | 31.88                     | 63.24                   | 48.27                     |
| 37             | 39.56                   | 32.89                     | 66.99                   | 50.52                     |
| 38             | 41.26                   | 33.90                     | 70.73                   | 52.77                     |
| 39             | 42.97                   | 34.91                     | 74.48                   | 55.02                     |
| 40             | 44.69                   | 35.90                     | 78.21                   | 57.29                     |
| 41             | 46.74                   | 38.07                     | 83.60                   | 62.76                     |
| 42             | 48.80                   | 40.25                     | 89.00                   | 68.23                     |
| 43             | 50.86                   | 42.42                     | 94.39                   | 73.70                     |
| 44             | 52.91                   | 44.59                     | 99.78                   | 79.17                     |
| 45             | 54.98                   | 46.74                     | 105.20                  | 84.65                     |
| 46             | 59.53                   | 51.01                     | 114.73                  | 93.85                     |
| 47             | 64.08                   | 55.28                     | 124.27                  | 103.04                    |
| 48             | 68.63                   | 59.55                     | 133.80                  | 112.24                    |
| 49             | 73.18                   | 63.82                     | 143.34                  | 121.43                    |
| 50             | 77.74                   | 68.08                     | 152.89                  | 130.63                    |
| 51             | 86.78                   | 74.78                     | 168.10                  | 142.36                    |
| 52             | 95.82                   | 81.47                     | 183.31                  | 154.08                    |
| 53             | 104.86                  | 88.16                     | 198.52                  | 165.81                    |
| 54             | 113.90                  | 94.86                     | 213.73                  | 177.54                    |
| 55             | 122.94                  | 101.56                    | 228.94                  | 189.25                    |
| 56             | 137.00                  | 110.00                    | 250.47                  | 204.53                    |
| 57             | 151.07                  | 118.44                    | 272.01                  | 219.82                    |
| 58             | 165.13                  | 126.88                    | 293.54                  | 235.11                    |
| 59             | 179.20                  | 135.32                    | 315.08                  | 250.40                    |
| 60             | 193.28                  | 143.73                    | 336.59                  | 265.66                    |
| 61             | 215.62                  | 156.74                    | 366.23                  | 288.07                    |
| 62             | 237.96                  | 169.75                    | 395.88                  | 310.48                    |
| 63             | 260.30                  | 182.76                    | 425.52                  | 332.88                    |
| 64             | 282.64                  | 195.77                    | 455.16                  | 355.29                    |
| 65             | 304.98                  | 208.76                    | 484.83                  | 377.69                    |
| 66             | 338.07                  | 230.65                    | 529.29                  | 412.15                    |
| 67             | 371.17                  | 252.53                    | 573.76                  | 446.62                    |
| 68             | 404.27                  | 274.41                    | 618.22                  | 481.08                    |
| 69             | 437.36                  | 296.30                    | 662.68                  | 515.55                    |

**FAMILY PROTECTION PLAN  
WP PREMIUMS AS % OF PREMIUM TO BE WAIVED**

| <u>Iss Age</u> | <u>% Premium</u> |
|----------------|------------------|
| 18-35          | 5.00%            |
| 36-40          | 6.00%            |
| 41-45          | 7.00%            |
| 46-50          | 8.00%            |

% Premium applied to all other coverage premiums  
Benefit expires at the earlier of attained age 60 or base policy termination

**FAMILY PROTECTION PLAN  
ADB PREMIUMS PER UNIT**

| <u>Issue Ages</u> | <u>Premium/ Unit</u> |
|-------------------|----------------------|
| 18-35             | 6.30                 |
| 36-40             | 6.65                 |
| 41-45             | 7.00                 |
| 46-50             | 7.70                 |
| 51-55             | 8.40                 |
| 56-60             | 9.45                 |
| 61-65             | 10.85                |

Benefit expires at the earlier of attained age 70 or base policy termination

**FAMILY PROTECTION PLAN  
CIR PREMIUMS PER UNIT**

| <u>INSURED AGE</u> | <u>PREMS PER UNIT</u> |
|--------------------|-----------------------|
| 18-55              | 6.00                  |

