

SERFF Tracking Number: RDWS-126669049 State: Arkansas
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
Company Tracking Number:
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
Product Name: SPWL 06/10 - Single Premium Whole Life
Project Name/Number: /

Filing at a Glance

Company: Universal Fidelity Life Insurance Co.

Product Name: SPWL 06/10 - Single Premium SERFF Tr Num: RDWS-126669049 State: Arkansas

Whole Life

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 45934
Closed

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Eddie Mire, Judy Tait Disposition Date: 06/24/2010

Date Submitted: 06/14/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

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: 06/24/2010

Explanation for Other Group Market Type:

State Status Changed: 06/24/2010

Deemer Date:

Created By: Judy Tait

Submitted By: Judy Tait

Corresponding Filing Tracking Number:

Filing Description:

Universal Fidelity Life Insurance Company

Forms Nos.:

SPWL 06/10 - Single Premium Whole Life Insurance Policy

SPWL 06/10-ABRTC - Accelerated Benefits Rider - Terminal Illness

SPWL 06/10-ABRTC-DISC - Disclosure Statement for Accelerated Benefits Rider - Terminal Illness

SPWL 06/10-ABRCC - Accelerated Benefits Rider - Confined Care

SPWL 06/10-ABRCC-DISC - Disclosure Statement for Accelerated Benefits Rider - Confined Care

SPWL 06/10-ABRHHC - Accelerated Benefits Rider - Home Health Care

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life

Project Name/Number: /
 SPWL 06/10-ABRHHC-DISC - Disclosure Statement for Accelerated Benefits Rider - Home Health Care
 SPWL 06/10-MEC-DISC - Modified Endowment Contract Disclosure
 SPWL 06/10-APP - Application

We assure that we will provide each policyowner with the Arkansas Life and Health Guaranty Association notice required in Regulation 49.

Company and Contact

Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]
 9500 Arboretum Blvd 512-345-7437 [FAX]
 Suite 200
 Austin, TX 78759

Filing Company Information

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

Universal Fidelity Life Insurance Co.	CoCode: 70122	State of Domicile: Oklahoma
13931 Quail Pointe Dr.	Group Code:	Company Type:
Oklahoma City, OK 73134	Group Name:	State ID Number:
(800) 366-8354 ext. [Phone]	FEIN Number: 73-0493220	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form (9 forms)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Fidelity Life Insurance Co.	\$450.00	06/14/2010	37201248

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/24/2010	06/24/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/17/2010	06/17/2010	Judy Tait	06/24/2010	06/24/2010

SERFF Tracking Number: RDWS-126669049 State: Arkansas
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: SPWL 06/10 - Single Premium Whole Life
Project Name/Number: /

Disposition

Disposition Date: 06/24/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third party authorization		Yes
Supporting Document	Certification form		Yes
Form (revised)	Single Premium Whole Life		Yes
Form	Single Premium Whole Life	Replaced	Yes
Form	Accelerated Benefits Rider-Terminal Illness		Yes
Form	Disclosure for ABR-Terminal Illness Rider		Yes
Form	Accelerated Benefits Rider-Confined Care		Yes
Form	Disclosure for ABR-Confined Care Rider		Yes
Form	Accelerated Benefits Rider-Home Health Care		Yes
Form	Disclosure for ABR-Home Health Care Rider		Yes
Form	Disclosure for Modified Endowment Contract		Yes
Form	Application		Yes

SERFF Tracking Number: RDWS-126669049 State: Arkansas
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: SPWL 06/10 - Single Premium Whole Life
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/17/2010
Submitted Date 06/17/2010
Respond By Date 07/19/2010

Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: We did not find a provision in the contract for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/24/2010
 Submitted Date 06/24/2010

Dear Linda Bird,

Comments:

Thank you for your letter of June 17, 2010.

Response 1

Comments: We have added the required provision on page 7 under "Payment of Proceeds - Payment." Please note that we have added an AR extension to the form number.

Related Objection 1

Comment:

We did not find a provision in the contract for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Single Premium Whole Life	SPWL 06/10	AR	Policy/Contract/Fraternal Certificate	Initial		48.300	SPWL 06-10 AR.pdf
Previous Version							
Single Premium Whole Life	SPWL 06/10		Policy/Contract/Fraternal Certificate	Initial		48.300	SPWL 06-10.pdf

No Rate/Rule Schedule items changed.

Please let us know if you need anything further.

SERFF Tracking Number: RDWS-126669049 *State:* Arkansas
Filing Company: Universal Fidelity Life Insurance Co. *State Tracking Number:* 45934
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.111 Single Premium - Single Life
Product Name: SPWL 06/10 - Single Premium Whole Life
Project Name/Number: /

Sincerely,
Eddie Mire, Judy Tait

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life
 Project Name/Number: /

Form Schedule

Lead Form Number: SPWL 06/10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SPWL 06/10 AR	Policy/Cont	Single Premium ract/Fratern Whole Life al Certificate	Initial		48.300	SPWL 06-10 AR.pdf
	SPWL 06/10-ABRTC	Policy/Cont	Accelerated Benefits ract/Fratern Rider-Terminal al Illness Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43.400	Accelerated ben rider- terminal care 06-10.pdf
	SPWL 06/10-ABRTC-DISC	Other	Disclosure for ABR- Terminall Illness Rider	Initial		40.000	Disclosure ABR terminal illness SPWL06- 10.pdf
	SPWL 06/10-ABRCC	Policy/Cont	Accelerated Benefits ract/Fratern Rider-Confined Care al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		41.000	Accelerated ben rider- confined care SPWL06- 10.pdf
	SPWL 06/10-ABRCC-DISC	Other	Disclosure for ABR- Confined Care Rider	Initial		53.300	Disclosure ABR confined care SPWL06-

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life
 Project Name/Number: /

SPWL 06/10- ABRHHC	Policy/Cont racted/Fratern al Care Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Accelerated Benefits Initial	40.000	10.pdf SPWL 06-10 ABRHHC.pdf
SPWL 06/10- ABRHHC- DISC	Other	Disclosure for ABR- Home Health Care Rider	Initial 48.400	Disclosure ABR home health care SPWL06- 10.pdf
SPWL 06/10- MEC-DISC	Other	Disclosure for Modified Endowment Contract	Initial 43.600	Disclosure MEC SPWL06- 10.pdf
SPWL 06/10-APP	Application/ Enrollment Form	Application	Initial 40.900	SPWL 06-10 APP.pdf



**815 West Ash
DUNCAN, OKLAHOMA 73533**

The Company will pay the proceeds of this Policy to the Beneficiary upon receipt of proof of death of the Insured. Payment is subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The Policy is issued in consideration of the attached application and payment of the Single Premium as provided. The Company will provide the benefits and other rights described in the Policy in accordance with the terms of the Policy.

