Filing at a Glance

Company: Catholic Knights
Product Name: Ultimate Flex UL
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form

SERFF Tr Num: FRCS-126669812
SERFF Status: Closed-Accepted For Informational Purposes
Co Tr Num: 5366

Authors: Bob Motley, Aaron Clark
Date Submitted: 06/10/2010

State: Arkansas
State Tr Num: 45939

State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 07/16/2010
Disposition Status: Accepted For Informational Purposes
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: CATHKNIGHTS/61
Project Number: 61
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/16/2010

Deemer Date:
Submitted By: Bob Motley

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Submitted to the domicile state as part of a Interstate Compact filing.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 06/16/2010
Created By: Aaron Clark
Corresponding Filing Tracking Number:

Filing Description:
We have been retained by Catholic Knights to file the enclosed forms for approval in your state.

Our fee of $300 has been sent by EFT on this same date.

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

The contract is an individual flexible premium adjustable benefit contract with a Death Benefit Guarantee (no lapse guarantee). The contract will remain in force as long as the net premiums paid equal or exceed the sum of the death benefit guarantee premiums from the certificate date.

The minimum death benefit is $25,000.

Application 2010 LF APP and 2010 LF APP2 (Part II) will be used with this certificate as well as other individual term, whole life, and universal life products which the Company may file in the future.

All three riders are optional. The Waiver of Premiums Rider waives the Death Benefit Guarantee Premium in the event of disability. The Children's Term Rider pays a death benefit if a covered child dies while the rider is in force. The Additional Insured Convertible 20 Year Term Insurance Rider pays a death benefit if the Additional Insured dies while this rider is in force.

The contract is sex distinct. It will not be issued in any employer-employee situation subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

These are new forms and will not replace any previously approved forms.

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

Company and Contact

Filing Contact Information

Aaron Clark, Technician
1020 Central
Suite 201
Kansas City, MO 64105

aaron.clark@firstconsulting.com
800-927-2730 [Phone] 2835 [Ext]
816-391-2755 [FAX]

Filing Company Information

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

Catholic Knights	CoCode: 56030	State of Domicile: Wisconsin
1100 West Wells Street	Group Code:	Company Type:
Milwaukee, WI 53233-2316	Group Name:	State ID Number:
(414) 967-1242 ext. [Phone]	FEIN Number: 39-0201015	

Filing Fees

Fee Required?	Yes
Fee Amount:	$300.00
Retaliatory?	No
Fee Explanation:	$50.00 per form times six forms equals $300.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Knights	$300.00	06/10/2010	37146320

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	07/16/2010	07/16/2010
Approved-Closed	Linda Bird	06/16/2010	06/16/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Individual Flexible Premium Adjustable Life Insurance Certificate	Aaron Clark	06/14/2010	06/14/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Thank you for reopening this filing.	Note To Reviewer	Aaron Clark	07/15/2010	07/15/2010
Correction in Filing	Note To Filer	Linda Bird	07/08/2010	07/08/2010
Correction in Filing	Note To Reviewer	Bob Motley	07/06/2010	07/08/2010

SERFF Tracking Number:	*FRCS-126669812*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*45939*
Company Tracking Number:	*5366*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Ultimate Flex UL*		
Project Name/Number:	*CATHKNIGHTS/61/61*		

Disposition

Disposition Date: 07/16/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Correction in the original filing. As a fraternal benefit society, Catholic Knights is exempt from Arkansas Rule and Regulation 49 requirements. The Department has acknowledged the company's retraction of this assurance on the filing approved on 6/16/2010.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Catholic Knights	%	%	$		$	%	%

SERFF Tracking Number:	*FRCS-126669812*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*45939*
Company Tracking Number:	*5366*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Ultimate Flex UL*		
Project Name/Number:	*CATHKNIGHTS/61/61*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Consent to submit rates		Yes
Supporting Document	Regulation 34 certification of compliance		Yes
Supporting Document	Authorization		Yes
Supporting Document	Actuarial memorandum		No
Form *(revised)*	Individual Flexible Premium Adjustable Life Insurance Certificate		Yes
Form	Individual Flexible Premium Adjustable Life Insurance Certificate	Replaced	Yes
Form	Waiver of Premiums Benefit Rider		Yes
Form	Children's Term Rider		Yes
Form	Additional Insured Convertible 20 Year Term Insurance Rider		Yes
Form	Individual Life Application (Part I)		Yes
Form	Individual Life Application (Part II)		Yes
Rate	Rates		Yes

Disposition

Disposition Date: 06/16/2010
Implementation Date:
Status: Approved-Closed
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Catholic Knights	%	%	$		$	%	%

SERFF Tracking Number:	*FRCS-126669812*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*45939*
Company Tracking Number:	*5366*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Ultimate Flex UL*		
Project Name/Number:	*CATHKNIGHTS/61/61*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Consent to submit rates		Yes
Supporting Document	Regulation 34 certification of compliance		Yes
Supporting Document	Authorization		Yes
Supporting Document	Actuarial memorandum		No
Form *(revised)*	Individual Flexible Premium Adjustable Life Insurance Certificate		Yes
Form	Individual Flexible Premium Adjustable Life Insurance Certificate	Replaced	Yes
Form	Waiver of Premiums Benefit Rider		Yes
Form	Children's Term Rider		Yes
Form	Additional Insured Convertible 20 Year Term Insurance Rider		Yes
Form	Individual Life Application (Part I)		Yes
Form	Individual Life Application (Part II)		Yes
Rate	Rates		Yes

Note To Reviewer

Created By:
Aaron Clark on 07/15/2010 02:35 PM
Last Edited By:
Bob Motley
Submitted On:
07/15/2010 02:47 PM
Subject:
Thank you for reopening this filing.
Comments:
2010 UL FLX AR, et. al were approved by your Department on 06/16/2010. When the initial filing was submitted, we included the following assurance in the General/Information: "The Company offers their assurance that the Guaranty Association notice required by Regulation 49 will be provided."

This assurance should not have been made in this initial filing, and we hereby retract it. As a fraternal benefit society, Catholic Knights is exempt from this requirement.

We ask that you please acknowledge retraction of this assurance.

If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Note To Filer

Created By:

Linda Bird on 07/08/2010 10:30 AM

Last Edited By:

Linda Bird

Submitted On:

07/08/2010 10:30 AM

Subject:

Correction in Filing

Comments:

Catholic Knights as a fraternal benefit society is exempt from Regulation 49. The Company is not exempt from Ark. Code Ann. 23-79-138 which requires that certain information accompany every policy. Bulletin 15-2009 further addresses this issue. We will re-open the filing in order for Catholic Knights to retract the compliance with Regulation 49.

SERFF Tracking Number:	*FRCS-126669812*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*45939*
Company Tracking Number:	*5366*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Ultimate Flex UL*		
Project Name/Number:	*CATHKNIGHTS/61/61*		

Note To Reviewer

Created By:
Bob Motley on 07/06/2010 02:37 PM
Last Edited By:
Bob Motley
Submitted On:
07/08/2010 08:18 AM
Subject:
Correction in Filing
Comments:
Forms 2010 UL FLX AR, et. al. were approved by your Department on 6/16/2010. When the initial filing was submitted, we included the following assurance in the General/Information: "The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided."

These assurances should not have been made in this initial filing, and we hereby retract them. As a fraternal benefit society, Catholic Knights is exempt from these requirements.

We ask that you please acknowledge retraction of these assurances.

If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance

Amendment Letter

Submitted Date: 06/14/2010

Comments:

Subsequent to filing contract 2010 UL FLX AR, Catholic Knights (the Society), noticed some errors and clarifications they would like to make to this contract. Therefore, we are asking that you please substitute the contract filed in the initial filing with this amended contract.

The changes made are described below.

1. On page 3, the Dividends and Beneficiary provisions were moved from before the Schedule of Benefits and Premiums schedule to the lower 1/3 of the page. There were no changes to the text. This change allows the contract to be consistent with other Catholic Knights contracts.

2. The Society expanded the definition of Contract Maturity Date on page 6.

3. The Society revised the Premium In Default and Grace Period provision on page 10 to remove previous language that indicated the premium must be received before the end of the grace period.

If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
2010 UL FLX AR	Policy/Contract/Fraternal Certificate	Individual Flexible Premium Adjustable Life Insurance Certificate	Initial				50.000	2010 UL FLX AR.pdf

Form Schedule

Lead Form Number: 2010 UL FLX AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2010 UL FLX AR	Policy/Contract/Fraternal Certificate	Individual Flexible Premium Adjustable Life Insurance Certificate	Initial		50.000	2010 UL FLX AR.pdf
	2010 WP UL	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of Premiums Benefit Rider	Initial		50.300	2010 WP UL.pdf
	2010 CHLD TRM RDR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Children's Term Rider	Initial		54.700	2010 CHLD TRM RDR.pdf
	2010 20 YR2 TRM RDR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorseme	Additional Insured Convertible 20 Year Term Insurance Rider	Initial		55.600	2010 20 YR2 TRM RDR.pdf

	nt or Rider			
2010 LF APP	Application/ Enrollment Form	Individual Life Application (Part I)	Initial	50.000	2010 LF App.pdf
2010 LF APP2	Application/ Enrollment Form	Individual Life Application (Part II)	Initial	50.700	2010 LF App2.pdf

[ ]
[ ]
[ ]
[ ]

Catholic Knights
[1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
www.catholicknights.org]

Insured [John DOE]
Certificate Number: [123456]

UNIVERSAL LIFE INSURANCE
Flexible Premium Adjustable Life Insurance
Adjustable Death Benefit Payable Upon the Death of the Insured
Benefits, Values, Periods of Coverage and Premiums are on an Indeterminate Basis
Death Benefit Guarantee Available
Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and Catholic Knights. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

Catholic Knights agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 6) to the beneficiary according to the provisions of this certificate.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of the certificate

This is done by delivering or mailing a written notice and the certificate to Catholic Knights, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any Catholic Knights authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Knights will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[ ]

[William R. O'Toole Allan G. Joyce]

President Secretary

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SECTION 1 CONTRACT SPECIFICATIONS

INSURED: [John D. Doe]
ISSUE AGE: [35] **SEX:** [male]
CERTIFICATE DATE: [7/1/2010]

FACE AMOUNT OF INSURANCE: [$100,000]
CERTIFICATE NUMBER: [1234567]
PREMIUM CLASS: [NON-TOBACCO]

OWNER: [John D. Doe]

DIVIDEND OPTION: [Cash]
DEATH BENEFIT OPTION: [Option 1]

[ADDITIONAL INSURED: Jane A. Doe
ISSUE AGE: 35 **SEX:** Female**]**

PREMIUM CLASS: NON-TOBACCO

SCHEDULE OF BENEFITS AND PREMIUMS

Plan: FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

Initial Face Amount: [$100,000]

PLAN	FACE AMOUNT	DESCRIPTION OF BENEFIT	BENEFIT EXPIRY DATE	NUMBER YEARS PREMIUM PAYMENT	MONTHLY DEATH BENEFIT GUARANTEE PREMIUM
ICC10 FLX UL	[$100,000]	Adjustable Life Insurance Contract	[6/30/2096]	[86]	[$82.92]
ICC10 WP UL		Waiver of Premium Rider	[6/30/2040]	[30]	[$ 3.08]

Premiums

Total Monthly Death Benefit Guaranteed Premium	[$86.00]
Total Planned Premium	[$1,500.00]
Planned Premium Mode	[Annual]
Minimum Face Amount	[$50,000]
Minimum Credited Interest Rate	4.0%

DIVIDENDS are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

To make this contract clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the contract must be read as a whole.

IMPORTANT NOTICE

It is possible that coverage will terminate if premiums are not paid or premiums are not sufficient to continue coverage.

The telephone number of the Arkansas Office of the Commissioner of Insurance is 501-371-2600.

CHARGES

Percent of Premium Charge	5% of each premium
Monthly Expense Charges	[$6.25 per month for all years]
Monthly Deduction for Riders	[$3.08]
Policy Loan Interest Rate	[7%]

Schedule of Surrender Charges

Surrender Date	Surrender Charge
[07/01/2010 - 06/30/2011	$1,134
07/01/2011 - 06/30/2012	$1,021
07/01/2012 - 06/30/2013	$907
07/01/2013 - 06/30/2014	$794
07/01/2014 - 06/30/2015	$680
07/01/2015 - 06/30/2016	$567
07/01/2016 - 06/30/2017	$454
07/01/2017 - 06/30/2018	$340
07/01/2018 - 06/30/2019	$227
07/01/2019 - 06/30/2020	$113
07/01/2020 - 06/30/2021	$0]

TABLE OF MAXIMUM COST OF INSURANCE RATES
For [Male Non-Tobacco] Insurance Class

Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*
[0	0.0600	31	0.0842	62	0.9850	93	19.9400
1	0.0383	32	0.0850	63	1.1025	94	21.4025
2	0.0275	33	0.0875	64	1.2250	95	22.8508
3	0.0200	34	0.0892	65	1.3525	96	24.2650
4	0.0175	35	0.0933	66	1.4817	97	25.7717
5	0.0175	36	0.0975	67	1.6167	98	27.3783
6	0.0183	37	0.1033	68	1.7592	99	29.0925
7	0.0183	38	0.1108	69	1.9192	100	30.7300
8	0.0183	39	0.1175	70	2.1058	101	32.1825
9	0.0192	40	0.1267	71	2.3325	102	33.7275
10	0.0200	41	0.1375	72	2.5975	103	35.3700
11	0.0233	42	0.1508	73	2.8767	104	37.1058
12	0.0283	43	0.1667	74	3.1767	105	38.9342
13	0.0333	44	0.1842	75	3.5033	106	40.8750
14	0.0433	45	0.2033	76	3.8717	107	42.9342
15	0.0550	46	0.2225	77	4.3000	108	45.1192
16	0.0642	47	0.2383	78	4.7975	109	47.4350
17	0.0725	48	0.2508	79	5.3550	110	49.8875
18	0.0767	49	0.2667	80	5.9767	111	52.4858
19	0.0783	50	0.2875	81	6.6525	112	55.2358
20	0.0792	51	0.3142	82	7.3683	113	58.1458
21	0.0792	52	0.3467	83	8.1500	114	61.2208
22	0.0792	53	0.3842	84	9.0192	115	64.4692
23	0.0800	54	0.4317	85	9.9858	116	67.8967
24	0.0808	55	0.4850	86	11.0492	117	71.5108
25	0.0833	56	0.5400	87	12.1983	118	75.3167
26	0.0867	57	0.5933	88	13.4200	119	79.3058
27	0.0883	58	0.6467	89	14.7017	120	83.3333]
28	0.0867	59	0.7092	90	15.9783		
29	0.0858	60	0.7850	91	17.2350		
30	0.0850	61	0.8775	92	18.5517		

*The Maximum monthly cost per $1000 of Risk Amount for the [Male Non-Tobacco] Insurance Class, is based on the 2001 CSO [Male Non-Smoker] Ultimate ALB Mortality Table.