Benefit expires at the earlier of attained age 70 or base policy termination

SERFF Tracking Number: CMLM-126589470 State: Arkansas  
Filing Company: Columbian Life Insurance Company State Tracking Number: 45692  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Family Connection Ten Year Level Term  
Project Name/Number: /

## Supporting Document Schedules

|   | Item Status: | Status Date: |
|---|--------------|--------------|
| <b>Satisfied - Item:</b> Flesch Certification<br><b>Comments:</b><br><b>Attachments:</b><br>AR Readability Certification.pdf<br>AR_CertofCompliance with Rule 19.pdf  |              |              |
| <b>Satisfied - Item:</b> Application<br><b>Comments:</b><br>The application form that will be used to apply for these forms is included in this filing.   |              |              |
| <b>Satisfied - Item:</b> Statements of Variability<br><b>Comments:</b><br><b>Attachments:</b><br>SOV FORM NO. 1F570F-CL.pdf<br>SOV FORM NO. 1H840F-CL.pdf<br>SOV FORM NO. 1H841F-CL.pdf<br>SOV FORM NO. 1H842F-CL.pdf<br>SOV FORM NO. A350B-CL.pdf<br>SOV FORM NO. A352B-CL.pdf |              |              |



**DATE: May 17, 2010**

**TO: STATE OF ARKANSAS DEPARTMENT OF INSURANCE**

**RE:** Form No. 1F570F-CL, Convertible Level Term Life Insurance Policy  
Form No. 1H840F-CL, Accidental Death Benefit Rider  
Form No. 1H841F-CL, Waiver of Premium Rider  
Form No. 1H842F-CL, Children's Term Insurance Rider  
Form No. A350B-CL, Application for Individual Term Life Insurance  
Form No. A352B-CL, Application for Reinstatement

**\*\*Please note, some forms were combined with the Policy form for the purpose of scoring.**

This is to certify that the attached forms have achieved the required Flesch Reading Ease Test Score. These forms comply with the requirements of Ark. Stat. Ann 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

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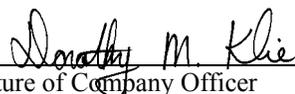
Regina M. Akulis, ACS, AIAA, AIRC, CCP  
Sr. Contract Analyst

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Columbian Life Insurance Company

Form Number(s): 1F570F-CL, Convertible Level Term Life Insurance Policy  
1H840F-CL, Accidental Death Benefit Rider  
1H841F-CL, Waiver of Premium Rider  
1H842F-CL, Children's Term Insurance Rider  
A350B-CL, Application for Individual Term Life Insurance  
A352B-CL, Application for Reinstatement

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Dorothy M. Klie, FLMI, AIRC

\_\_\_\_\_  
Name

Assistant Vice President, Policy Filing and Assistant Secretary

\_\_\_\_\_  
Title

May 17, 2010

\_\_\_\_\_  
Date

# Columbian Life Insurance Company

## Memorandum of Variable Material for FORM NO. 1F570F-CL

May 17, 2010

### FORM NO. 1F570F-CL, Convertible Term Life Insurance Policy

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.
- Company officer signatures and titles are bracketed to provide for change.

Page 2:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Insured, Sex (M, F), Insurance Age (Issue ages are 18 – 69), Policy Class (Non-Tobacco or Tobacco), Amount of Insurance (available in whole units from 5-15), Policy Number, Effective Date, Date of Issue, and Last Conversion Date (Conversion period is 5 years).
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 3-1:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number, Insurance Age, Amount of Insurance, Premium Class, Benefit Period Ends, Annual Premium, Mode of Payment Elected, Beginning On, At Age, Annual, Semi-Annual, Quarterly, Monthly EFT, Monthly Collection.
- The Endorsements field is bracketed to provide for endorsement forms that may be filed for use with this form at a later date. There are currently no Endorsements that we plan to use with this form. This field will display only the form number of the endorsement that is added to the policy. Any endorsement form displayed, will be filed and approved prior to use.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 3-2:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number and Insurance Age.
- The Endorsements field is bracketed to provide for the addition of form numbers and endorsement language that may be filed for use with this form at a later date. Any endorsement language printed on this page would be approved prior to use. This page may also be used in circumstances when there has been a change made to the policy after issue. For example, if a rider is added after issue of the policy, a new set of specification pages will be sent along with the rider, that reflects the rider information. In this circumstance, Page 3-2 may be used to indicate a rider was added and specify the Date of Issue specific to the rider form. The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 4:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number, Sex, Insurance Age, Amount of Insurance, and Premium Class (appears next to plan). Also bracketed as hypothetical data are the Benefit Payments and Accidental Death Benefit Payments as these are variable based on the amount of insurance purchased.
- The Lump Sum Death Benefit is bracketed as that will vary by Insured and amount of insurance.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Back Cover:

- Company's Administrative Service Office is bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for FORM NO. 1H840F-CL**

**May 17, 2010**

### FORM NO. 1H840F-CL – Accidental Death Benefit Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 2:

- Company officer signatures and titles are bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for FORM NO. 1H841F-CL**

**May 17, 2010**

### FORM NO. 1H841F-CL – Waiver of Premium Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 3:

- Company officer signatures and titles are bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for FORM NO. 1H842F-CL**

**May 17, 2010**

### FORM NO. 1H842F-CL – Children’s Term Insurance Rider

Page 1:

- Company’s Administrative Service Office is bracketed to provide for change.

Page 4:

- Company officer signatures and titles are bracketed to provide for change.

# Columbian Life Insurance Company

## Memorandum of Variable Material for Form No. A350B-CL

May 17, 2010

Form No. A350B-CL – Application for Individual Term Life Insurance

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.
- Section 8. Method of Payment & Premium Amount contains a bracketed option for Credit/Debit card. The Company is not currently accommodating these options but would like the opportunity to do that in the future without re-filing the application form.

Page 2:

- In the Request for Electronic Funds Transfer section there is bracketed information regarding when the proposed insured would like to have EFT payments withdrawn. The Company is not currently set up with this degree of flexibility, but are working toward that end. We are requesting the language be viewed as variable so that it can be added at a later date without refilling.
- The following section includes bracketed information regarding payment via credit card. The Company is not currently set up to accept credit card payments, but are working toward that end. We are requesting the language be viewed as variable so that it can be added at a later date without refilling.
- The Company's Administrative Service Office address is bracketed in the Authorization and Acknowledgment section to provide for change.
- Authorization and Acknowledgment includes bracketed information regarding the proposed insured's option to receive their policy electronically. The Company is not currently set up with this degree of flexibility, but we are working toward that end. We are requesting the language be viewed as variable so that it can be added at a later date without refilling.
- Just above the signature line in the Authorization and Acknowledgment, there is a bracketed question for the proposed insured to elect to have correspondence from the Company sent either by US Mail or by email. At this time the Company is not set up to accommodate this feature, however we would like to have this capability in the future and are requesting the language be viewed as variable so that it can be added at a later date without refilling.

Last Page (A350B-CL-NOTICE):

- The Company address in the "Where to Write Us" paragraph is bracketed as variable to provide for change.
- MIB's address in the MIB Pre-Notice is bracketed as variable to provide for change.

# Columbian Life Insurance Company

## Memorandum of Variable Material for Form No. A352B-CL

May 17, 2010

Form No. A352B-CL – Application for Reinstatement

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 2:

- The Company's Administrative Service Office address is bracketed in the Authorization and Acknowledgment section to provide for change.
- Just above the signature line in the Authorization and Acknowledgment, there is a bracketed question for the proposed insured to elect to have correspondence from the Company sent either by US Mail or by email. At this time the Company is not set up to accommodate this feature, however we would like to have this capability in the future and are requesting the language be viewed as variable so that it can be added at a later date without refilling.
- In the Request for Electronic Funds Transfer section there is bracketed information regarding when the proposed insured would like to have EFT payments withdrawn. The Company is not currently set up with this degree of flexibility, but are working toward that end. We are requesting the language be viewed as variable so that it can be added at a later date without refilling.

Last Page (A352B-CL-NOTICE):

- The Company address in the "Where to Write Us" paragraph is bracketed as variable to provide for change.
- MIB's address in the MIB Pre-Notice is bracketed as variable to provide for change.