THIRTY DAYS TO EXAMINE CONTRACT. If you are not satisfied with this policy for any reason, you may return the policy to us or to our authorized agent within 30 days after you receive it. If you do so, we will cancel this policy and refund the premium that was paid. If all money is not returned within 30 days, the Company will pay interest on the proceeds as required by the laws of the state in which the policy is issued.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony.

Signed for Universal Fidelity Life Insurance Company at Oklahoma City, Oklahoma.

Handwritten signature of Chris Van Ess in cursive.

Secretary

Handwritten signature of Steve Hagan in cursive.

President

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT DEATH OF INSURED**

NONPARTICIPATING

READ YOUR POLICY CAREFULLY

TABLE OF CONTENTS

Benefit Description Page	3
Definitions	4
Company; Home Office; Policy Date, Policy Year and Anniversary; Age and Attained Age; Written Notice; Rider: Due Proof of Death	
Ownership	4
Owner Defined; Control of Policy; Assignment of Policy	
Beneficiary	4
Beneficiary Defined; Change of Beneficiary; Death of Beneficiary	
General Provisions	5
Contract; Not Contestable After Two Years; Misstatement of Age or Sex; Effective Date of Coverage; Effective Date of Reinstatement; Calculation of Time Periods; Termination; Nonparticipation; Reinstatement	
Single Premium	6
Guaranteed Values	6
Cash Value; Surrender Value; Surrender; Basis of Values	
Table of Guaranteed Values	3A
Policy Loans	6
Available Loan Value; Loan Interest; Loan Balance; Termination of Policy for Non-payment of Loan Interest	
Amount of Proceeds	6
Amount; Suicide	
Payment of Proceeds	7, 8
Payment; Conditions for Election of Payment Options; Election by Owner; Election by Beneficiary; Payment Options; Automatic Payment Option; Proof of Age; Additional Options; Basis of Payment Options	
Payment Option Tables	9

BENEFIT DESCRIPTION PAGE

SINGLE PREMIUM

SINGLE PREMIUM WHOLE LIFE INSURANCE	\$ 23,800.00
ACCELERATED BENEFITS RIDER – CONFINED CARE	0.00
ACCELERATED BENEFITS RIDER – TERMINAL ILLNESS	0.00
ACCELERATED BENEFITS RIDER – HOME HEALTH CARE	0.00

PREMIUM CLASS: NON-TOBACCO

INSURED: John Doe

FACE AMOUNT: \$50,000

AGE: 60

POLICY DATE: July 1, 2010

SEX: Male

POLICY NUMBER: 123456

INSURED: John Doe

FACE AMOUNT: \$50,000

AGE: 60

POLICY DATE: July 1, 2010

SEX: Male

POLICY NUMBER: 123456

TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	ATTAINED AGE OF INSURED	CASH VALUE
1	61	23,800.00
2	62	23,800.00
3	63	23,800.00
4	64	23,800.00
5	65	23,800.00
6	66	23,800.00
7	67	23,816.50
8	68	24,696.00
9	69	25,596.00
10	70	26,494.00
11	71	27,382.00
12	72	28,253.00
13	73	29,103.50
14	74	29,938.50
15	75	30,772.50
16	76	31,610.00
17	77	32,448.50
18	78	33,284.50
19	79	34,103.50
20	80	34,892.50

NONFORFEITURE INTEREST RATE: 5.00%

NONFORFEITURE TABLE: 2001 CSO ALB MALE NONSMOKER

STATUTORY RESERVE INTEREST RATE: 4.00%

DEFINITIONS

Company - All references to the "Company" mean Universal Fidelity Life Insurance Company.

Home Office - Home Office means Universal Fidelity Life Insurance Company located in Oklahoma City, Oklahoma.

Policy Date, Policy Year and Anniversary - The Policy Date is shown in the Benefit Description Page. Each Policy Year begins on the same day and month of each year as the Policy Date. The first day of each Policy Year is a Policy Anniversary.

Age and Attained Age - Age means the Insured's age last birthday on the Policy Date. Attained Age means the Insured's age on the Policy Date plus the number of Policy Years elapsed since the Policy Date.

Written Notice - Written Notice means a notification or request received from the Owner in a form satisfactory to the Company. Written Notices are recorded at the Home Office. The Company will not be responsible for the validity of any Written Notice.

Any Written Notice provided by the Company to the Owner will be provided to the Owner at the last address provided by the Owner to the Company.

Rider - A Rider is an attachment to the Policy which provides additional benefits.

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

OWNERSHIP

Owner Defined - The Owner of this Policy is the person or party designated to exercise the rights and receive the benefits of ownership. The Insured is the Owner unless otherwise stated in the application or later changed.

Control of Policy - Subject to the terms of any irrevocable beneficiary designation or any assignment, the Owner may, during the Insured's lifetime:

1. assign or surrender this Policy;
2. make a policy loan;
3. make a partial surrender;
4. make a change in this Policy with the Company's consent;
5. transfer the ownership of this Policy; and
6. exercise the rights and receive other benefits as defined in this policy.

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

BENEFICIARY

Beneficiary Defined - The Beneficiary is the person or party designated to receive the life insurance proceeds payable at the Insured's death. the Beneficiary for this Policy is as stated in the application unless later changed.

Change of Beneficiary - During the Insured's lifetime, the Owner may change the beneficiary designation unless he or she has waived the right to do so. No beneficiary change will take effect until a Written Notice is acknowledged at the Home Office. Once such notice is acknowledged, the change will be effective the date the notice was signed.

The change will be subject to any payment or action made by the Company before the beneficiary change is recorded at the Home Office.

Death of Beneficiary - Unless otherwise provided in the beneficiary designation:

1. the interest of any Beneficiary who dies before the Insured will pass to any surviving Beneficiaries according to their respective interests; or
2. if no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

GENERAL PROVISIONS

Conformity with State Statutes and Regulations - Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

Contract - This Policy with any attached riders, endorsements, and applications forms the entire contract. Only the President, a Vice President, or the Secretary of the Company may change or waive any provision in this contract. Any changes or waivers must be in writing and signed by an officer of the Company. No agent has the power or authority to waive, change, or alter any of the terms or conditions of this Policy.

Not Contestable After Two Years - Statements in the applications are, in the absence of fraud, considered representations, not warranties. Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in an attached application or endorsement. The Company cannot contest this Policy after it has been in force two years during the Insured's lifetime, from the Policy Date or the Effective Date of Reinstatement. If the Policy has been reinstated, material statements in the reinstatement application may be contested for a period of two years. The Company may contest at any time any Rider providing disability or accidental death benefits.

Misstatement of Age or Sex - If the Insured's age or sex has been misstated on the application, the benefits payable under this Policy will be adjusted. The adjusted benefits will be those the Single Premium would have purchased at the Insured's correct age or sex adjusted for any partial surrenders.