SECTION 2 DEFINITIONS

YOU and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

WE, **US** and **OUR** means Catholic Knights, a fraternal benefit society.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

Additional Benefits. Any riders included in this Contract as shown on the Contract Specifications page.

Application. The signed document(s) provided to us in application for membership and/or this life insurance contract, including all amendments and supplements to the application.

Attained Age. The Insured's age on the latest Contract Anniversary.

Base Amount of Insurance. The minimum amount of insurance coverage provided under this Contract as determined in Section 6.

The **Beneficiary** is the person who has a right to receive the death benefit proceeds.

Cash Value. The Account Value as determined in Section 9, less any applicable Surrender Charges. The Cash Value amount may appear on illustrations and other correspondence from us.

Certificate. This *Certificate of Membership and Insurance*, documenting membership with Catholic Knights and ownership of a legally binding life insurance contract. The Certificate provides the agreed terms and conditions of the life insurance contract.

Certificate Date. The Certificate Date is shown on the Contract Specifications page. This Contract takes effect and begins as of the Certificate Date. Contract years and months are measured from the Certificate Date.

Contract. The life insurance contract, as provided in Section 3.1.

Contract Anniversary. The same day of each year after issuance of the Contract as the Certificate Date on Page 3.

Contract Maturity Date. The latest date that this Contract may be kept in force. The Net Account Value will be paid to the owner if the insured is still living. The Contract Maturity Date is the Benefit Expiry Date for this Contract.

Contract Year. The period of time from one Contract Anniversary to the next Contract Anniversary. The first Contract Year is the period of time from the Certificate Date until the first Contract Anniversary.

Death Benefit. The amount of money payable under this Contract upon the death of the Insured before adjustments for any indebtedness.

Face Amount. The amount of life insurance provided by this Contract exclusive of any riders.

Insurance Class. The Insured's grouping for determining the Cost of Insurance rates based on sex and risk class.

Monthly Anniversary. The same day of each month after issuance of the Contract as the Certificate Date on page 3.

Net Premium. The portion of each premium that is applied to increase the Account Value. The Net Premium is equal to the premium paid less the Percent of Premium Charge shown on the Contract Specifications page.

Planned Premium. The amount of periodic premium payments that you select. Your initial election is shown on the Contract Specifications page.

Surrender Charge. A fee that is applied at the time a Contract is surrendered by the owner. The Surrender Charge will be the amount shown on the Contract Specifications pages.

Written Notice. A written request or statement signed by you and received in good order by us at our Home Office.

SECTION 3 GENERAL PROVISIONS

3.1 The Life Insurance Contract

Your life insurance contract ("Contract") consists of this Certificate, including all supplemental changes, endorsements and riders to this Certificate, the Applications, and the Constitution ("Articles of Incorporation") and Bylaws of Catholic Knights. Any changes, additions or amendments to the Constitution or Bylaws of Catholic Knights duly made or enacted subsequent to the issuance of this Certificate shall bind the owner and the beneficiaries and shall govern and control the Contract in all respects the same as if the changes, additions or amendments had been made prior to and were in force at the time of the Applications for membership and insurance, except that no change, addition or amendment shall destroy or diminish benefits which Catholic Knights contracted to give the owner as of the Certificate Date.

If you cease to be a member of Catholic Knights for any reason except for non-payment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, you may maintain the Contract in force by continuing payment of the required premium. No provision of Catholic Knights' Constitution or Bylaws provides for the termination of coverage under this Contract.

We assume that all statements made in the Applications were made to the best of the knowledge and belief of the person who made them; in the absence of fraud they are deemed to be representations not warranties. We relied on those statements when we issued the Certificate. We will not use any statement, unless made in the Applications, to void this Contract or to deny a claim.

No change in this Certificate is valid unless it has been approved by the insurance supervisory official of the state in which this Contract is delivered and by an officer of Catholic Knights. No agent or financial services representative has authority to change this Certificate or to waive any of its provisions.

3.2 Incontestability

This Contract will not be contested by us after it has been in force during the lifetime of the Insured for two (2) years from the Certificate Date except for (a) non-payment of premium, and (b) fraud in the procurement of this Contract when permitted by applicable law in the state where this contact is delivered or issued for delivery. This provision will apply from the date this Contract is reinstated with regard to statements made in the application for reinstatement.

If an increase in the face amount required proof of insurability, Catholic Knights will not contest the validity of the increase after it has been in effect for two (2) years from the date of increase provided the Insured has not died during that time.

3.3 Suicide

If the Insured dies by suicide, whether sane or insane, within two (2) years from the Certificate Date, we will pay no more than the sum of the premiums paid without interest less any Indebtedness, less any dividends paid, and less any partial withdrawals.

If the Insured dies by suicide, whether sane or insane, within two (2) years from the date of a rider addition or an increase in the Face Amount that increases the Insurance Proceeds payable, the amount of the rider addition or increase in Death Benefit will not be paid. Catholic Knights will refund the Cost of Insurance deductions attributable to the addition or increase.

3.4 Misstatement of Age or Sex

If the age or sex of the Insured has been misstated, the current face amount and every other benefit payable will be the amount which the most recent Cost of Insurance Rate would have purchased.

3.5 Maintenance of Legal Reserves

If for any reason our reserves as to all or any class of policies become impaired, Catholic Knights' Board of Directors or a corresponding body may require that there shall be paid by the owner to us the amount of the owner's equitable portion of such deficiency.

If the payment is not made it shall stand as an Indebtedness against the Contract and draw interest at the rate of interest set by us for loans in accordance with Section 12.2. In lieu thereof or in combination therewith, the owner may consent to an equivalent reduction in benefits.

The foregoing provisions of this Section 3.5 correspond in substance to a section of the Catholic Knights Bylaws. No other provision of Catholic Knights' Constitution or Bylaws provides for any reduction of benefits under this Contract.

3.6 Annual Report

At least once each year we will send a report, without charge, to the owner which shows current information as of a date not more than four months prior to the date of mailing. This information includes the following:

1) The beginning and end dates of the current report period.
2) The Account Value at the end of the current report period;
3) The amounts (identified by type) that have been credited or debited during the current report period;
4) The loan balance, if any, at the end of the current period;
5) The death benefit at the end of the current period; and
6) The Cash Surrender Value, if any, at the end of the current report period.

If assuming guaranteed interest, mortality and expense loads, and continued scheduled premiums, the contract would terminate due to excess indebtedness, a notice to this effect will be included in the report.

3.7 Illustration

Upon your written request, we will provide one illustration of future death benefits and surrender value in any contract year. The illustration will be based on necessary assumptions specified by us and/or you. Additional illustrations are available upon your written request for a fee not to exceed $25.00.

3.8 Forms and Procedures

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

SECTION 4 OWNERSHIP

4.1 The Owner

The owner is named on page 3. All Contract rights may be exercised by you or your successor or transferee, without the consent of any beneficiary designated unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the Insured and thereafter to the extent permitted by Section 15.

4.2 Transfer of Ownership

You may transfer the ownership of this Contract. Written evidence of transfer satisfactory to us must be received at our Home Office. The transfer will then be effective as of the date it was signed by you, subject to any payments made or actions taken by us prior to receipt of this transfer.

4.3 Collateral Assignment

You may assign this Contract as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of this Contract. We will not be responsible to an assignee for any payment or other action taken by us before receipt of the assignment in writing at our Home Office.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

You must give us notice of an assignment. An assignment, unless otherwise specified by the owner, will be effective on the date signed, subject to any payments made or actions taken by us prior to receipt of such notice.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership. Ownership can be transferred only by complying with Section 4.2

4.4 Successor Owner

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the contract owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

SECTION 5 PREMIUMS AND REINSTATEMENTS

5.1 Premium Payments

The amount of the Planned Premium and its interval of payment are shown on the Contract Specifications page. The initial premium is due on or before the Certificate Date. Premiums received before the Certificate Date are applied on the Certificate Date. All premiums are payable at our Home Office or to any Catholic Knights financial services representative.

Premiums may be paid at any time before the Contract Maturity Date. You may pay more or less than the Planned Premium, but each premium that is not paid electronically must be at least $25. However, except as provided in Section 8, to continue the Contract in force on each Monthly Anniversary the Net Account Value must be sufficient to cover the Total Monthly Deduction.

We reserve the right to not accept premiums, or a portion of a premium, if after the premium is applied the Base Amount of Insurance will be the Minimum Death Benefit as described in Section 6.2 and 6.3. Acceptance of premiums in this case is subject to our issue and underwriting requirements.

5.2 Premium Billing

We will send premium billings based on the amount and interval of premium payments you request. You may change the amount and, subject to our administrative rules, the interval or method of billing by giving Written Notice.

5.3 Premium in Default and Grace Period

Except as described under Section 8, Death Benefit Guarantee, a premium is in default on a Monthly Anniversary if the Monthly Deduction to be made on that day would result in a Net Account Value less than zero. Notice of the premium required for the grace period and to keep this Contract in force for three months will be mailed to you and any assignee of record, at the address last known to us. You will have a grace period of 61 days after the date of notice during which the Contract will remain in force. We will deduct any Monthly Deduction not made while the premium was in default. This Contract will terminate without value at the end of the grace period. Any premium payment sent by U.S. mail must be postmarked before the expiration of the grace period.

5.4 Reinstatement

This Contract may be reinstated within three (3) years after the end of the grace period unless it has been surrendered. Following the end of the grace period, to reinstate we require:

1) Evidence of insurability which meets our standards;

2) Payment of a premium sufficient to cover the Monthly Deductions that were not made during the grace period;

3) Payment of a premium sufficient to keep this contract in force for at least one (1) month; and

4) Repayment or reinstatement of all Indebtedness existing at the end of the grace period.

If all of the above requirements are met and we approve the application for reinstatement, reinstatement will be effective on the Monthly Deduction Date immediately preceding the date of our approval. If a Surrender Charge was applicable at the end of the grace period, we will issue a new Schedule of Charges restating the surrender charges. The new Schedule of Surrender Charges will not include the time between the end of the grace period and the date of reinstatement. There will be no Monthly Deductions or loan interest charged from the date of lapse to the date of reinstatement. Upon reinstatement, the Account Value is the Account Value on the date of lapse plus the Net Premiums received minus the Monthly Deductions that were not made during the Grace Period minus the Monthly Deduction on the reinstatement date.

The Death Benefit Guarantee cannot be reinstated under this provision.

5.5 Continuation of Insurance Coverage

This Contract will remain in force until the first of the following events to occur:

1) The date of death of the Insured.

2) The end of the grace period if the premium required to keep this Contract in force has not been received at our Home Office.

3) The date you surrender this Contract.

4) The Contract Maturity Date shown on the Contract Specifications page.

Any dividend accumulations and the cash value of any paid-up dividend additions shall be paid to the owner upon termination of the contract.

SECTION 6 INSURANCE PROCEEDS

When the Insured dies, an amount of money called the Insurance Proceeds, will be payable to the beneficiary. The Insurance Proceeds are described in this section.

6.1 Current Face Amount

The Initial Face Amount of Insurance is shown on page 3. You may increase or decrease the Initial Face Amount of Insurance as described in Section 7. The Current Face Amount on any date is the

Initial Face Amount of Insurance plus any face amount increases and minus any face amount decreases on or prior to that date.

6.2 Minimum Death Benefit

This Contract is intended to qualify as a "life insurance contract" under Section 7702 of the Internal Revenue Code by providing a Minimum Death Benefit in compliance with the Cash Value Accumulation Test. The Minimum Death Benefit on any date is the amount of paid-up whole life insurance that would be purchased by the Account Value as a net single premium at the Insured's sex and Attained Age using the mortality and interest rates described in Section 9.4. If, at any time, a different method or basis which provides a higher Minimum Death Benefit is needed to satisfy the Cash Value Accumulation Test, the Minimum Death Benefit will be calculated on that method or basis. We reserve the right to make any reasonable adjustments to the terms or conditions of this policy if it becomes necessary to allow it to qualify as life insurance. A change in Death Benefit Option or Current Face Amount, or certain other policy changes, will often change the policy's limits under the Cash Value Accumulation Test. We reserve the right to refuse or limit any request for a change if the change would cause the policy to fail to qualify as life insurance for tax purposes.

This provision should not be construed to guarantee that this policy will receive tax treatment as life insurance or that the tax treatment of life insurance will never be changed by the future actions of any tax authority.

6.3 Death Benefit Options

The Death Benefit Option in effect as of the Certificate Date is shown on the Contract Specifications page and may be subsequently changed by you in accordance with Section 7.3. There are two death benefit options:

Option 1 - The Base Amount of Insurance will be the greater of:

1) the Current Face Amount; and

2) the Minimum Death Benefit.

Option 2 - The Base Amount of Insurance will be the greater of:

1) the Current Face Amount plus the Account Value, and

2) the Minimum Death Benefit.

6.4 Insurance Proceeds Calculation

The Insurance Proceeds are:

1) The Base Amount of Insurance from the death benefit option in effect on the date of death
   PLUS
2) Any insurance on the Insured's life which may be provided by riders to this Contract
   PLUS
3) Any insurance bought with dividends
   MINUS
4) Any Indebtedness.

Within a reasonable period (not longer than two months) after we have received due proof of the Insured's death and of the claimant's right to payment, we will pay the Insurance Proceeds in one lump sum unless one or more of the payout plans described in Section 15 is selected. We will pay interest on the proceeds from the date of death to the date of settlement at the rate paid on the date of death on funds left on deposit with us.

Additional interest, at a rate of 8%, will be paid if the Insurance Proceeds are not paid within 30 calendar days from the latest of (1) our receipt of due proof of the Insured's death, (2) our receipt of

sufficient information to determine the extent of liability and payee, and (3) removal of any legal impediments to payment of proceeds that were depended upon parties other than us. Due proof of the Insured's death will consist of a certified copy of the Insured's death certificate, or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

SECTION 7 CHANGES IN FACE AMOUNT AND DEATH BENEFIT OPTION

7.1 Increase In Face Amount

After the Contract has been in force for one (1) Contract Year, you may increase the Face Amount any time before the Contract Anniversary on or next following the Insured's 85th birthday. The increase is subject to the following:

1) Only one (1) increase is allowed in each Contract Year.

2) You must make written application to us at our Home Office.

3) You must give us evidence of insurability which meets our standards.

4) The increase must be at least $25,000.

5) The effective date of the increase will be the date shown on the supplemental contract schedule that we will mail to you.

6) The Cost of Insurance for the increase will be included in the Monthly Deduction beginning on the effective date of the increase.

7) The Net Account Value must be sufficient to cover the Monthly Deduction on the effective date of the increase.

8) A new schedule of Surrender Charges will apply to the increase in Face Amount. The new Surrender Charges will be based upon the same basis as used to determine the Surrender Charges at issue. We will provide the owner a copy of the new Surrender Charges before any increase is issued.

9) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the increase.

7.2 Decrease In Face Amount

After the Contract has been in force for one (1) Contract Year, you may decrease the face amount at any time before the Contract Maturity Date. The decrease is subject to the following:

1) Only one decrease is allowed in each Contract Year

2) You must give Written Notice.

3) The decrease must be at least $10,000

4) The decrease will be applied, in successive order, against:

    a. The most recent increase in Face Amount;

    b. The next most recent increase(s); then

    c. The Initial Face Amount.

5) The decrease will not reduce the Surrender Charge.

6) The Face Amount after the decrease must not be less than the Minimum Face Amount shown on the Contract Specifications page.

7) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the decrease.

8) The effective date of the decrease will be the Monthly Anniversary on or next after the date we receive Written Notice. That date will be shown on the supplemental contract schedule that we will mail to you.

7.3 Changes of Death Benefit Option

After the Contract has been in force for one (1) Contract Year, you may change the death benefit option at any time before the Contract Anniversary on or next following the Insured's 85th birthday. The change is subject to the following:

1) Only one (1) Death Benefit Option change is allowed in any Contract Year.

2) You must give Written Notice.

3) If you change from Option 1 to Option 2, the Face Amount will be decreased by the Account Value on the effective date of the change. The decrease in Face Amount will be applied in the order specified in Section 7.2. However, this change may not be made if it would reduce the Face Amount to less than the Minimum Face Amount shown on the Contract Specifications page.

4) If you change from Option 2 to Option 1, the Face Amount will be increased by the Account Value on the effective date of the change. A new schedule of Surrender Charges will apply to the increase in Face Amount.

5) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the change.

6) The effective date of the change will be the Monthly Anniversary on or next after the date we receive Written Notice. The new Death Benefit Option will be shown on the supplemental contract schedule that we will mail to you.

SECTION 8 DEATH BENEFIT GUARANTEE

8.1 Death Benefit Guarantee

This Contract will continue in force and no premium will be in default on a Monthly Anniversary even if the Monthly Deduction to be made that day would result in a Net Account Value that is less than zero; provided that you pay sufficient premiums to meet the Death Benefit Guarantee Requirements and the Death Benefit Guarantee has not terminated.

If this Contract continues in force under the Death Benefit Guarantee as described above, then if the Monthly Deduction on a Monthly Anniversary exceeds the Net Account Value, no deduction will be made and the Monthly Deduction will be postponed until the next Monthly Anniversary on which the Net Account Value exceeds the amount of the postponed Monthly Deduction. Postponed Monthly Deductions will be made in order, starting with the first postponed deduction.
The Total Death Benefit Guarantee Premium is shown on the Contract Specifications page.

8.2 Death Benefit Guarantee Requirements

On any Monthly Anniversary, the requirements for the Death Benefit Guarantee are met if (1) is equal to or greater than (2) where:

1) Is the sum of:

   a) Premiums paid; and

   b) Any premiums credited to this Contract under a Waiver of Premium Rider;

Less the sum of:

c) Any partial withdrawals; and

d) Any Indebtedness.

2) Is the sum of the Total Death Benefit Guarantee Premiums from the Certificate Date through that Monthly Anniversary.

8.3 Death Benefit Guarantee Premiums

Death Benefit Guarantee Premiums and the Total Death Benefit Guarantee Premium on the Certificate Date are shown on the Contract Specifications page. If the Death Benefit Guarantee has not terminated, then a new Total Death Benefit Guarantee Premium will be determined whenever:

1) The Death Benefit Option is changed;

2) The Face Amount is increased or decreased;

3) The Insurance Class is changed; or

4) Additional Benefits are increased, decreased, added to this Contract or terminated.

The new Total Death Benefit Guarantee Premium will be shown on the supplemental contract schedule that we will mail to you.

8.4 Termination of Death Benefit Guarantee

The Death Benefit Guarantee may terminate if the requirements for the Death Benefit Guarantee are not met. The Death Benefit Guarantee terminates on the Certificate Date if the initial premium paid is less than the Total Death Benefit Guarantee Premium. On the first Monthly Anniversary on which the requirements for the Death Benefit Guarantee are not met, we will mail to you at the address last known to us a notice of the premium needed. You will have a grace period of 61 days after the date of notice during which the Death Benefit Guarantee will remain in force. If the required premium is not received at our Home Office within the grace period, the Death Benefit Guarantee will terminate as of the Monthly Anniversary on which the requirements for the Death Benefit Guarantee were not met.

If the Death Benefit Guarantee has terminated, the Contract will remain in force subject to Section 5.5.

8.5 Reinstatement of Death Benefit Guarantee

The Death Benefit Guarantee may be reinstated within one year of the date the Death Benefit Guarantee terminated provided:

1) The Contract has remained in force under Section 5.5 and has not been reinstated under Section 5.4; and

2) You pay premiums sufficient to meet the Death Benefit Guarantee requirements in Section 8.2 as of the Monthly Anniversary on or immediately preceding the date of Death Benefit Guarantee reinstatement.

SECTION 9 ACCOUNT VALUE

9.1 Account Value

The Account Value is the sum of:

1) Net Premiums received by us; and

2) Interest credited;

LESS the sum of:

3) Monthly Deductions; and

4) Any partial withdrawals made.

9.2 Net Account Value

The Net Account Value is equal to the Account Value less any Indebtedness.

9.3 Interest

Interest is credited daily on the Account Value. We guarantee that the interest rate credited will not be less than an effective annual rate of four percent (4%). We may credit interest in excess of the guaranteed rate. However, the credited excess interest on the portion of the Account Value equal to any Indebtedness may be lower than the credited excess interest rate on any unloaned Account Value.

9.4 Basis of Computations

Net single premiums in this Contract are based on the Commissioner's 2001Standard Ordinary Male and Female Ultimate Mortality Tables, split smoker/nonsmoker. Interest is at four percent (4%) per year.

The computations consider that the Contract is issued on the basis of the Insured's sex and age at last birthday. They are also based on the assumption that Death Benefits are payable immediately upon death.

The Commissioner's Reserve Valuation Method is used in the calculation of reserves.

The Cash Surrender Values available under this Contract are equal to or greater than those required by the law of any state in which this Contract is delivered. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this Contract is delivered.

SECTION 10 SURRENDER

10.1 Cash Surrender Value

The Cash Surrender Value on any day is equal to the Net Account Value less the sum of:

1) The amount, if any, needed to cover unpaid Monthly Deductions; and

2) The Surrender Charges, if any, applicable on that day.

The Cash Surrender Value on a Monthly Anniversary is determined without regard to the Monthly Deduction on that date. If the request is made within 30 days of a Contract Anniversary, the Cash Surrender Value will not be less than the anniversary value. Cash Surrender Values are not less than the minimum values required by law.

We have the right to defer the payment of any Cash Surrender Value for six months from the date the surrender is requested.

10.2 Full Surrender

You may surrender this Contract for its Cash Surrender Value by giving Written Notice while the Insured is living. The surrender will be effective on the later of the day you give Written Notice to Catholic Knights or a Catholic Knights financial services representative, or the date you specify. Insurance coverage ceases on the effective date of the surrender.

10.3 Partial Withdrawal

You may withdraw a portion of the Account Value by giving Written Notice while the Insured is living. The Withdrawal will be effective on the day you give Written Notice to Catholic Knights or a Catholic Knights financial services representative. Up to four (4) Partial Withdrawals may be requested in any Contract year and each Partial Withdrawal must be at least $200. A Partial Withdrawal:

1) Will reduce the Account Value by the amount of the Partial Withdrawal;

2) Must not reduce the remaining Cash Surrender Value to less than $300; and

3) If the Death Benefit Option is Option 1, then the Partial Withdrawal will decrease the Current Face Amount by the amount of the Partial Withdrawal. The decrease in Face Amount will be applied in the order specified in Section 7.2.

A Partial Withdrawal may cause the Death Benefit Guarantee to terminate.

SECTION 11 MONTHLY DEDUCTION

11.1 Monthly Deduction

The Monthly Deduction from the Account Value is the sum of:

1) The Monthly Expense Charges shown on the Contract Specifications page;

2) The monthly cost of any additional benefits and riders; and

3) The monthly Cost of Insurance (see Section 11.2).

The first Monthly Deduction is made on the Certificate Date. Thereafter, a Monthly Deduction is made on each Monthly Anniversary prior to the Contract Maturity Date, unless a premium is in default (see Section 5.3) or the deduction is postponed under Section 8, Death Benefit Guarantee.

Deductions from Account Value are made in the order listed above.

11.2 Cost of Insurance

The Cost of Insurance is determined on the Certificate Date and on each Monthly Anniversary. It is equal to the Cost of Insurance Rate multiplied by the Risk Amount divided by 1,000.

11.3 Cost of Insurance Rate

We will determine the Cost of Insurance Rate monthly. The rate is based on the Insured's Insurance Class and age. For the Initial Face Amount, the Cost of Insurance Rate is based on Issue Age and the number of years since the Certificate Date. For any increase in Face Amount, the rate is based on the Insured's age on the effective date of the increase and on the number of years since that date.

The Insurance Class for the Initial Face Amount is shown on the Contract Specifications page. The Cost of Insurance Rate for any increase in Face Amount according to Section 7.1 will be determined on the effective date of the increase. If the Base Amount of Insurance is based on the Minimum Death Benefit in Sections 6.2 and 6.3, the Insurance Class of the resulting increase in Death Benefit will be the Insurance Class shown on the Contract Specifications page or, if the Face Amount has been increased, the Insurance Class for the most recent increase.

The Cost of Insurance Rate for the Initial Face Amount and for any increase in Face Amount with the same Insurance Class as shown on the Contract Specifications page will not exceed the rates shown on page 5. If different maximum Cost of Insurance Rates apply to any increase in Face Amount, those rates will be shown on a supplemental contract schedule that we will mail to you.

We may charge less than the maximum rate. Any change in Cost of Insurance Rates will apply to all Insureds of the same Insurance Class and age. Any change will be based upon future anticipated or

emerging Experience Factors. Experience Factors include investment earnings, mortality, persistency, taxes and expenses.

11.4 Risk Amount

The Risk Amount is equal to:

1) The Base Amount of Insurance divided by an interest factor of 1.0032737;

   Less:

2) The Account Value (before the Cost of Insurance is deducted).

If the Death Benefit is Option 1 and the Initial Face Amount has been increased, the Risk Amount for the Initial Face Amount and for each increase in Face Amount will be determined by allocating the Account Value to each portion of the Face Amount according to the ratio of each portion to the total Face Amount of this Contract.

SECTION 12 LOANS

12.1 Loan

You can get cash from us by taking a loan. If there is an existing loan, you can increase it. You may obtain a loan from us with this Contract as sole security if:

1) You give Written Notice; and

2) The loan does not increase Indebtedness to more than the Cash Surrender Value plus the cash value of any dividend options.

Loans may cause the Death Benefit Guarantee to terminate.

We have the right to defer making a cash loan for up to six months from the date the loan is requested, except when the request is made to pay premiums on any contract with us.