Effective Date of Coverage - The Effective Date of Coverage under this Policy for all coverage provided in the original application will be the later of the Policy Date and the date the Single Premium is received.

Effective Date of Reinstatement - For any insurance that has been reinstated, the Effective Date of Reinstatement will be the date all requirements for reinstatement have been met.

Calculation of Time Periods - All time periods are calculated from the Policy Date. The first day of the period is included and the last day is excluded.

Termination - All coverage under this Policy will terminate at the earliest of:

1. if the Owner surrenders the Policy;
2. if the Insured dies; or
3. for nonpayment of loan interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision

Nonparticipation - This Policy is nonparticipating and will not share in the divisible surplus of the Company.

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

Reinstatement - If this Policy terminates for nonpayment of interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision, it may be reinstated within five years after termination if:

1. the Owner submits a written application;
2. evidence of the Insured's insurability is received and approved by the Company; and
3. any policy loan is repaid or reinstated, with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement.

SINGLE PREMIUM

The Single Premium for this Policy is shown in the Benefit Description Page. The due date of the Single Premium is the Policy Date. The Single Premium must be paid to the Company before this Policy is issued.

GUARANTEED VALUES

Cash Value - This Policy provides a Cash Value. Cash Values at the end of certain Policy Years are shown in the Table of Guaranteed Values. In no event shall the Cash Value be less than the Single Premium paid for this policy, as shown on the Benefit Description page. Cash Values for Policy Years not shown are equal to or greater than the minimum required by Standard Nonforfeiture Law. Cash Values during a Policy Year will be based on the time elapsed in that year. The Cash Value within 30 days of a policy anniversary will not be less than the present value of future guaranteed benefits on that anniversary. All values are calculated on the basis set out below. Values not shown will be furnished on request.

A detailed statement of method of calculation of all values has been filed with the insurance department of the state in which this Policy was delivered. All values are equal to or greater than those required.

Surrender Value - The Surrender Value is the Cash Value minus any Loan Balance.

Surrender - The Owner may surrender this Policy and receive the Surrender Value. Surrender terminates this insurance. Surrender will be effective on the date the Company receives a Written Notice at the Home Office. The Company may postpone payment for as long as six months from the effective date of surrender. The Company reserves the right to require the return of the Policy.

Basis of Values - All Cash Values referred to in this Policy are based on:

1. the nonforfeiture interest rate shown in the Benefit Description Page;
2. annual payment of claims; and
3. the Commissioners Standard Ordinary Mortality Table shown in the Benefit Description Page.

POLICY LOANS

While this Policy is in force, the Owner may obtain all or part of the Available Loan Value by Written Notice. This Policy, assigned to the Company, is the only security needed. The Company may postpone making a loan for as long as six months from the date the notice is received at the Home Office.

Available Loan Value - The Annual Loan Value is the Surrender Value minus Loan Interest in advance to the next Policy Anniversary.

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

Loan Balance - The Loan Balance equals (1) plus (2) minus (3) where:

- (1) is the sum of all loans made;
- (2) is the Loan Interest, minus any Loan Interest for time periods beyond the day on which the Loan Balance is being calculated; and
- (3) is the sum of all loan payments.

The Loan Balance may be repaid in full or in part at any time while this Policy is in force.

Termination of Policy for Nonpayment of Loan Interest - Any time the Loan Balance exceeds the Cash Value, this Policy will terminate with no further value. However, this Policy will not terminate until 31 days after the Company has mailed a notice to the last known address of the Owner and any assignee of record.

AMOUNT OF PROCEEDS

Amount - The life insurance proceeds payable at the Insured's death equals the sum of:

- (1) the face amount of this Policy at the time of the Insured's death; and

(2) any insurance on the Insured's life provided by Riders

minus any Loan Balance.

The Company reserves the right to require the return of this Policy at the time of settlement.

Suicide - If the Insured commits suicide within two years from the Policy Date, the benefits payable under this Policy will be limited to the Single Premium minus any Loan Balance and any partial surrenders.

PAYMENT OF PROCEEDS

Payment - The Company will pay the proceeds of this Policy on the death of the Insured while this Policy is in full force. Payment will be made to the named Beneficiary after the Home Office receives Due Proof of (1) the Insured's Death subject to the terms of this Policy, and (2) the right of the claimant to the policy proceeds. Interest of 8% per annum will be paid from the date Due Proof of Death is received until the date settlement is made if settlement is not made within 30 days of the date Due Proof of Death is received.

Any amount payable under this contract will be paid in one sum unless otherwise provided. All or part of this sum is applied to any payment option described below provided all conditions for election are met.

Proceeds left with the Company may be withdrawn by Written Notice where such right is given. The Company may postpone the payment of any withdrawal for as long as six months from the date the Company receives Written Notice.

Conditions for Election of Payment Options - Any election must be by Written Notice to the Company. No election will be effective until acknowledged by the Company. Once payments begin, the payment option cannot be changed.

No options will be available if:

- (1) the net proceeds are less than \$5,000; or
- (2) the amount of each payment would be less than \$50; or
- (3) in the case of Option B, the payee is not a natural person receiving payment in his or her own right.

Election by Owner - During the Insured's lifetime and subject to the conditions above the Owner may:

- (1) elect a payment option; or
- (2) change such election if he or she has reserved the right to do so.

If the Owner elects a payment option for the Beneficiary, the Beneficiary may not:

- (1) change or cancel the election;
- (2) assign or transfer the amount held by the Company; or
- (3) withdraw any future installments or unpaid interest installments;

unless the right is granted in the election.

Election by Beneficiary - If the Owner does not elect a payment option, the Beneficiary may do so after the Insured's death.

Payee - The Payee is the person or persons entitled to receive payments under a Payment Option.

Payment Options -

Option A - Income for a Specified Period. Based on each \$1,000 of proceeds, payments will be made to the Payee in equal annual or monthly installments for a specified period. Payments will be made in accordance with the Option A table. The first installment will be paid on the date proceeds are settled under this option.

Option B - Life Income. Based on each \$1,000 of proceeds, payments will be made to the Payee in equal monthly installments during the Payee's lifetime. Payments will be made in accordance with the Option B table.

- (1) with 120 installments guaranteed; or
- (2) without refund. Payments will be made only during the Payee's lifetime.

The first installment will be paid on the date proceeds are settled under this option.

Option C – Income of a Specified Amount. The proceeds will be paid to the Payee in equal annual or monthly installments of a specified amount until the proceeds, with interest, are exhausted. The first installment will be paid on the date the proceeds are settled under this option.

Option D – At Interest. The proceeds may be left with the Company to draw interest. Interest may be paid to the Payee annually, semiannually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen.

Automatic Payment Option - If settlement of the proceeds of this Policy is delayed over 30 days, Option D will be applied automatically. Interest will be paid yearly and the person(s) entitled to the proceeds has the right to withdraw the proceeds or elect any payment option permitted by this Policy.

Proof of Age - The Company has the right to require satisfactory proof of any Payee's age. The Company may also require satisfactory evidence of any Payee's survival when a payment becomes due.

Additional Options - Any proceeds payable under this Policy may be paid under any other method of payment agreed to by the Company at the time of settlement.

Basis of Payment Options - The annual guaranteed interest rate used for each Option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Option B is the Annuity 2000 Mortality Table.

**OPTION A
Installments**

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.61	30	49.53	4.18

**OPTION B
Monthly Life Incomes**

Age	120 Installments Guaranteed		Without Refund		Age	120 Installments Guaranteed		Without Refund	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.95
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.96	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT DEATH OF INSURED

NONPARTICIPATING

Universal Fidelity Life Insurance Company
815 West Ash
DUNCAN, OKLAHOMA 73533

ACCELERATED BENEFITS RIDER – TERMINAL ILLNESS

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

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

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

This Rider is attached to and made a part of the Policy to which it is attached. It is subject to the provisions of the Policy unless amended in this Rider.

DEFINITIONS

1. **Terminal Illness Benefit:** If the Insured is certified as being a Terminally Ill Individual, the Company will advance to the Owner, if so elected, up to eighty percent (80%) of the Life Insurance Proceeds of the Policy up to a maximum of \$250,000. The benefit to be paid will be reduced by an Administrative Charge of \$150. The Company will deduct from the benefit paid any outstanding Loan Balance in proportion to the percentage of life insurance proceeds paid.

A benefit under this Rider is payable only once. The Policy must be in force at the time this benefit is applied for. Payment of this benefit will reduce the life insurance proceeds by the amount of the benefit paid under this Rider. Any portion remaining after reduction of the death benefit due to an accelerated payment of life insurance proceeds will be paid upon the death of the Insured. The accelerated payment and the balance of the death benefit of the Policy will constitute full settlement on maturity of the face amount of the Policy. The Cash Value (if any) and the amount available for loans (if any) for the Policy will decrease in proportion to the amount of benefit paid. The Cash Value will be equal to or greater than the minimum Cash Value for the reduced future guaranteed death benefit. After the accelerated payment, the mortality and interest used in calculating the minimum cash values for the life insurance coverage will be the same as before the accelerated payment. The accelerated payment will not change the calculation of the nonforfeiture benefits of the policy. If the entire life insurance proceeds are paid, the Policy will terminate with no further value. There is no benefit to a non-insured Owner if the non-insured Owner is diagnosed as a Terminally Ill Individual. The Company will mail a revised Benefit Description Page to the Owner for attachment to the Policy which reflects the adjustments resulting from the Accelerated Benefit payment.

At time of the Accelerated Benefit payment, the Company will provide the Owner of the Policy a statement specifying:

- a. the amount of benefit paid;
 - b. the effect of the Accelerated Benefit payment on the death benefit, cash value (if any) and any policy loans.
2. **Physician:** A duly licensed physician practicing within the scope of his or her license. It does not include the Insured or family members of either the Insured or the Owner.

3. **Terminally Ill Individual:** An Insured will be considered as being a Terminally Ill Individual if the Individual has been certified as having an illness or physical condition that reasonably can be expected to result in death within 24 months of the date of the Physician's certification. The Company must receive proof acceptable to the Company. A written statement from the certifying Physician will be required. The Company may require a second medical opinion by a Physician of choice at the Company's expense. The opinion of the Physician selected by the Company, with respect to whether or not the Insured is Terminally Ill, will be presumed to be correct.

RIDER BENEFIT

The Owner can get the Terminal Illness Benefit during the Insured's life if the Insured meets the definition of a Terminally Ill Individual subject to the following requirements:

1. The election must be in writing.
2. The election must be sent to the Home Office.

This Rider's Benefit is only available if the Owner elects it on his or her own. **THE OWNER CANNOT ELECT UNDER THIS RIDER IF REQUIRED BY**

1. law to use this Rider to pay creditors' claims;
2. if the Owner is required by government to use this Rider to get a government benefit.

A request for an accelerated benefit will not be approved if the Policy is assigned or if the Beneficiary cannot be changed by the Owner. Only one request for an accelerated benefit will be permitted.

TERMINATION

This Rider will terminate on the earlier of:

1. the date the Company approves the written request for the Rider Benefit;
2. the termination of the Policy to which this Rider is attached;
3. the death of the Insured; or
4. upon written request by the Owner.

This Rider is effective on the Policy Date.

Signed at the Home Office of the Company as of the Policy Date.



Secretary



President

**UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
815 WEST ASH
DUNCAN, OKLAHOMA 73533**

DISCLOSURE STATEMENT

ACCELERATED BENEFIT RIDER - TERMINAL ILLNESS

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

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

The Accelerated Benefit Rider - Terminal Illness attached to the Policy allows the Owner to receive up to 80% of the life insurance Proceeds of the Policy up to a maximum of \$250,000 when the Insured has a medical condition that reasonably can be expected to result in death within 24 months. Upon receipt of proof satisfactory to the Company of the Insured's reduced life expectancy and written consent of any assignee or irrevocable beneficiary we will pay an accelerated benefit. The Accelerated Benefit will be paid in a lump sum and is payable only once.

The Accelerated Benefit to be paid will be reduced by an Administrative Charge of \$150. We will deduct from the Accelerated Benefit paid any outstanding indebtedness, but only in proportion to the percentage of life insurance Proceeds paid. Payment of the Accelerated Benefit will reduce the Death Benefit of the policy by the amount of the benefit paid under the Rider. Any portion remaining after reduction of the death benefit due to an accelerated payment of life insurance proceeds will be paid upon the death of the Insured. The Cash Value (if any) and the amount available for loans (if any) for the Policy will decrease in proportion to the amount of Accelerated Benefit paid. If the entire life insurance Proceeds are paid, then the Policy will terminate with no further value.

Universal Fidelity Life Insurance Company
815 West Ash
DUNCAN, OKLAHOMA 73533

ACCELERATED BENEFITS RIDER – CONFINED CARE

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

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

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

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

DEFINITIONS

1. **Confined care:** Full time, permanent residence in a Nursing Home until death.
2. **Monthly Accelerated Benefit Payment:** A fixed monthly payment equal to the lesser of 2.5% of the Policy Face Amount, reduced by any outstanding Policy loans, or \$5,000. The Monthly Accelerated Benefit Payment amount will be determined as of the date the Company receives the Owner's written request to receive the Rider Benefit.
3. **Nursing Home:** An institution which is not primarily a residential facility and which
 - is a Medicare-approved, Skilled Nursing Facility; or
 - is state licensed as a Skilled Nursing or Intermediate Care Facility; or
 - meets all of the following
 - is state licensed as a Nursing Home; and
 - primarily provides nursing care; and
 - is supervised by a registered or licensed practical nurse; and
 - keeps daily patient medical records; and
 - records and controls all medications it gives.
4. **Physician** A duly licensed physician practicing within the scope of his or her license. It does not include the Insured or family members of either the Insured or the Owner.
5. **Physician's Statement:** A written statement signed by a Physician which
 - gives the Physician's diagnosis of the Insured's medical condition; and
 - states that the Insured is a full time, permanent resident of a Nursing Home and will continue full time, permanent residence in a Nursing Home until death.