12.2 Loan Interest

The loan interest rate charged will not exceed the greater of (1) and (2), where:

1. is the Interest Rate shown in the Contract Specifications plus 1% per annum; and
2. is the Moody's Corporate Bond Yield Average-Monthly Average Corporates for the calendar month ending two months before the beginning of the month in which your Contract Anniversary falls. If the maximum is at least one-half of one percent smaller than the rate we have set for the previous contract year, we will reduce the rate to a rate no more than that maximum. If the maximum is at least one-half one percent greater than the rate we have set for the previous contract year, we will increase the rate to a rate no more than that maximum. Moody's Corporate Bond Yield Average-Monthly Average Corporates referred to above is pushed by Moody's Investors Service, Inc. In the event it is no longer published, we will use a similar average established by applicable regulation.

Interest will accrue daily on loans. Accrued interest may be paid at any time at the equivalent effective rate. In the event you do not pay the loan interest charged in any contract year, it will be borrowed against the contract and added to the contract indebtedness and bear interest at the same rate.

When a loan is made, we will inform you of the rate and if any rate increase is to be made within 40 days. We will mail a notice to you and any assignee recorded at the Home Office at least 30 days before we make any rate increase which will apply to an existing loan.

12.3 Indebtedness

Indebtedness consists of all unpaid loans and accrued interest. All or part of the Indebtedness may be repaid at any time while the Insured is living. If there is a loan on this Contract, you must notify us if a

payment to us is a repayment of Indebtedness. Otherwise, it will be considered a premium payment. The Percent of Premium Charge is not deducted from loan repayments. Repayments of Indebtedness do not change the Account Value. Upon death any Indebtedness will be deducted from the Insurance Proceeds. Upon Surrender any Indebtedness will be deducted from the Cash Surrender Value.

If the total indebtedness, including interest due and accrued, will equal or exceed the Cash Surrender Value plus the cash value of any dividend additions, the contract will terminated. Notice of the premiums required to keep this contract in force will be mailed to you, and any assignee of record, at the address last known to us. You will have 30 days after the date of notice, or, if longer, the balance of the grace period, during which the contract will remain in force. If the required premium is not received at our Home Office, this contract will terminate.

SECTION 13 BENEFICIARY

13.1 Designated Beneficiary

The beneficiary is the person or persons to whom the Insurance Proceeds are payable upon the death of the Insured. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the Insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when an Insured dies, the owner (or the owner's estate) will be the beneficiary.

If more than one beneficiary is alive when the Insured dies, we will pay them in equal shares, unless you have chosen otherwise.

13.2 Change of Beneficiary

While the Insured is alive, you may change any beneficiary by Written Notice to us unless the beneficiary has been made irrevocable. Changes in the beneficiary, unless otherwise specified by the owner, will take effect on the date the notice of change is signed by the owner. No change is binding on us until it is recorded at our Home Office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request.

SECTION 14 DIVIDENDS

14.1 Dividends

Each year we will determine our divisible surplus. This Contract's share, if any, will be credited as a dividend on the Contract Anniversary. Since we do not expect this Contract to contribute to divisible surplus, it is not expected that any dividends will be credited.

14.2 Dividend Options

You may choose to apply dividends under any of the options listed below. Dividends will be applied under the Payment of Premium option unless a different option has been chosen in writing.

Cash. Dividends are paid in cash

Payment of Premium. Dividends are applied as payment of a Net Premium.

SECTION 15 OPTIONAL PAYOUT PLANS

15.1 Optional Payout Plans

At the time of their commencement, any benefits provided under this contract will not be less than those provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.

If no optional payment plan is selected, any benefits provided by this contract will be paid in cash.

The optional payout plans available to the Beneficiary upon death of the Insured are:

A. **Interest Deposit Account**— The allocated Insurance Proceeds will be held by us in an Interest Deposit Account and will earn interest annually at rates that we determine from time to time, but never less than one and one half percent (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

B. **Payments For a Guaranteed Period**-- We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

C. **Payments Based on a Single Life**

1) **Life Only Annuity**--We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

2) **Life Annuity With Period Certain –** We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

D. Joint and Survivor Lifetime Payments ---We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

E. **Other Plans--**Other periodic plans may be arranged with us.

15.2 Minimum Payment Guarantee

The amount of the periodic payment under paragraphs B through E above will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

Tables 1, 2 and 3 in Section 15.5 show the minimum guaranteed payments for each plan under paragraphs B, C and D, respectively, under certain stated assumptions.

15.3 Who May Choose An Optional Payout Plan

A choice of a payout plan for Insurance Proceeds may be made by you while the Insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payout plans will take effect when recorded by us. When a payout plan starts we will issue a contract which will describe the terms of the plan. We may require that you send us this Certificate.

If the payee is not a natural person, the choice of a payout plan will be subject to our approval. An assignment will modify a prior choice of payout plan. The amount due the assignee will be payable in

one sum and the balance will be applied under the plan. We will not accept assignments of payout plans for the benefit of creditors.

15.4 Frequency of Payments

Monthly, quarterly, semi-annual or annual payments may be selected, subject to our administrative minimums.

15.5 Payout Plan Guaranteed Payments

The monthly amounts shown are for each $1,000 applied. To change monthly payments to quarterly, semi-annual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. Actual payments may be more than these guaranteed amounts. The tables below assume that no cash withdrawals are made; only the minimum guaranteed interest of one and one half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are based on the Annuity 2000 Mortality tables, split by sex.

TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD

Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE

	No Certain Period		Certain Periods			
			10 Year		20 Year	
Payee's Age	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

UNIVERSAL LIFE INSURANCE
Flexible Premium Adjustable Life Insurance
Adjustable Death Benefit Payable Upon the Death of the Insured
Benefits, Values, Periods of Coverage and Premiums are on an Indeterminate Basis
Death Benefit Guarantee Available
Participating

[ ]
[ ]
[ ]
[ ]
[ ]

[1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
www.catholicknights.org]

CATHOLIC KNIGHTS
WAIVER OF PREMIUMS BENEFIT RIDER

This Rider shall become a part of the life Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

Benefit
If the Insured becomes disabled, we will deposit to the Contract an amount equal to the Total Death Benefit Guarantee Premium. We will do this for each Monthly Anniversary during the period of disability for as long as the Contract remains in force. Our actions will not reduce any benefits of the Contract. Any deposit will not reduce any death benefit.

Definition of Disability
Disability means that the Insured is unable to perform the duties of his/her job due to sickness or accidental bodily injury. Duties mean the substantial and material duties. Disability must be for a continuous period of six months.

During the first 24 months, Disability means being unable to perform the duties of the Insured's regular job. After the first 24 months, it means being unable to perform the duties of any job for which he/she become reasonably qualified for by reason of education, training, or experience.

If the Insured was a student when Disability began, going to school is the Insured's regular job.

The total and permanent loss of sight of both eyes will be considered as Disability. So will the loss of the use of both hands, both feet, or one hand and one foot.

Premium
The Monthly Death Benefit Guarantee Premium for this Rider is shown on the Specifications Page. It remains level until the expiry date shown on the Specifications Page. This is also the monthly deduction for this Rider.

Before we approve a claim for waiver benefit, the payment of the premiums when due is required to avoid a lapse of insurance. If we approve the claim for the wavier benefit after the continuous period of six months we will refund the premiums paid after the first of the benefit month on or following the date the insured's total disability began.

Cash Values
This Rider does not provide for any cash values or loan values.

Risks Not Covered
The Rider does not cover a disability which:

1. Began before the Contract Date; or

2. Began after the Contract anniversary on or next following the Insured's 65th birthday; or
3. Began after the grace period of a premium in default. If Disability begins during a grace period, payment of the overdue premium is required to avoid a lapse of coverage before we approve the claim for the waiver benefit.
4. Was caused or contributed to by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; or
5. Is a result of war or act of war, if the cause of disability is while the Insured is serving in the Military, Navy, or Air Force of any country, combination of countries, or international organizations. Disability is not covered provided it occurs while in such forces or within six months after termination of service in such forces.
6. Is caused by or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Contract.

Proof of Disability
Written notice and proof must be given to us:

1. While the Insured is alive and disabled; and
2. Within 12 months of any termination of this Rider.

As part of any proof, we may require, at our expense, medical examinations of the Insured by physicians we choose.

We may also require written proof of continued Disability once every 60 days. After two years of Disability, proof will not be required more than once a year.

If notice or proof is late, we will accept it if it is given as soon as reasonably possible. If not given as soon as reasonably possible, we will not make any deposit that was due more than one year before the date written notice or proof was given to us.

If proof is not given when required or if the Insured does not submit to a medical examination, deposits due after that time will not be made.

Recovery from Disability
If and when the Insured recovers, all premiums becoming due thereafter are payable by you. We will not make any further deposits.

Exchange of the Contract
If the Contract to which this Rider is attached is exchanged prior to disability, the new Contract will include this Rider.

Termination
This Rider terminates on the first Contract anniversary beginning on or next following the Insured's 65th birthday. It also terminates upon termination of the Contract. Nonpayment of a premium in default or within the grace period for that premium will terminate this Rider.

Upon written request this Rider may be terminated. We may require the return of the Contract for proper endorsement.

If the Contract is reinstated prior to the expiry date, this Rider will likewise be reinstated.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

William R. O'Toole

President

Allan G. Joyce

Secretary

CATHOLIC KNIGHTS
CHILDREN'S LEVEL TERM INSURANCE RIDER

This Rider shall become a part of the life Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

Benefit
We will pay to the beneficiary the amount of insurance upon the death of any Insured Child provided that the death occurred:

1. After the Insured Child becomes 15 days old;
2. Before the anniversary date of the Contract on or next following the 23rd birthday of the Insured Child; and
3. Before the expiry date of this Rider shown on the Specifications Page of the Contract.

The amount of insurance for this Rider is shown on the Specifications Page of the Contract.

Premium
The premium for this Rider is shown on the Specifications Page of the Contract. It remains level while this Rider is in force.

Definitions
"Contract" means the life Contract to which this Rider is attached.
"Insured Child" whenever used in this Rider means:

1. Any child, stepchild, or legally adopted child of the insured, provided the child is named in the application for this Rider; and
2. Any child who, after the date of application, is born of the Insured or is legally adopted by the Insured prior to the child's 21st birthday.

"Insured" in this Rider means the Insured under the Contract.

Beneficiary
"Beneficiary" of this Rider is:

1. The Insured, if living; otherwise,
2. The estate of the deceased Insured Child.

Continuation of Term Insurance in Event of Death of the Insured
If the Insured dies first, this Rider shall be continued in force without the requirement of any further payments. Its owner will be (a) the person, if any, whom the Insured specified in writing to be the owner and whom survived the Insured; otherwise (b) the Insured's estate.

Cash Value
This Rider does not provide for any cash value except in the event of death of the Insured. In the event of death of the Insured, the cash value is equal to the reserve for such insurance. Information about the amount of cash value available will be furnished upon request. This Rider may be surrendered at any time for its cash value. If the Rider is surrendered within thirty (30) days after a Contract anniversary, the value available will not be less than the value on that Contract anniversary date. This Rider does not provide loan values.

Conversion or Exchange of the Contract
If the Contract is converted or exchanged under a conversion or exchange option, this Rider may be attached to the new Contract on the life of the insured. Evidence of insurability will not be required.

Disability
The premiums for this Rider will be waived if and when premiums for the Contract are waived under the Waiver of Premium provision.

Incontestability
All statements made in the application for this Rider on behalf of any Insured Child are representations not warranties. Statements may be used to contest a claim under this Rider or the validity of this Rider only if they are contained in the application.

This Rider will not be contested by us after it has been in force during the lifetime of the Insured Child for two years from the date of issue. While the Rider is contestable, we may rescind the Rider or deny a claim only on the basis of material misrepresentation in the application which is willfully false and intentionally misleading. A misrepresentation is material if, on the basis of correct and complete information in the application, we would have:

1. Declined the application;
2. Issued the Rider at a higher premium; or
3. Issued the Rider on some other basis.

If the Rider is rescinded, the premiums paid will be refunded.

Misstatement of Age
If the age of any Insured Child has been misstated, the termination date and conversion rights on the term insurance for that Insured Child will be based on the correct age.

Reinstatement
If the Contract is reinstated, this Rider may be reinstated at the same time, provided that we receive evidence of insurability satisfactory to us for all persons Insured under this Rider.

Reinstatement will create no liability because of the death of any Insured Child occurring prior to the date of reinstatement.

Payment Options
Any amount payable on the death of any Insured Child under this Rider may be applied to any payment option under the Contract. A new contract will be issued without surrender of the original Contract.

Contract Loans
No Contract loan on the Contract will be deducted from any settlement under this Rider.

Conversion of this Rider
If this Rider has not terminated, the insurance on each child may be converted during their lifetime and in the periods shown below without evidence of insurability. Conversion can be to any plan of permanent insurance which we issue on the date of conversion. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age

100 and that provides guaranteed cash values. The Incontestability and Suicide provisions attributable to the coverage converted will run from the effective date of this Rider.

When Conversion Occurs	Maximum Amount
During the 31 days after the Contract anniversary that is on or next follows the child's 18th birthday.	Five times the amount of insurance that the Rider provides.
At other times on or before the Contract anniversary that is on or next follows the child's 23rd birthday.	The amount of insurance that the Rider provides.
During the 31 days after the Contract anniversary that is on or next follows the child's 23rd birthday.	Five times the amount of insurance that the Rider provides.

The date of each new Contract shall be the date of conversion. Each new Contract shall be issued using the standard rates and procedures for plans being offered at the time of conversion. The new Contract must meet the minimum Contract size requirements for the new plan.