RIDER BENEFIT

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

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

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

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

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

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

ADJUSTMENTS TO THE POLICY

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

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

TERMINATION

This Rider will terminate on the earlier of:

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

This Rider is effective on the Policy Date.

Signed at the Home Office of the Company as of the Policy Date.


Secretary


President

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
815 WEST ASH
DUNCAN, OKLAHOMA 73533

DISCLOSURE STATEMENT

ACCELERATED BENEFITS RIDER - CONFINED CARE

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

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

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

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

Universal Fidelity Life Insurance Company
815 West Ash
DUNCAN, OKLAHOMA 73533

ACCELERATED BENEFITS RIDER – HOME HEALTH CARE

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

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

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

This Rider is attached to and made a part of the Policy to which it is attached. It is subject to the provisions of the Policy unless amended in this Rider.

DEFINITIONS

“Convalescent Care Facility” means an institution that:

- (a) is legally operated to provide care and treatment to sick and injured persons at their expense;
- (b) is primarily engaged in providing skilled care under the supervision of a Physician during a period of convalescence for sickness or injury;
- (c) provides 24-hour nursing services by or under the supervision of Registered Nurses on duty or call; and
- (d) maintains a medical record of each patient.

Convalescent Care Facility **does not mean** a home or facility that is used primarily for rest; or provides care and treatment for drug addicts, alcoholics or the mentally ill; or primarily provides custodial or educational care.

“Home Health Care” means the care and treatment of an Insured Person at his or her place of residence. Home Health Care is provided only if hospitalization or confinement in a Convalescent Care Facility would otherwise have been required. A plan establishing the necessary Home Health Care Services must be approved in writing by the attending Physician. Home Health Care Services must be provided by an agency that meets the qualifications set out below.

“Home Health Care Agency” means entity licensed to provide Home Health Care Services under applicable state law, or, in the absence of such state law, an entity that meets the following requirements:

- (a) it must be primarily engaged in providing Home Health Care Services;
- (b) Its policies must be established by a group of professional personnel, including at least one Physician and one Registered Nurse;
- (c) supervision of Home Health Care Services must be performed by a Physician or Registered Nurse;
- (d) it must maintain clinical records on all patients;
- (e) it must have a full time administrator.

“Home Health Care Services” means:

- (a) part-time or intermittent home nursing care provided by or under the supervision of a Registered Nurse;
- (b) part-time or intermittent home health aide services that consists primarily of caring for the patient; and
- (c) medical supplies and equipment suitable for home use.

Home Health Care Services **does NOT mean:** (a) services or supplies not included in the Home Health Care plan; (b) services of a person who is an Immediate Family Member; (c) custodial care; (d) services or supplies for personal comfort or convenience; (e) food service or meals; or (f) transportation services.

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

“Physician” means a duly licensed physician practicing within the scope of his or her license. It does not include the Insured or family members of either the Insured or the Owner.

RIDER BENEFIT

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

1. The election must be in writing.
2. The election must be sent to the Home Office.
3. A plan establishing the necessary Home Health Care Services must be approved in writing by the attending Physician.
4. The Face Amount of the Policy that will remain after the monthly Accelerated Benefit Payment must be at least \$5,000.

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

1. if required by law to use this Rider to pay creditors’ claims;
2. if the Owner is required by government to use this Rider to get a government benefit;
3. during the first 120 days from the Policy Date.

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

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

ADJUSTMENTS TO THE POLICY

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

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

TERMINATION

This Rider will terminate on the earlier of:

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

This Rider is effective on the Policy Date.

Signed at the Home Office of the Company as of the Policy Date.


Secretary


President

**UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
815 WEST ASH
DUNCAN, OKLAHOMA 73533**

DISCLOSURE STATEMENT

ACCELERATED BENEFITS RIDER – HOME HEALTH CARE

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

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

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

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

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
815 WEST ASH
DUNCAN, OKLAHOMA 73533

MODIFIED ENDOWMENT CONTRACT DISCLOSURE

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

If premiums paid on such a policy are in excess of the limits established by Congress, then the policy is classified as a Modified Endowment Contract (MEC). If there is gain in the contract, the portion of the gain included in any distribution, including policy loans, will be reported as taxable income. If a distribution occurs prior to the insured attaining age 59 1/2, the taxable portion of the distribution may also be subject to a 10% tax penalty.

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

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

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

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
815 West Ash Duncan, Oklahoma 73533 - PO Box 1428, Duncan, Oklahoma 73534

LIFE INSURANCE APPLICATION (Please print in black ink).

Proposed Insured _____ (First) (Middle) (Last)					Phone _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Best time to call		
Address (No. & Street) _____					E-mail _____@_____		
City _____		State _____		Zip Code _____			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in	Weight Lbs
Owner: Name _____ Address _____				Relationship _____ City/State/Zip _____		SS# _____ / /	
Primary Beneficiary			Relationship		Contingent Beneficiary Relationship		
Primary Beneficiary			Relationship				
Face Amount \$ _____				Premium Payment \$ _____			
Policy is Single Premium Only, Plan SPWL 01/08 TX (rev)							
A. Do you have existing life insurance with Universal Fidelity Life Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No							
B. Will this policy replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Company Name: _____ Policy # _____ Amt of Coverage \$ _____							
C. Do you currently have an application for life insurance pending with another company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give Company Name: _____ Face Amount \$ _____							

HEALTH INFORMATION

Personal Physician Name:	Date Last Seen:
Name of Physician Last Seen	Reason / Date
List Current Prescription Medications:	

If any answer to questions 1 through 5 is answered "Yes" the Proposed Insured is not eligible for this product.

1. Are you currently hospitalized, confined to a bed, a nursing facility, or a long term care facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had or been medically advised to have an organ transplant, or have you been medically diagnosed as having Alzheimer's, dementia, mental incapacity, or have you been diagnosed, treated (including dialysis) or take medication for kidney failure, renal insufficiency, liver failure, or respiratory failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 24 months have you been medically diagnosed, treated, or taken medication for internal cancer, melanoma, leukemia, heart attack or heart surgery, unstable angina, stroke, aneurysm, chronic hepatitis or pancreatitis, or cirrhosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been medically diagnosed, treated, or taken medication for congestive heart failure, cardiomyopathy, Lou Gehrig's disease, or Huntington's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circle any condition that applies to all "Yes" answers to questions 6-8.

6. Have you had an application or reinstatement for life or health insurance declined, postponed, or rated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the past 24 months have you had or been recommended to have treatment, been prescribed medication, or had counseling for alcohol or drug abuse, or used heroin, cocaine, any illegal drugs, or abused prescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Within the past 5 years have you been medically diagnosed, hospitalized, received treatment, or taken medication for:	
a. high blood pressure, stroke or TIA, angina (chest pain), heart valve surgery, stent implant, aneurysm, or any heart or circulatory disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. diabetes, kidney disease, cirrhosis, chronic hepatitis or pancreatitis, liver disease, ulcerative colitis, or gastrointestinal disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. emphysema, chronic obstructive pulmonary disease (COPD), any disease or disorder of the lungs, or respiratory condition requiring oxygen equipment to assist in breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. internal, cancer, lymphoma, melanoma, leukemia, or systemic lupus (SLE), or have you had more than one occurrence of cancer in your lifetime (excluding basal or squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. paralysis of two or more extremities or any neuro-muscular disease (including muscular dystrophy, cerebral palsy, multiple sclerosis, grand mal seizures, Parkinson's disease), nervous or mental disorder, schizophrenia or bipolar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Within the past 12 months have you engaged in or do you plan to engage in flying as a pilot, student, or crew member, underwater diving, hang gliding, sky diving, parachuting, ballooning, racing, or mountain or rock climbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the past 12 months have you used tobacco in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
Po Box 1428, Duncan, Oklahoma 73534

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

Received of _____ the sum of \$ _____ as payment on this application

Date _____ Agent _____

The life insurance policy will not be effective until the policy has been issued by the home office.

If (1) an amount equal to the full premium is submitted; and if (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; and (3) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then the Effective Date of Coverage under this policy for all coverage provided in the original application will be the later of the Policy Date or the date the Single Premium is received.

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

If you have not received the policy within thirty days, please contact the home office. The toll free number is 1-800-366-8354.

NOTICE

Printed in compliance with Public Law 91-508

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

MIB PRE-NOTICE

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

Upon receipt of a request form, the Bureau 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 to the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

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

SERFF Tracking Number: RDWS-126669049 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 45934
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: SPWL 06/10 - Single Premium Whole Life
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FLESCH SPWL06-10.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Please see application under Form Schedule. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Third party authorization Comments: Attachment: Filing authorization.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification form Comments: Attachment: Arkansas Certification Form.pdf		

FLESCH READABILITY SCORE CERTIFICATION

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for Universal Fidelity Life Insurance Company. I certify that the following forms have been tested and meet the minimum required reading ease score.

<u>Form Number</u>	<u>Flesch Score</u>
SPWL 06/10	48.3
SPWL 06/10-ABRTC	43.4
SPWL 06/10-ABRTC-DISC	40.0
SPWL 06/10-ABRCC	41.0
SPWL 06/10-ABRCC-DISC	53.3
SPWL 06/10-ABRHHC	40.0
SPWL 06/10-ABRHHC-DISC	48.4
SPWL 06/10-MEC-DISC	43.6
SPWL 06/10-APP	40.9



June 10, 2010

Date

Eddie Mire
Rudd and Wisdom, Inc.



August 18, 2005

Re: Filing Authorization

To Whom It May Concern:

Please consider this letter as formal authorization for Eddie Mire of Rudd & Wisdom Inc., Consulting Actuaries, 9500 Arboretum Blvd., Suite 200, Austin, Texas 78759, to file policy forms on behalf of Universal Fidelity Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "M. A. McLemore".

Michael A. McLemore
President

Michael A. McLemore, *President*
2211 North Highway 81 • Duncan, Oklahoma 73533
Toll Free: 800.366.8354 • Duncan: 580.470.2266 • OKC: 405.608.0174 x101 • Fax: 580.255.0951
E-mail: mmclemore@uflic.com

Rudd and Wisdom, Inc.

CONSULTING ACTUARIES

Mitchell L. Bilbe, F.S.A.
Evan L. Dial, F.S.A.
Philip S. Dial, F.S.A.
Charles V. Faerber, F.S.A., A.C.A.S.
Mark R. Fenlaw, F.S.A.
Carl L. Frammolino, F.S.A.
Kenneth J. Herbold, A.S.A.
Christopher S. Johnson, F.S.A.

9500 Arboretum Blvd., Suite 200
Austin, Texas 78759
Post Office Box 204209
Austin, Texas 78720-4209
Phone: (512) 346-1590
Fax: (512) 345-7437
E-mail: rw@ruddwisdom.com

Robert M. May, F.S.A.
J. Christopher McCaul, F.S.A.
Edward A. Mire, F.S.A.
Rebecca B. Morris, A.S.A.
Michael J. Muth, F.S.A.
Khiem Ngo, F.S.A.
Ronald W. Tobleman, F.S.A.
David G. Wilkes, F.S.A.

June 10, 2010

Arkansas Insurance Department

Re: RDWS- 126669049
Universal Fidelity Life Insurance Co.
Form No. SPWL 06/10 et al

With reference to the attached form, per A.C.A. 23-79-138, we will provide each policyowner with the servicing agent's name, address and phone number. The home office information is listed on the policy form.

I certify that this filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Department.

6/14/10
Date


Edward Mire

SERFF Tracking Number: RDWS-126669049 *State:* Arkansas
Filing Company: Universal Fidelity Life Insurance Co. *State Tracking Number:* 45934
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.111 Single Premium - Single Life
Product Name: SPWL 06/10 - Single Premium Whole Life
Project Name/Number: /

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/10/2010	Form	Single Premium Whole Life	06/24/2010	SPWL 06-10.pdf (Superseded)



**815 West Ash
DUNCAN, OKLAHOMA 73533**

The Company will pay the proceeds of this Policy to the Beneficiary upon receipt of proof of death of the Insured. Payment is subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The Policy is issued in consideration of the attached application and payment of the Single Premium as provided. The Company will provide the benefits and other rights described in the Policy in accordance with the terms of the Policy.

THIRTY DAYS TO EXAMINE CONTRACT. If you are not satisfied with this policy for any reason, you may return the policy to us or to our authorized agent within 30 days after you receive it. If you do so, we will cancel this policy and refund the premium that was paid. If all money is not returned within 30 days, the Company will pay interest on the proceeds as required by the laws of the state in which the policy is issued.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony.

Signed for Universal Fidelity Life Insurance Company at Oklahoma City, Oklahoma.

A handwritten signature in cursive script that reads "Chris Van Ess".

Secretary

A handwritten signature in cursive script that reads "Steve Hagan".