Termination of Agreement
This Rider and all insurance provided herein shall terminate automatically:

1. Upon the expiry date shown on the Specifications Page of the Contract;
2. Upon nonpayment of a premium when due or within the grace period for that premium;
3. Upon surrender or other termination of the Contract;
4. Upon the death of the last surviving Insured Child;
5. Upon the date when either extended insurance or paid-up insurance becomes effective under the Contract; or
6. Upon written request.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

William R. O'Toole
President

Allan G. Joyce

Secretary

CATHOLIC KNIGHTS
ADDITIONAL INSURED
CONVERTIBLE 20 YEAR TERM INSURANCE RIDER

This Rider shall become a part of the Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

Definitions

"Contract" means the life Contract to which this Rider is attached.

"Insured" means the Insured under the Contract.

"Additional Insured" means the Insured named for this Rider in the Contract application.

"Beneficiary" of this Rider means the then-owner of the Contract. However, the owner may designate an alternate beneficiary duly filed with us.

We, Us, and **OUR** means Catholic Knights.

You and **YOUR** means the owner of the Contract. The owner is shown in Section 1 unless otherwise changed as provided in the Contract.

Insurance Benefit Amount

If the Additional Insured dies while this Rider is in force, we will pay the Beneficiary the Rider Benefit Amount shown on the Specifications Page.

Provisions

This Rider is subject to all the terms of the Contract except guaranteed values and Contract loans. For this Rider, the term Contract Date for the Incontestability and the Suicide provisions mean the date coverage begins under this Rider.

Cash Values

This Rider does not provide for any cash value or loan values. No Contract loan on the Contract will be deducted from any settlement under this rider.

Premium Amount

During the Term Period the annual premium amount will be as shown on the Specifications Page.

Term Period

The Term Period is 20 years. It expires on the Benefit Expiry Date shown on the Specifications Page.

Continuation of Term Insurance in Event of Death of the Contract Insured

This Rider shall be continued in force for 90 days following the date of death of the Contract Insured. No further premium payments are required during this period.

CONVERSION OF THIS RIDER

Requirements

You may convert this Rider to a new Contract at any time prior to the 18th anniversary date of the Rider. We will not require evidence of insurability.

The full first premium for the new Contract is required. The original Contract must be returned for proper endorsement. Coverage under this Rider will terminate on the date of conversion.

New Contract

The new Contract will be limited to:

1. Insurance on the same person as the Additional Insured.
2. Any plan of permanent life insurance being issued by us at the time of conversion. The amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
3. Any amount not greater than the amount of insurance under this rider at the date of conversion.

For the new Contract the term "Contract Date" in the Incontestability and the Suicide provisions shall mean the date coverage began under this Rider.

The premium will be based upon the Additional Insured's age at the time of the conversion. The underwriting class will be the same as under this Rider.

Additional benefits will be issued with the new Contract only with our consent.

Termination of Agreement

This rider and all the insurance provided herein shall terminate automatically:

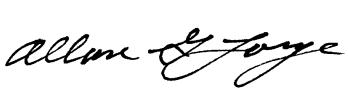
1. Upon the expiry date shown on the Specifications Page;
2. Upon nonpayment of a premium when due or within the grace period for that premium;
3. On the 91st day following the death of the Contract Insured;
4. Upon surrender or other termination of the Contract;
5. Upon the date when either extended insurance or paid-up insurance becomes effective under the Contract; or
6. Upon your written request.

Reinstatement
If the Contract is reinstated prior to the expiry date, this Rider will also be reinstated. However, after 29 days after the end of the grace period, reinstatement of this rider is subject to:

1. Evidence of insurability satisfactory to us and
2. Payment of all the overdue premiums with interest from the due date of each premium. The interest rate will be no more than six percent (6%) compounded annually.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

President



Secretary

Application for Membership and Insurance to:

Catholic Knights
[1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547]

☐ New Business ☐ New Member
☐ Conversion from Certificate No: _____ ☐ Changes to Certificate No: _____

A. MEMBERSHIP

Proposed Primary Insured

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____ State of Birth _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____
Where can you be reached for additional information? _____
Best Days: M T W TH F Best times _____ ☐ a.m. ☐ p.m.
Are you a US Citizen, or do you have permanent residence status?
☐ Yes - Proof of Identity _____
☐ No - If not a U.S. citizen, provide 1-151 *(green card)* number _____ No. of years in US _____
Driver's License: _____ State _____
Previous Name/s: _____
Occupation: _____ Employer _____ Income _____
Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish _____
If no, do you otherwise qualify for membership? Explain _____

Owner (*Must complete section if Owner is not the Insured)*

☐Individual Relationship to proposed insured _____
☐ Male ☐ Female SS/ITIN No: _____ DOB _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____
☐ Trust Contact person _____ Tax ID No. _____
Phone _____ Email _____

Successor Owner

☐ Male ☐ Female SS/ITIN No _____ DOB: _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____

Payor *(complete if Payor is other than insured or Owner)*

Relationship to owner and insured _____
SS/ITIN No: _____ DOB _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____

POLICY DATE	POLICY NUMBER

Additional Proposed Insured

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____ State of Birth _____

Name: _____

First Middle Initial Last

Address: _____ _____ _____ _____

Street City State Zip

Home phone: _____ Work/cell phone: _____ Email: _____

Where can you be reached for additional information? _____

Best Days: M T W TH F Best times _____ ☐ a.m. ☐ p.m.

Are you a US Citizen, or do you have permanent residence status?

☐ Yes - Proof of Identity _____

☐ No - If not a U.S. citizen, provide 1-151 *(green card)* number _____ No. of years in US _____

Driver's License: _____ State _____

Previous Name/s: _____

Occupation: _____ Employer _____ Income _____

Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish _____

If no, do you otherwise qualify for membership? Explain _____

Children's Information *(List additional children in Remarks)*

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____

Name: _____ HT _____ WT _____

First Middle Initial Last

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____

Name: _____ HT _____ WT _____

First Middle Initial Last

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____

Name: _____ HT _____ WT _____

First Middle Initial Last

Are there any children on whom coverage is not being requested? ☐ Yes ☐ No

If yes; child's name _____ Reason _____

Beneficiary *(List additional beneficiaries in Remarks)*

☐ **INDIVIDUAL** ☐ **ESTATE** ☐ **TRUST** ☐ **GIFT to PARISH or OTHER CHARITY**

Primary: Full Name Relationship Social Security/Tax ID No

_____

_____

_____

Contingent: Full Name Relationship Social Security/Tax ID No

_____

_____

_____

Parish/Charity Name _____ Amount or Percent _____

☐ Custodian for minors: Name _____ DOB _____ SS/ITIN/TAX No _____

☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children

B. COVERAGE

Plan Of Insurance; _____

Face Amount $_____ ☐ Single Premium _____

Amount remitted with this application in Exchange for the Society's receipt $_____

(See Receipt and Conditional Life Insurance Agreement)

Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly EFT _____ *(day)*

Dividend Option: ☐ Cash ☐ Paid Up Life Additions ☐ Interest ☐ Reduced Premium

Automatic Loan ☐ Yes ☐ No

(UL only) Option ☐ #1 Level ☐ #2 Increasing

UL planned premium $ _____

☐ Layer/Additions to UL Amount _____ =

POLICY DATE	POLICY NUMBER

Riders

☐ Accidental Death Benefit ☐ Waiver of Premium
☐Guaranteed Insurability Option ☐ Paid Up Addition
☐ Term Rider (Primary Insured) $_____
☐ Term Rider (Additional Insured) $_____
☐ Children's Term Rider $_____

Premium Class

Primary	☐ Tobacco	☐ Select Tobacco	☐ Non-Tobacco	☐ Select	☐ Select Plus
Additional Insured Primary	☐ Tobacco	☐ Select Tobacco	☐ Non-Tobacco	☐ Select	☐ Select Plus

We will issue the policy in the Premium Class for which the Proposed Insured qualifies

C. REPLACEMENT/SUITABILITY

1. Does any proposed insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group) ☐ Yes ☐ No
2. Does any proposed insured intend to replace, discontinue or change any such coverage? ☐ Yes ☐ No

If YES to 1 or 2 provide the following information, and complete and return any required replacement forms

Insured Name	Policy No:	Amount	Company

D. PRELIMINARY DECLARATION OF INSURABILITY

Primary Height _____ Weight _____

1 Has the Proposed Insured ever been told s/he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure? ☐ Yes ☐ No

2. Has the Proposed Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes ☐ No

3. Has the Proposed Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No

Additional Proposed Insured: Height _____ Weight _____

1 Has the Additional Insured ever been told s/he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure? ☐ Yes ☐ No

2. Has the Additional Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes ☐ No

3. Has the Additional Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No

E. REMARKS

_____
_____
_____
_____
_____

F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION

I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the Proposed Insured; and a policy has been issued: and the full first premium has been received by the Society; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.

I (we) have received the notification about the Federal Fair Credit Reporting act and the Medical Information Bureau.

I AUTHORIZE the following to release information about me to Catholic Knights or its reinsurers. Those authorized include a physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, a consumer reporting agency, and/or employers.

POLICY DATE	POLICY NUMBER

F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION (Continued)

I UNDERSTAND that this information may include diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment, and other non-medical information (such as credit reports and employer reports) concerning me. I authorize all sources, except MIB, to give records or knowledge to any agency employed by Catholic Knights. I authorize them to collect and transmit such information I UNDERSTAND they will use the information obtained through this Authorization to determine eligibility for insurance. Any information obtained will not be released to any person or entity EXCEPT to reinsuring companies, or other persons or organization performing business or legal services with my application. The Society may release this information when lawfully required, or as I further authorize.

I KNOW that I, or my authorized representative, may request a copy of this Authorization. I AGREE that a photographic or faxed copy of this Authorization shall be as valid as the original. I ACKNOWLEDGE that I received the "Notice to Applicant" form. I AGREE this Authorization shall be valid for two years from the date shown below.

G. AGREEMENT (check one)

☐ Catholic Knights conditional coverage receipt was given for this life insurance plan. I acknowledge that I have read the receipt provided and understand its terms, conditions and limitations. I understand that I will not receive any insurance coverage for my money unless a policy is issued as applied for.

☐ No conditional coverage receipt was given for this insurance plan. I acknowledge that I have not paid nay premium for this insurance. I understand that this insurance is not in effect and that the first premium must be paid upon delivery of the policy.

I hereby apply for insurance in the amount on the plan and at the rate stated in this application. I agree that the entire contract consists of this application for life insurance and all supplemental application forms required for the contract or change applied for the policy, the statement of insurability, and medical examination statements, the Articles of Incorporation and By-Laws of the Society.

IT IS AGREED:

1) I have read the application and all statements in this application are to the best of my knowledge and belief true, complete and correctly recorded.
2) No Representative of the Society has the authority to waive any question contained in the application or to modify the application in any way.
3) No Representative is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.
4) No information acquired by any agent shall bind the Society unless set out in writing in this application.
5) Unless otherwise provided in a conditional receipt bearing the date of the application, no liability exists until a contract is delivered, accepted by the owner and the first payment made. This must occur during the lifetime and insurability of the applicant under this contract and the health of all persons to be insured remains as stated in the application.
6) The contract applied for shall take effect on the later of the date requested by the applicant, or the approval date of the application from the Society at the Home Office.
7) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the Society. We do not make changes in the plan of insurance or payment without your written consent.
8) Except as provided in the Conditional Temporary Life Insurance Agreement Receipt, issued if the first premium for the contract applied for is paid, no insurance will take effect unless and until
   a. A contract of insurance is issued and delivered
   b. The first full premium is paid during the life time of the person to be covered; and
   c. The health of all persons to be insured remains as stated in this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated at _____ on _____
City State Month Day Year

_____ _____
Signature of Proposed Insured Signature of Proposed Additional Insured

_____ _____
Signature of Parent/Guardian for Minor Signature of Owner (if other than insured)

_____
Signature of Agent Agent No. Split Advisor No._____ Percentage _____

POLICY DATE	POLICY NUMBER

CATHOLIC KNIGHTS
Catholic values in action

PART II SUPPLEMENTARY
Application for Membership and Insurance to:
Catholic Knights
[1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547]

Full Legal Name _____ Date of Birth _____

Social Security Number _____ Policy Number _____

Interviewer _____ Date of Interview _____

PROPOSED INSURED MUST COMPLETE ALL QUESTIONS. ALL "YES" ANSWERS MUST BE EXPLAINED AND REFERENCED IN REMARKS.