President

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT DEATH OF INSURED**

NONPARTICIPATING

READ YOUR POLICY CAREFULLY

TABLE OF CONTENTS

Benefit Description Page	3
Definitions	4
Company; Home Office; Policy Date, Policy Year and Anniversary; Age and Attained Age; Written Notice; Rider: Due Proof of Death	
Ownership	4
Owner Defined; Control of Policy; Assignment of Policy	
Beneficiary	4
Beneficiary Defined; Change of Beneficiary; Death of Beneficiary	
General Provisions	5
Contract; Not Contestable After Two Years; Misstatement of Age or Sex; Effective Date of Coverage; Effective Date of Reinstatement; Calculation of Time Periods; Termination; Nonparticipation; Reinstatement	
Single Premium	6
Guaranteed Values	6
Cash Value; Surrender Value; Surrender; Basis of Values	
Table of Guaranteed Values	3A
Policy Loans	6
Available Loan Value; Loan Interest; Loan Balance; Termination of Policy for Non-payment of Loan Interest	
Amount of Proceeds	6
Amount; Suicide	
Payment of Proceeds	7, 8
Payment; Conditions for Election of Payment Options; Election by Owner; Election by Beneficiary; Payment Options; Automatic Payment Option; Proof of Age; Additional Options; Basis of Payment Options	
Payment Option Tables	9

BENEFIT DESCRIPTION PAGE

SINGLE PREMIUM

SINGLE PREMIUM WHOLE LIFE INSURANCE	\$ 23,800.00
ACCELERATED BENEFITS RIDER – CONFINED CARE	0.00
ACCELERATED BENEFITS RIDER – TERMINAL ILLNESS	0.00
ACCELERATED BENEFITS RIDER – HOME HEALTH CARE	0.00

PREMIUM CLASS: NON-TOBACCO

INSURED: John Doe

FACE AMOUNT: \$50,000

AGE: 60

POLICY DATE: July 1, 2010

SEX: Male

POLICY NUMBER: 123456

INSURED: John Doe

FACE AMOUNT: \$50,000

AGE: 60

POLICY DATE: July 1, 2010

SEX: Male

POLICY NUMBER: 123456

TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	ATTAINED AGE OF INSURED	CASH VALUE
1	61	23,800.00
2	62	23,800.00
3	63	23,800.00
4	64	23,800.00
5	65	23,800.00
6	66	23,800.00
7	67	23,816.50
8	68	24,696.00
9	69	25,596.00
10	70	26,494.00
11	71	27,382.00
12	72	28,253.00
13	73	29,103.50
14	74	29,938.50
15	75	30,772.50
16	76	31,610.00
17	77	32,448.50
18	78	33,284.50
19	79	34,103.50
20	80	34,892.50

NONFORFEITURE INTEREST RATE: 5.00%

NONFORFEITURE TABLE: 2001 CSO ALB MALE NONSMOKER

STATUTORY RESERVE INTEREST RATE: 4.00%

DEFINITIONS

Company - All references to the "Company" mean Universal Fidelity Life Insurance Company.

Home Office - Home Office means Universal Fidelity Life Insurance Company located in Oklahoma City, Oklahoma.

Policy Date, Policy Year and Anniversary - The Policy Date is shown in the Benefit Description Page. Each Policy Year begins on the same day and month of each year as the Policy Date. The first day of each Policy Year is a Policy Anniversary.

Age and Attained Age - Age means the Insured's age last birthday on the Policy Date. Attained Age means the Insured's age on the Policy Date plus the number of Policy Years elapsed since the Policy Date.

Written Notice - Written Notice means a notification or request received from the Owner in a form satisfactory to the Company. Written Notices are recorded at the Home Office. The Company will not be responsible for the validity of any Written Notice.

Any Written Notice provided by the Company to the Owner will be provided to the Owner at the last address provided by the Owner to the Company.

Rider - A Rider is an attachment to the Policy which provides additional benefits.

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

OWNERSHIP

Owner Defined - The Owner of this Policy is the person or party designated to exercise the rights and receive the benefits of ownership. The Insured is the Owner unless otherwise stated in the application or later changed.

Control of Policy - Subject to the terms of any irrevocable beneficiary designation or any assignment, the Owner may, during the Insured's lifetime:

1. assign or surrender this Policy;
2. make a policy loan;
3. make a partial surrender;
4. make a change in this Policy with the Company's consent;
5. transfer the ownership of this Policy; and
6. exercise the rights and receive other benefits as defined in this policy.

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

BENEFICIARY

Beneficiary Defined - The Beneficiary is the person or party designated to receive the life insurance proceeds payable at the Insured's death. the Beneficiary for this Policy is as stated in the application unless later changed.

Change of Beneficiary - During the Insured's lifetime, the Owner may change the beneficiary designation unless he or she has waived the right to do so. No beneficiary change will take effect until a Written Notice is acknowledged at the Home Office. Once such notice is acknowledged, the change will be effective the date the notice was signed.

The change will be subject to any payment or action made by the Company before the beneficiary change is recorded at the Home Office.

Death of Beneficiary - Unless otherwise provided in the beneficiary designation:

1. the interest of any Beneficiary who dies before the Insured will pass to any surviving Beneficiaries according to their respective interests; or
2. if no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

GENERAL PROVISIONS

Conformity with State Statutes and Regulations - Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

Contract - This Policy with any attached riders, endorsements, and applications forms the entire contract. Only the President, a Vice President, or the Secretary of the Company may change or waive any provision in this contract. Any changes or waivers must be in writing and signed by an officer of the Company. No agent has the power or authority to waive, change, or alter any of the terms or conditions of this Policy.

Not Contestable After Two Years - Statements in the applications are, in the absence of fraud, considered representations, not warranties. Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in an attached application or endorsement. The Company cannot contest this Policy after it has been in force two years during the Insured's lifetime, from the Policy Date or the Effective Date of Reinstatement. If the Policy has been reinstated, material statements in the reinstatement application may be contested for a period of two years. The Company may contest at any time any Rider providing disability or accidental death benefits.

Misstatement of Age or Sex - If the Insured's age or sex has been misstated on the application, the benefits payable under this Policy will be adjusted. The adjusted benefits will be those the Single Premium would have purchased at the Insured's correct age or sex adjusted for any partial surrenders.

Effective Date of Coverage - The Effective Date of Coverage under this Policy for all coverage provided in the original application will be the later of the Policy Date and the date the Single Premium is received.

Effective Date of Reinstatement - For any insurance that has been reinstated, the Effective Date of Reinstatement will be the date all requirements for reinstatement have been met.

Calculation of Time Periods - All time periods are calculated from the Policy Date. The first day of the period is included and the last day is excluded.

Termination - All coverage under this Policy will terminate at the earliest of:

1. if the Owner surrenders the Policy;
2. if the Insured dies; or
3. for nonpayment of loan interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision

Nonparticipation - This Policy is nonparticipating and will not share in the divisible surplus of the Company.

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

Reinstatement - If this Policy terminates for nonpayment of interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision, it may be reinstated within five years after termination if:

1. the Owner submits a written application;
2. evidence of the Insured's insurability is received and approved by the Company; and
3. any policy loan is repaid or reinstated, with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement.

SINGLE PREMIUM

The Single Premium for this Policy is shown in the Benefit Description Page. The due date of the Single Premium is the Policy Date. The Single Premium must be paid to the Company before this Policy is issued.

GUARANTEED VALUES

Cash Value - This Policy provides a Cash Value. Cash Values at the end of certain Policy Years are shown in the Table of Guaranteed Values. In no event shall the Cash Value be less than the Single Premium paid for this policy, as shown on the Benefit Description page. Cash Values for Policy Years not shown are equal to or greater than the minimum required by Standard Nonforfeiture Law. Cash Values during a Policy Year will be based on the time elapsed in that year. The Cash Value within 30 days of a policy anniversary will not be less than the present value of future guaranteed benefits on that anniversary. All values are calculated on the basis set out below. Values not shown will be furnished on request.

A detailed statement of method of calculation of all values has been filed with the insurance department of the state in which this Policy was delivered. All values are equal to or greater than those required.

Surrender Value - The Surrender Value is the Cash Value minus any Loan Balance.

Surrender - The Owner may surrender this Policy and receive the Surrender Value. Surrender terminates this insurance. Surrender will be effective on the date the Company receives a Written Notice at the Home Office. The Company may postpone payment for as long as six months from the effective date of surrender. The Company reserves the right to require the return of the Policy.

Basis of Values - All Cash Values referred to in this Policy are based on:

1. the nonforfeiture interest rate shown in the Benefit Description Page;
2. annual payment of claims; and
3. the Commissioners Standard Ordinary Mortality Table shown in the Benefit Description Page.

POLICY LOANS

While this Policy is in force, the Owner may obtain all or part of the Available Loan Value by Written Notice. This Policy, assigned to the Company, is the only security needed. The Company may postpone making a loan for as long as six months from the date the notice is received at the Home Office.

Available Loan Value - The Annual Loan Value is the Surrender Value minus Loan Interest in advance to the next Policy Anniversary.

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

Loan Balance - The Loan Balance equals (1) plus (2) minus (3) where:

- (1) is the sum of all loans made;
- (2) is the Loan Interest, minus any Loan Interest for time periods beyond the day on which the Loan Balance is being calculated; and
- (3) is the sum of all loan payments.

The Loan Balance may be repaid in full or in part at any time while this Policy is in force.

Termination of Policy for Nonpayment of Loan Interest - Any time the Loan Balance exceeds the Cash Value, this Policy will terminate with no further value. However, this Policy will not terminate until 31 days after the Company has mailed a notice to the last known address of the Owner and any assignee of record.

AMOUNT OF PROCEEDS

Amount - The life insurance proceeds payable at the Insured's death equals the sum of:

- (1) the face amount of this Policy at the time of the Insured's death; and

(2) any insurance on the Insured's life provided by Riders

minus any Loan Balance.

The Company reserves the right to require the return of this Policy at the time of settlement.

Suicide - If the Insured commits suicide within two years from the Policy Date, the benefits payable under this Policy will be limited to the Single Premium minus any Loan Balance and any partial surrenders.

PAYMENT OF PROCEEDS

Payment - The Company will pay the proceeds of this Policy on the death of the Insured while this Policy is in full force. Payment will be made to the named Beneficiary within two months after the Home Office receives Due Proof of (1) the Insured's Death subject to the terms of this Policy, and (2) the right of the claimant to the policy proceeds. Interest will be paid from the date Due Proof of Death is received until the date settlement is made. The rate of interest payable will not be less than the rate, as determined by the Company, applicable to proceeds of life insurance left on deposit with the Company and subject to withdrawal on demand.

Any amount payable under this contract will be paid in one sum unless otherwise provided. All or part of this sum is applied to any payment option described below provided all conditions for election are met.

Proceeds left with the Company may be withdrawn by Written Notice where such right is given. The Company may postpone the payment of any withdrawal for as long as six months from the date the Company receives Written Notice.

Conditions for Election of Payment Options - Any election must be by Written Notice to the Company. No election will be effective until acknowledged by the Company. Once payments begin, the payment option cannot be changed.

No options will be available if:

- (1) the net proceeds are less than \$5,000; or
- (2) the amount of each payment would be less than \$50; or
- (3) in the case of Option B, the payee is not a natural person receiving payment in his or her own right.

Election by Owner - During the Insured's lifetime and subject to the conditions above the Owner may:

- (1) elect a payment option; or
- (2) change such election if he or she has reserved the right to do so.

If the Owner elects a payment option for the Beneficiary, the Beneficiary may not:

- (1) change or cancel the election;
- (2) assign or transfer the amount held by the Company; or
- (3) withdraw any future installments or unpaid interest installments;

unless the right is granted in the election.

Election by Beneficiary - If the Owner does not elect a payment option, the Beneficiary may do so after the Insured's death.

Payee - The Payee is the person or persons entitled to receive payments under a Payment Option.

Payment Options -

Option A – Income for a Specified Period. Based on each \$1,000 of proceeds, payments will be made to the Payee in equal annual or monthly installments for a specified period. Payments will be made in accordance with the Option A table. The first installment will be paid on the date proceeds are settled under this option.

Option B - Life Income. Based on each \$1,000 of proceeds, payments will be made to the Payee in equal monthly installments during the Payee's lifetime. Payments will be made in accordance with the Option B table.

- (1) with 120 installments guaranteed; or
- (2) without refund. Payments will be made only during the Payee's lifetime.

The first installment will be paid on the date proceeds are settled under this option.

Option C – Income of a Specified Amount. The proceeds will be paid to the Payee in equal annual or monthly installments of a specified amount until the proceeds, with interest, are exhausted. The first installment will be paid on the date the proceeds are settled under this option.

Option D – At Interest. The proceeds may be left with the Company to draw interest. Interest may be paid to the Payee annually, semiannually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen.

Automatic Payment Option - If settlement of the proceeds of this Policy is delayed over 30 days, Option D will be applied automatically. Interest will be paid yearly and the person(s) entitled to the proceeds has the right to withdraw the proceeds or elect any payment option permitted by this Policy.

Proof of Age - The Company has the right to require satisfactory proof of any Payee's age. The Company may also require satisfactory evidence of any Payee's survival when a payment becomes due.

Additional Options - Any proceeds payable under this Policy may be paid under any other method of payment agreed to by the Company at the time of settlement.

Basis of Payment Options - The annual guaranteed interest rate used for each Option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Option B is the Annuity 2000 Mortality Table.

**OPTION A
Installments**

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.61	30	49.53	4.18

**OPTION B
Monthly Life Incomes**

Age	120 Installments Guaranteed		Without Refund		Age	120 Installments Guaranteed		Without Refund	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.95
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.96	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT DEATH OF INSURED

NONPARTICIPATING