Has or does the person proposed for this insurance coverage:	Yes	No
1) Ever engaged in or expect to engage within the next two years any of the following:		
a. Aviation activities as a pilot or crew member?	☐	☐
b. Skin or Scuba Diving; organized motor vehicle or motor boat racing; mountain climbing; professional rodeo competition; skydiving; parachuting, hang-gliding?	☐	☐
2) Are you or do you intend to become a member of the Armed Forces (including Reserves or National Guard)?	☐	☐
3) a. Drink alcoholic beverages? If yes, how much per week? _____ (one drink = 12 oz. beer, 4 oz. wine, or 1 oz. hard liquor) Amount _____	☐	☐
b. Now or ever used heroin, cocaine, marijuana, or illegal, restricted or controlled substance, except as prescribed by a physician?	☐	☐
c. Ever had or been advised by a physician, practitioner, or court of law to have treatment for alcohol, drug, or substance abuse?	☐	☐
4) a. Had insurance or reinstatement refused, postponed, limited, offered, or quoted on a rated or substandard basis?	☐	☐
b. Will this insurance replace or change any existing life insurance or annuity contract?	☐	☐
c. Made within the past 5 years a claim for or received benefits compensation, or pension for any injury, sickness, disability, or impaired condition?	☐	☐
d. In the past 5 years been unable to work, attend school, or perform normal activities of like age and gender, or been confined at home.	☐	☐
5) Ever been cited for driving while intoxicated (DWI), or driving under the influence (DUI)?	☐	☐
a. Ever been cited for any other driving violation in the past 3 years?	☐	☐
6) Ever been convicted in a court of law for any reason?	☐	☐
7) a. Have you traveled outside the United States within the past 2 years or intend to travel outside the United States within the next 2 years?	☐	☐
b. Have you lived outside of the United States within the past 2 years or intend to live outside the Untied States within the next 2 years?	☐	☐
8) 8) Do you now use or have you ever used tobacco or nicotine in any form? If yes, indicate the type of tobacco used: ☐cigarettes ☐ pipe ☐ cigar ☐ chewing tobacco ☐ other If applicable, the date you stopped._____	☐	☐
9) a. Have a history in parents, brothers or sisters of mental illness, diabetes, heart, kidney or liver disease, high blood pressure, stroke or cancer? If yes, name persons(s), relationship(s), ages(s), conditions (s), and age when disease began in remarks section.	☐	☐
b. Give name, cause and age at death of father, mother, brother(s), sister(s) if deceased: _____ _____		
10) Full name and complete address of personal physician; the date, reason last seen and diagnosis: _____ _____		
11) Have you declared bankruptcy in the last 7 years or had any suits, judgments or liens against you? If yes, discharged date: _____	☐	☐

COMPLETION OF QUESTIONS 12-19 IS REQUIRED IN ALL CASES. ANY "YES" ANSWERS MUST BE FULLY EXPLAINED AND REFERENCED IN REMARKS.

AIDS TEST RESULTS OBTAINED AT AN ANONYMOUS COUNSELING AND TESTING SITE DESIGNATED BY THE STATE EPIDEMIOLOGIST OR AT A SIMILAR FACILITY IN ANOTHER JURISDICTION OR HOME TESTING ARE CONFIDENTIAL AND NEED NOT BE DISCLOSED. NONE OF THESE APPLICATION QUESTIONS SHOULD BE INTERPRETED AS ASKING ABOUT AIDS, UNLESS THE QUESTION SPECIFICALLY MENTIONS AIDS.

Has or does the person proposed for insurance coverage:	Yes	No
12) Ever been diagnosed or treated by a member of the medical profession for a disorder, disease or persistent discomfort of the following systems:		
a. Respiratory (lungs, bronchi, trachea, etc.) such as, but not limited to, TB, asthma, emphysema, bronchitis, shortness of breath?	☐	☐
b. Circulatory (heart, blood, arteries, veins, etc.) such as, but not limited to, high blood pressure, heart attack, chest pains, murmur?	☐	☐
c. Digestive (Throat, esophagus, stomach, intestine, liver, gall bladder, etc.) such as, but not limited to, ulcer, colitis, cirrhosis, hemorrhoids, bleeding?	☐	☐
d. Nervous (brain, nerves, etc.) such as, but not limited to, paralysis, stroke, fainting, dizziness, epilepsy, convulsions, recurring headaches?	☐	☐
e. Musculo-skeletal (muscles, bones, joints, spine, etc.) such as, but not limited to, neck/back problems, fracture, arthritis?	☐	☐
f. Genito-urinary (kidney, bladder, reproductive organs, etc.) such as, but not limited to, kidney stones, infection, bleeding, male or female disorders?	☐	☐
g. Glandular (thyroid, pancreas, adrenal, lymph glands, etc.) such as, but not limited to, abnormal growth or function, including diabetes?	☐	☐
13) Been diagnosed or treated by a member of the medical profession for:		
a. impaired sight, or eye disorder	☐	☐
b. impaired hearing, or ear disorder	☐	☐
c. hernia	☐	☐
d. skin disease	☐	☐
e. any sexually transmitted disorders or diseases	☐	☐
14) Been diagnosed or treated by a member of the medical profession for any mental, nervous, psychological, or emotional condition or disorder, such as, but not limited to, anxiety, depression, or nervous breakdown?	☐	☐
15) Now have or ever been diagnosed or treated for cancer, tumor, cyst, or growth?	☐	☐
16) Gained or lost more than 10 pounds in the past year? Amount: _____ Cause: _____	☐	☐
17) Within the past 5 years: (Refer to disclaimer concerning AIDS test results at top of page)		
a. Had any other impairment, sickness, injury, surgery not described above or any diagnostic test such as x-ray, EKG, lab tests?	☐	☐
b. Had a physical examination? If yes, list the reason for and results below.	☐	☐
c. Been advised to have or do the following which was not completed 1) any diagnostic test; 2) surgery; 3) hospitalization?	☐	☐
d. Been on, or now on, prescribed diet or medication? List description of medication or diet, date prescribed and name and address of prescriber in remarks	☐	☐
e. Currently take any herbs, vitamins, mineral supplements or other non-prescription remedies? List description of non-prescribed medications in remarks.	☐	☐
18) Been diagnosed or treated by a member of the medical profession the past 10 years for complications of pregnancy (such as C-section) or now pregnant?	☐	☐
19) a. Been treated or diagnosed by a member of the medical profession as having any disorder of the blood or immune system, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Or Human Immunodeficiency Virus (HIV)?	☐	☐
b. Ever been treated by a member of the medical profession as having the AIDS (TTLV-III) Virus or tested positive to FDA licensed blood tests?	☐	☐

Remarks:

For all yes answers list question number and give full details, including name; address, and telephone number of the medical professional or facility providing treatment; diagnosis, dates of diagnoses, consultations, tests and treatments:

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be attached to and made a part of the insurance issued upon it, and will be used to determine if coverage will be issued.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured

Date

Signature of Owner/Applicant, if other than Proposed Insured

Signed at (City, State)

Rate Information

Rate data applies to filing.

Filing Method:	Approval
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Catholic Knights	%	%				%	%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Rates	2010 UL FLX AR, 2010 WP UL, 2010 CHLD TRM RDR, 2010 20 YR2 TRM RDR	New		2010 UL FLX AR (DBG Premiums).pdf 2010 UL FLX AR (Minimum Premiums).pdf 2010 UL FLX AR (Rates).pdf 2010 20 YR2 TRM RDR (Rates).pdf 2010 CHLD TRM RDR (Rates).pdf 2010 WP UL (Rates).pdf

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0			3.50					3.10		
1			3.62					3.22		
2			3.75					3.32		
3			3.87					3.42		
4			3.99					3.51		
5			4.12					3.62		
6			4.24					3.72		
7			4.36					3.84		
8			4.49					3.95		
9			4.61					4.07		
10			4.73					4.20		
11			4.86					4.33		
12			4.98					4.47		
13			5.10					4.61		
14			5.22					4.75		
15			5.35					4.86		
16	4.92	5.20	5.47	6.18	6.50	4.48	4.73	4.98	5.23	5.50
17	5.03	5.31	5.59	6.38	6.72	4.59	4.85	5.10	5.42	5.71
18	5.15	5.43	5.72	6.59	6.94	4.70	4.96	5.22	5.62	5.92
19	5.26	5.55	5.84	6.80	7.16	4.80	5.06	5.33	5.82	6.12
20	5.36	5.66	5.96	7.01	7.38	4.91	5.18	5.45	6.01	6.33
21	5.48	5.79	6.09	7.22	7.60	5.01	5.29	5.57	6.21	6.54
22	5.59	5.90	6.21	7.43	7.82	5.12	5.41	5.69	6.41	6.75
23	5.70	6.01	6.33	7.64	8.04	5.22	5.51	5.80	6.61	6.95
24	5.81	6.14	6.46	7.85	8.26	5.33	5.62	5.92	6.80	7.16
25	5.92	6.25	6.58	8.07	8.49	5.44	5.74	6.04	7.00	7.37
26	6.16	6.50	6.84	8.38	8.82	5.54	5.85	6.16	7.30	7.68
27	6.41	6.76	7.12	8.72	9.18	5.64	5.96	6.27	7.61	8.01
28	6.67	7.04	7.41	9.06	9.54	5.75	6.07	6.39	7.94	8.36
29	6.94	7.32	7.71	9.43	9.93	5.99	6.33	6.66	8.28	8.72
30	7.24	7.64	8.04	9.83	10.35	6.25	6.59	6.94	8.65	9.11
31	7.54	7.96	8.38	10.25	10.79	6.52	6.88	7.24	9.03	9.51
32	7.87	8.30	8.74	10.69	11.25	6.80	7.17	7.55	9.43	9.93
33	8.21	8.66	9.12	11.15	11.74	7.09	7.49	7.88	9.85	10.37
34	8.58	9.05	9.53	11.65	12.26	7.41	7.82	8.23	10.29	10.83
35	8.96	9.45	9.95	12.17	12.81	7.73	8.16	8.59	10.75	11.32
36	9.36	9.88	10.40	12.73	13.40	8.06	8.51	8.96	11.24	11.83
37	9.78	10.33	10.87	13.31	14.01	8.42	8.89	9.36	11.74	12.36
38	10.23	10.80	11.37	13.93	14.66	8.80	9.29	9.78	12.28	12.93
39	10.71	11.31	11.90	14.57	15.34	9.20	9.71	10.22	12.84	13.52
40	11.21	11.83	12.45	15.26	16.06	9.61	10.15	10.68	13.44	14.15
41	11.74	12.39	13.04	15.98	16.82	10.05	10.61	11.17	14.07	14.81
42	12.29	12.98	13.66	16.73	17.61	10.51	11.10	11.68	14.73	15.51
43	12.88	13.59	14.31	17.53	18.45	11.00	11.61	12.22	15.44	16.25
44	13.49	14.24	14.99	18.36	19.33	11.52	12.16	12.80	16.18	17.03
45	14.14	14.92	15.71	19.24	20.25	12.06	12.73	13.40	16.97	17.86
46	14.82	15.65	16.47	20.16	21.22	12.63	13.33	14.03	17.79	18.73
47	15.54	16.41	17.27	21.12	22.23	13.23	13.97	14.70	18.66	19.64
48	16.31	17.21	18.12	22.14	23.31	13.86	14.63	15.40	19.57	20.60
49	17.13	18.08	19.03	23.24	24.46	14.53	15.33	16.14	20.53	21.61
50	17.99	18.99	19.99	24.40	25.68	15.23	16.07	16.92	21.54	22.67
51	18.91	19.96	21.01	25.63	26.98	15.96	16.84	17.73	22.58	23.77
52	19.89	21.00	22.10	26.94	28.36	16.73	17.66	18.59	23.68	24.93
53	20.93	22.10	23.26	28.33	29.82	17.55	18.53	19.50	24.83	26.14
54	22.03	23.26	24.48	29.78	31.35	18.41	19.43	20.45	26.04	27.41
55	23.20	24.49	25.78	31.31	32.96	19.31	20.38	21.45	27.30	28.74
56	24.06	25.40	26.88	32.92	34.65	19.94	21.05	22.28	28.62	30.13
57	24.95	26.35	28.03	34.60	36.42	20.59	21.75	23.14	30.00	31.58

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
58	25.88	27.34	29.24	36.39	38.30	21.27	22.47	24.03	31.45	33.11
59	26.86	28.38	30.52	38.29	40.30	21.97	23.22	24.97	32.98	34.72
60	27.89	29.48	31.87	40.31	42.43	22.70	23.99	25.94	34.60	36.42
61	28.96	30.63	33.29	42.45	44.68	23.46	24.81	26.97	36.30	38.21
62	30.09	31.83	34.79	44.69	47.04	24.26	25.67	28.05	38.10	40.10
63	31.27	33.09	36.36	47.03	49.51	25.09	26.54	29.17	39.99	42.09
64	32.48	34.38	37.99	49.48	52.08	25.97	27.48	30.37	42.00	44.21
65	33.75	35.74	39.71	52.05	54.79	26.89	28.47	31.63	44.14	46.46
66	35.29	37.37	41.52	54.76	57.64	28.01	29.66	32.95	46.41	48.85
67	36.92	39.09	43.43	57.65	60.68	29.20	30.92	34.35	48.82	51.39
68	38.65	40.92	45.47	60.73	63.93	30.80	32.62	36.24	51.39	54.09
69	40.49	42.88	47.64	64.06	67.43	32.52	34.43	38.26	54.12	56.97
70	42.47	44.97	49.97	67.66	71.22	34.36	36.38	40.42	57.02	60.02
71	44.59	47.21	52.46	71.53	75.29	36.33	38.47	42.74	60.11	63.27
72	46.84	49.59	55.10	75.67	79.65	38.43	40.69	45.21	63.37	66.71
73	49.20	52.09	57.88	80.08	84.29	40.68	43.07	47.86	66.82	70.34
74	51.71	54.76	60.84	84.80	89.26	43.10	45.64	50.71	70.48	74.19
75	54.38	57.58	63.98	89.88	94.61	45.70	48.39	53.77	74.36	78.27
76	57.96	61.37	68.19	95.34	100.36	48.49	51.35	57.05	78.49	82.62
77	61.83	65.47	72.74	101.20	106.53	51.50	54.53	60.59	82.90	87.26
78	65.99	69.88	77.64	107.46	113.12	54.74	57.96	64.40	87.59	92.20
79	70.44	74.58	82.87	114.10	120.11	58.24	61.67	68.52	92.62	97.49
80	75.19	79.61	88.46	121.11	127.48	62.03	65.68	72.98	98.00	103.16
81	80.22	84.94	94.38	128.47	135.23	66.10	69.99	77.77	103.67	109.13
82	85.57	90.60	100.67	136.21	143.38	70.42	74.57	82.85	109.52	115.28
83	91.26	96.62	107.36	144.42	152.02	75.02	79.43	88.26	115.54	121.62
84	97.29	103.01	114.46	153.13	161.19	79.91	84.61	94.01	121.74	128.15
85	103.67	109.77	121.97	162.28	170.82	85.12	90.13	100.14	128.16	134.90

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0			4.38					3.88		
1			4.53					4.03		
2			4.69					4.15		
3			4.84					4.28		
4			4.99					4.39		
5			5.15					4.53		
6			5.30					4.65		
7			5.45					4.80		
8			5.61					4.94		
9			5.76					5.09		
10			5.91					5.25		
11			6.08					5.41		
12			6.23					5.59		
13			6.38					5.76		
14			6.53					5.94		
15			6.69					6.08		
16	6.15	6.50	6.84	7.73	8.13	5.60	5.91	6.23	6.54	6.88
17	6.29	6.64	6.99	7.98	8.40	5.74	6.06	6.38	6.78	7.14
18	6.44	6.79	7.15	8.24	8.68	5.88	6.20	6.53	7.03	7.40
19	6.58	6.94	7.30	8.50	8.95	6.00	6.33	6.66	7.28	7.65
20	6.70	7.08	7.45	8.76	9.23	6.14	6.48	6.81	7.51	7.91
21	6.85	7.24	7.61	9.03	9.50	6.26	6.61	6.96	7.76	8.18
22	6.99	7.38	7.76	9.29	9.78	6.40	6.76	7.11	8.01	8.44
23	7.13	7.51	7.91	9.55	10.05	6.53	6.89	7.25	8.26	8.69
24	7.26	7.68	8.08	9.81	10.33	6.66	7.03	7.40	8.50	8.95
25	7.40	7.81	8.23	10.09	10.61	6.80	7.18	7.55	8.75	9.21
26	7.70	8.13	8.55	10.48	11.03	6.93	7.31	7.70	9.13	9.60
27	8.01	8.45	8.90	10.90	11.48	7.05	7.45	7.84	9.51	10.01
28	8.34	8.80	9.26	11.33	11.93	7.19	7.59	7.99	9.93	10.45
29	8.68	9.15	9.64	11.79	12.41	7.49	7.91	8.33	10.35	10.90
30	9.05	9.55	10.05	12.29	12.94	7.81	8.24	8.68	10.81	11.39
31	9.43	9.95	10.48	12.81	13.49	8.15	8.60	9.05	11.29	11.89
32	9.84	10.38	10.93	13.36	14.06	8.50	8.96	9.44	11.79	12.41
33	10.26	10.83	11.40	13.94	14.68	8.86	9.36	9.85	12.31	12.96
34	10.73	11.31	11.91	14.56	15.33	9.26	9.78	10.29	12.86	13.54
35	11.20	11.81	12.44	15.21	16.01	9.66	10.20	10.74	13.44	14.15
36	11.70	12.35	13.00	15.91	16.75	10.08	10.64	11.20	14.05	14.79
37	12.23	12.91	13.59	16.64	17.51	10.53	11.11	11.70	14.68	15.45
38	12.79	13.50	14.21	17.41	18.33	11.00	11.61	12.23	15.35	16.16
39	13.39	14.14	14.88	18.21	19.18	11.50	12.14	12.78	16.05	16.90
40	14.01	14.79	15.56	19.08	20.08	12.01	12.69	13.35	16.80	17.69
41	14.68	15.49	16.30	19.98	21.03	12.56	13.26	13.96	17.59	18.51
42	15.36	16.23	17.08	20.91	22.01	13.14	13.88	14.60	18.41	19.39
43	16.10	16.99	17.89	21.91	23.06	13.75	14.51	15.28	19.30	20.31
44	16.86	17.80	18.74	22.95	24.16	14.40	15.20	16.00	20.23	21.29
45	17.68	18.65	19.64	24.05	25.31	15.08	15.91	16.75	21.21	22.33
46	18.53	19.56	20.59	25.20	26.53	15.79	16.66	17.54	22.24	23.41
47	19.43	20.51	21.59	26.40	27.79	16.54	17.46	18.38	23.33	24.55
48	20.39	21.51	22.65	27.68	29.14	17.33	18.29	19.25	24.46	25.75
49	21.41	22.60	23.79	29.05	30.58	18.16	19.16	20.18	25.66	27.01
50	22.49	23.74	24.99	30.50	32.10	19.04	20.09	21.15	26.93	28.34
51	23.64	24.95	26.26	32.04	33.73	19.95	21.05	22.16	28.23	29.71
52	24.86	26.25	27.63	33.68	35.45	20.91	22.08	23.24	29.60	31.16
53	26.16	27.63	29.08	35.41	37.28	21.94	23.16	24.38	31.04	32.68
54	27.54	29.08	30.60	37.23	39.19	23.01	24.29	25.56	32.55	34.26
55	29.00	30.61	32.23	39.14	41.20	24.14	25.48	26.81	34.13	35.93
56	30.08	31.75	33.60	41.15	43.31	24.93	26.31	27.85	35.78	37.66
57	31.19	32.94	35.04	43.25	45.53	25.74	27.19	28.93	37.50	39.48

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
58	32.35	34.18	36.55	45.49	47.88	26.59	28.09	30.04	39.31	41.39
59	33.58	35.48	38.15	47.86	50.38	27.46	29.03	31.21	41.23	43.40
60	34.86	36.85	39.84	50.39	53.04	28.38	29.99	32.43	43.25	45.53
61	36.20	38.29	41.61	53.06	55.85	29.33	31.01	33.71	45.38	47.76
62	37.61	39.79	43.49	55.86	58.80	30.33	32.09	35.06	47.63	50.13
63	39.09	41.36	45.45	58.79	61.89	31.36	33.18	36.46	49.99	52.61
64	40.60	42.98	47.49	61.85	65.10	32.46	34.35	37.96	52.50	55.26
65	42.19	44.68	49.64	65.06	68.49	33.61	35.59	39.54	55.18	58.08
66	44.11	46.71	51.90	68.45	72.05	35.01	37.08	41.19	58.01	61.06
67	46.15	48.86	54.29	72.06	75.85	36.50	38.65	42.94	61.03	64.24
68	48.31	51.15	56.84	75.91	79.91	38.50	40.78	45.30	64.24	67.61
69	50.61	53.60	59.55	80.08	84.29	40.65	43.04	47.83	67.65	71.21
70	53.09	56.21	62.46	84.58	89.03	42.95	45.48	50.53	71.28	75.03
71	55.74	59.01	65.58	89.41	94.11	45.41	48.09	53.43	75.14	79.09
72	58.55	61.99	68.88	94.59	99.56	48.04	50.86	56.51	79.21	83.39
73	61.50	65.11	72.35	100.10	105.36	50.85	53.84	59.83	83.53	87.93
74	64.64	68.45	76.05	106.00	111.58	53.88	57.05	63.39	88.10	92.74
75	67.98	71.98	79.98	112.35	118.26	57.13	60.49	67.21	92.95	97.84
76	72.45	76.71	85.24	119.18	125.45	60.61	64.19	71.31	98.11	103.28
77	77.29	81.84	90.93	126.50	133.16	64.38	68.16	75.74	103.63	109.08
78	82.49	87.35	97.05	134.33	141.40	68.43	72.45	80.50	109.49	115.25
79	88.05	93.23	103.59	142.63	150.14	72.80	77.09	85.65	115.78	121.86
80	93.99	99.51	110.58	151.39	159.35	77.54	82.10	91.23	122.50	128.95
81	100.28	106.18	117.98	160.59	169.04	82.63	87.49	97.21	129.59	136.41
82	106.96	113.25	125.84	170.26	179.23	88.03	93.21	103.56	136.90	144.10
83	114.08	120.78	134.20	180.53	190.03	93.78	99.29	110.33	144.43	152.03
84	121.61	128.76	143.08	191.41	201.49	99.89	105.76	117.51	152.18	160.19
85	129.59	137.21	152.46	202.85	213.53	106.40	112.66	125.18	160.20	168.63

Minimum UL Premiums (50% of Option 1 Death Benefit Guarantee Premiums) Per $1000
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0	-	-	1.75	-	-	-	-	1.55	-	-
1	-	-	1.81	-	-	-	-	1.61	-	-
2	-	-	1.88	-	-	-	-	1.66	-	-
3	-	-	1.94	-	-	-	-	1.71	-	-
4	-	-	2.00	-	-	-	-	1.76	-	-
5	-	-	2.06	-	-	-	-	1.81	-	-
6	-	-	2.12	-	-	-	-	1.86	-	-
7	-	-	2.18	-	-	-	-	1.92	-	-
8	-	-	2.25	-	-	-	-	1.98	-	-
9	-	-	2.31	-	-	-	-	2.04	-	-
10	-	-	2.37	-	-	-	-	2.10	-	-
11	-	-	2.43	-	-	-	-	2.17	-	-
12	-	-	2.49	-	-	-	-	2.24	-	-
13	-	-	2.55	-	-	-	-	2.31	-	-
14	-	-	2.61	-	-	-	-	2.38	-	-
15	-	-	2.68	-	-	-	-	2.43	-	-
16	2.46	2.60	2.74	3.09	3.25	2.24	2.37	2.49	2.62	2.75
17	2.52	2.66	2.80	3.19	3.36	2.30	2.43	2.55	2.71	2.86
18	2.58	2.72	2.86	3.30	3.47	2.35	2.48	2.61	2.81	2.96
19	2.63	2.78	2.92	3.40	3.58	2.40	2.53	2.67	2.91	3.06
20	2.68	2.83	2.98	3.51	3.69	2.46	2.59	2.73	3.01	3.17
21	2.74	2.90	3.05	3.61	3.80	2.51	2.65	2.79	3.11	3.27
22	2.80	2.95	3.11	3.72	3.91	2.56	2.71	2.85	3.21	3.38
23	2.85	3.01	3.17	3.82	4.02	2.61	2.76	2.90	3.31	3.48
24	2.91	3.07	3.23	3.93	4.13	2.67	2.81	2.96	3.40	3.58
25	2.96	3.13	3.29	4.04	4.25	2.72	2.87	3.02	3.50	3.69
26	3.08	3.25	3.42	4.19	4.41	2.77	2.93	3.08	3.65	3.84
27	3.21	3.38	3.56	4.36	4.59	2.82	2.98	3.14	3.81	4.01
28	3.34	3.52	3.71	4.53	4.77	2.88	3.04	3.20	3.97	4.18
29	3.47	3.66	3.86	4.72	4.97	3.00	3.17	3.33	4.14	4.36
30	3.62	3.82	4.02	4.92	5.18	3.13	3.30	3.47	4.33	4.56
31	3.77	3.98	4.19	5.13	5.40	3.26	3.44	3.62	4.52	4.76
32	3.94	4.15	4.37	5.35	5.63	3.40	3.59	3.78	4.72	4.97
33	4.11	4.33	4.56	5.58	5.87	3.55	3.75	3.94	4.93	5.19
34	4.29	4.53	4.77	5.83	6.13	3.71	3.91	4.12	5.15	5.42
35	4.48	4.73	4.98	6.09	6.41	3.87	4.08	4.30	5.38	5.66
36	4.68	4.94	5.20	6.37	6.70	4.03	4.26	4.48	5.62	5.92
37	4.89	5.17	5.44	6.66	7.01	4.21	4.45	4.68	5.87	6.18
38	5.12	5.40	5.69	6.97	7.33	4.40	4.65	4.89	6.14	6.47
39	5.36	5.66	5.95	7.29	7.67	4.60	4.86	5.11	6.42	6.76
40	5.61	5.92	6.23	7.63	8.03	4.81	5.08	5.34	6.72	7.08
41	5.87	6.20	6.52	7.99	8.41	5.03	5.31	5.59	7.04	7.41
42	6.15	6.49	6.83	8.37	8.81	5.26	5.55	5.84	7.37	7.76
43	6.44	6.80	7.16	8.77	9.23	5.50	5.81	6.11	7.72	8.13
44	6.75	7.12	7.50	9.18	9.67	5.76	6.08	6.40	8.09	8.52
45	7.07	7.46	7.86	9.62	10.13	6.03	6.37	6.70	8.49	8.93
46	7.41	7.83	8.24	10.08	10.61	6.32	6.67	7.02	8.90	9.37
47	7.77	8.21	8.64	10.56	11.12	6.62	6.99	7.35	9.33	9.82
48	8.16	8.61	9.06	11.07	11.66	6.93	7.32	7.70	9.79	10.30
49	8.57	9.04	9.52	11.62	12.23	7.27	7.67	8.07	10.27	10.81
50	9.00	9.50	10.00	12.20	12.84	7.62	8.04	8.46	10.77	11.34
51	9.46	9.98	10.51	12.82	13.49	7.98	8.42	8.87	11.29	11.89
52	9.95	10.50	11.05	13.47	14.18	8.37	8.83	9.30	11.84	12.47
53	10.47	11.05	11.63	14.17	14.91	8.78	9.27	9.75	12.42	13.07

Minimum UL Premiums (50% of Option 1 Death Benefit Guarantee Premiums) Per $1000
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
54	11.02	11.63	12.24	14.89	15.68	9.21	9.72	10.23	13.02	13.71
55	11.60	12.25	12.89	15.66	16.48	9.66	10.19	10.73	13.65	14.37
56	12.03	12.70	13.44	16.46	17.33	9.97	10.53	11.14	14.31	15.07
57	12.48	13.18	14.02	17.30	18.21	10.30	10.88	11.57	15.00	15.79
58	12.94	13.67	14.62	18.20	19.15	10.64	11.24	12.02	15.73	16.56
59	13.43	14.19	15.26	19.15	20.15	10.99	11.61	12.49	16.49	17.36
60	13.95	14.74	15.94	20.16	21.22	11.35	12.00	12.97	17.30	18.21
61	14.48	15.32	16.65	21.23	22.34	11.73	12.41	13.49	18.15	19.11
62	15.05	15.92	17.40	22.35	23.52	12.13	12.84	14.03	19.05	20.05
63	15.64	16.55	18.18	23.52	24.76	12.55	13.27	14.59	20.00	21.05
64	16.24	17.19	19.00	24.74	26.04	12.99	13.74	15.19	21.00	22.11
65	16.88	17.87	19.86	26.03	27.40	13.45	14.24	15.82	22.07	23.23
66	17.65	18.69	20.76	27.38	28.82	14.01	14.83	16.48	23.21	24.43
67	18.46	19.55	21.72	28.83	30.34	14.60	15.46	17.18	24.41	25.70
68	19.33	20.46	22.74	30.37	31.97	15.40	16.31	18.12	25.70	27.05
69	20.25	21.44	23.82	32.03	33.72	16.26	17.22	19.13	27.06	28.49
70	21.24	22.49	24.99	33.83	35.61	17.18	18.19	20.21	28.51	30.01
71	22.30	23.61	26.23	35.77	37.65	18.17	19.24	21.37	30.06	31.64
72	23.42	24.80	27.55	37.84	39.83	19.22	20.35	22.61	31.69	33.36
73	24.60	26.05	28.94	40.04	42.15	20.34	21.54	23.93	33.41	35.17
74	25.86	27.38	30.42	42.40	44.63	21.55	22.82	25.36	35.24	37.10
75	27.19	28.79	31.99	44.94	47.31	22.85	24.20	26.89	37.18	39.14
76	28.98	30.69	34.10	47.67	50.18	24.25	25.68	28.53	39.25	41.31
77	30.92	32.74	36.37	50.60	53.27	25.75	27.27	30.30	41.45	43.63
78	33.00	34.94	38.82	53.73	56.56	27.37	28.98	32.20	43.80	46.10
79	35.22	37.29	41.44	57.05	60.06	29.12	30.84	34.26	46.31	48.75
80	37.60	39.81	44.23	60.56	63.74	31.02	32.84	36.49	49.00	51.58
81	40.11	42.47	47.19	64.24	67.62	33.05	35.00	38.89	51.84	54.57
82	42.79	45.30	50.34	68.11	71.69	35.21	37.29	41.43	54.76	57.64
83	45.63	48.31	53.68	72.21	76.01	37.51	39.72	44.13	57.77	60.81
84	48.65	51.51	57.23	76.57	80.60	39.96	42.31	47.01	60.87	64.08
85	51.84	54.89	60.99	81.14	85.41	42.56	45.07	50.07	64.08	67.45

Minimum UL Premiums (50% of Option 1 Death Benefit Guarantee Premiums) Per $1000
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0	-	-	1.75	-	-	-	-	1.55	-	-
1	-	-	1.81	-	-	-	-	1.61	-	-
2	-	-	1.88	-	-	-	-	1.66	-	-
3	-	-	1.94	-	-	-	-	1.71	-	-
4	-	-	2.00	-	-	-	-	1.76	-	-
5	-	-	2.06	-	-	-	-	1.81	-	-
6	-	-	2.12	-	-	-	-	1.86	-	-
7	-	-	2.18	-	-	-	-	1.92	-	-
8	-	-	2.25	-	-	-	-	1.98	-	-
9	-	-	2.31	-	-	-	-	2.04	-	-
10	-	-	2.37	-	-	-	-	2.10	-	-
11	-	-	2.43	-	-	-	-	2.17	-	-
12	-	-	2.49	-	-	-	-	2.24	-	-
13	-	-	2.55	-	-	-	-	2.31	-	-
14	-	-	2.61	-	-	-	-	2.38	-	-
15	-	-	2.68	-	-	-	-	2.43	-	-
16	2.46	2.60	2.74	3.09	3.25	2.24	2.37	2.49	2.62	2.75
17	2.52	2.66	2.80	3.19	3.36	2.30	2.43	2.55	2.71	2.86
18	2.58	2.72	2.86	3.30	3.47	2.35	2.48	2.61	2.81	2.96
19	2.63	2.78	2.92	3.40	3.58	2.40	2.53	2.67	2.91	3.06
20	2.68	2.83	2.98	3.51	3.69	2.46	2.59	2.73	3.01	3.17
21	2.74	2.90	3.05	3.61	3.80	2.51	2.65	2.79	3.11	3.27
22	2.80	2.95	3.11	3.72	3.91	2.56	2.71	2.85	3.21	3.38
23	2.85	3.01	3.17	3.82	4.02	2.61	2.76	2.90	3.31	3.48
24	2.91	3.07	3.23	3.93	4.13	2.67	2.81	2.96	3.40	3.58
25	2.96	3.13	3.29	4.04	4.25	2.72	2.87	3.02	3.50	3.69
26	3.08	3.25	3.42	4.19	4.41	2.77	2.93	3.08	3.65	3.84
27	3.21	3.38	3.56	4.36	4.59	2.82	2.98	3.14	3.81	4.01
28	3.34	3.52	3.71	4.53	4.77	2.88	3.04	3.20	3.97	4.18
29	3.47	3.66	3.86	4.72	4.97	3.00	3.17	3.33	4.14	4.36
30	3.62	3.82	4.02	4.92	5.18	3.13	3.30	3.47	4.33	4.56
31	3.77	3.98	4.19	5.13	5.40	3.26	3.44	3.62	4.52	4.76
32	3.94	4.15	4.37	5.35	5.63	3.40	3.59	3.78	4.72	4.97
33	4.11	4.33	4.56	5.58	5.87	3.55	3.75	3.94	4.93	5.19
34	4.29	4.53	4.77	5.83	6.13	3.71	3.91	4.12	5.15	5.42
35	4.48	4.73	4.98	6.09	6.41	3.87	4.08	4.30	5.38	5.66
36	4.68	4.94	5.20	6.37	6.70	4.03	4.26	4.48	5.62	5.92
37	4.89	5.17	5.44	6.66	7.01	4.21	4.45	4.68	5.87	6.18
38	5.12	5.40	5.69	6.97	7.33	4.40	4.65	4.89	6.14	6.47
39	5.36	5.66	5.95	7.29	7.67	4.60	4.86	5.11	6.42	6.76
40	5.61	5.92	6.23	7.63	8.03	4.81	5.08	5.34	6.72	7.08
41	5.87	6.20	6.52	7.99	8.41	5.03	5.31	5.59	7.04	7.41
42	6.15	6.49	6.83	8.37	8.81	5.26	5.55	5.84	7.37	7.76
43	6.44	6.80	7.16	8.77	9.23	5.50	5.81	6.11	7.72	8.13
44	6.75	7.12	7.50	9.18	9.67	5.76	6.08	6.40	8.09	8.52
45	7.07	7.46	7.86	9.62	10.13	6.03	6.37	6.70	8.49	8.93
46	7.41	7.83	8.24	10.08	10.61	6.32	6.67	7.02	8.90	9.37
47	7.77	8.21	8.64	10.56	11.12	6.62	6.99	7.35	9.33	9.82
48	8.16	8.61	9.06	11.07	11.66	6.93	7.32	7.70	9.79	10.30
49	8.57	9.04	9.52	11.62	12.23	7.27	7.67	8.07	10.27	10.81
50	9.00	9.50	10.00	12.20	12.84	7.62	8.04	8.46	10.77	11.34
51	9.46	9.98	10.51	12.82	13.49	7.98	8.42	8.87	11.29	11.89
52	9.95	10.50	11.05	13.47	14.18	8.37	8.83	9.30	11.84	12.47
53	10.47	11.05	11.63	14.17	14.91	8.78	9.27	9.75	12.42	13.07

Minimum UL Premiums (50% of Option 1 Death Benefit Guarantee Premiums) Per $1000
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
54	11.02	11.63	12.24	14.89	15.68	9.21	9.72	10.23	13.02	13.71
55	11.60	12.25	12.89	15.66	16.48	9.66	10.19	10.73	13.65	14.37
56	12.03	12.70	13.44	16.46	17.33	9.97	10.53	11.14	14.31	15.07
57	12.48	13.18	14.02	17.30	18.21	10.30	10.88	11.57	15.00	15.79
58	12.94	13.67	14.62	18.20	19.15	10.64	11.24	12.02	15.73	16.56
59	13.43	14.19	15.26	19.15	20.15	10.99	11.61	12.49	16.49	17.36
60	13.95	14.74	15.94	20.16	21.22	11.35	12.00	12.97	17.30	18.21
61	14.48	15.32	16.65	21.23	22.34	11.73	12.41	13.49	18.15	19.11
62	15.05	15.92	17.40	22.35	23.52	12.13	12.84	14.03	19.05	20.05
63	15.64	16.55	18.18	23.52	24.76	12.55	13.27	14.59	20.00	21.05
64	16.24	17.19	19.00	24.74	26.04	12.99	13.74	15.19	21.00	22.11
65	16.88	17.87	19.86	26.03	27.40	13.45	14.24	15.82	22.07	23.23
66	17.65	18.69	20.76	27.38	28.82	14.01	14.83	16.48	23.21	24.43
67	18.46	19.55	21.72	28.83	30.34	14.60	15.46	17.18	24.41	25.70
68	19.33	20.46	22.74	30.37	31.97	15.40	16.31	18.12	25.70	27.05
69	20.25	21.44	23.82	32.03	33.72	16.26	17.22	19.13	27.06	28.49
70	21.24	22.49	24.99	33.83	35.61	17.18	18.19	20.21	28.51	30.01
71	22.30	23.61	26.23	35.77	37.65	18.17	19.24	21.37	30.06	31.64
72	23.42	24.80	27.55	37.84	39.83	19.22	20.35	22.61	31.69	33.36
73	24.60	26.05	28.94	40.04	42.15	20.34	21.54	23.93	33.41	35.17
74	25.86	27.38	30.42	42.40	44.63	21.55	22.82	25.36	35.24	37.10
75	27.19	28.79	31.99	44.94	47.31	22.85	24.20	26.89	37.18	39.14
76	28.98	30.69	34.10	47.67	50.18	24.25	25.68	28.53	39.25	41.31
77	30.92	32.74	36.37	50.60	53.27	25.75	27.27	30.30	41.45	43.63
78	33.00	34.94	38.82	53.73	56.56	27.37	28.98	32.20	43.80	46.10
79	35.22	37.29	41.44	57.05	60.06	29.12	30.84	34.26	46.31	48.75
80	37.60	39.81	44.23	60.56	63.74	31.02	32.84	36.49	49.00	51.58
81	40.11	42.47	47.19	64.24	67.62	33.05	35.00	38.89	51.84	54.57
82	42.79	45.30	50.34	68.11	71.69	35.21	37.29	41.43	54.76	57.64
83	45.63	48.31	53.68	72.21	76.01	37.51	39.72	44.13	57.77	60.81
84	48.65	51.51	57.23	76.57	80.60	39.96	42.31	47.01	60.87	64.08
85	51.84	54.89	60.99	81.14	85.41	42.56	45.07	50.07	64.08	67.45

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0			3.50					3.10		
1			3.62					3.22		
2			3.75					3.32		
3			3.87					3.42		
4			3.99					3.51		
5			4.12					3.62		
6			4.24					3.72		
7			4.36					3.84		
8			4.49					3.95		
9			4.61					4.07		
10			4.73					4.20		
11			4.86					4.33		
12			4.98					4.47		
13			5.10					4.61		
14			5.22					4.75		
15			5.35					4.86		
16	4.92	5.20	5.47	6.18	6.50	4.48	4.73	4.98	5.23	5.50
17	5.03	5.31	5.59	6.38	6.72	4.59	4.85	5.10	5.42	5.71
18	5.15	5.43	5.72	6.59	6.94	4.70	4.96	5.22	5.62	5.92
19	5.26	5.55	5.84	6.80	7.16	4.80	5.06	5.33	5.82	6.12
20	5.36	5.66	5.96	7.01	7.38	4.91	5.18	5.45	6.01	6.33
21	5.48	5.79	6.09	7.22	7.60	5.01	5.29	5.57	6.21	6.54
22	5.59	5.90	6.21	7.43	7.82	5.12	5.41	5.69	6.41	6.75
23	5.70	6.01	6.33	7.64	8.04	5.22	5.51	5.80	6.61	6.95
24	5.81	6.14	6.46	7.85	8.26	5.33	5.62	5.92	6.80	7.16
25	5.92	6.25	6.58	8.07	8.49	5.44	5.74	6.04	7.00	7.37
26	6.16	6.50	6.84	8.38	8.82	5.54	5.85	6.16	7.30	7.68
27	6.41	6.76	7.12	8.72	9.18	5.64	5.96	6.27	7.61	8.01
28	6.67	7.04	7.41	9.06	9.54	5.75	6.07	6.39	7.94	8.36
29	6.94	7.32	7.71	9.43	9.93	5.99	6.33	6.66	8.28	8.72
30	7.24	7.64	8.04	9.83	10.35	6.25	6.59	6.94	8.65	9.11
31	7.54	7.96	8.38	10.25	10.79	6.52	6.88	7.24	9.03	9.51
32	7.87	8.30	8.74	10.69	11.25	6.80	7.17	7.55	9.43	9.93
33	8.21	8.66	9.12	11.15	11.74	7.09	7.49	7.88	9.85	10.37
34	8.58	9.05	9.53	11.65	12.26	7.41	7.82	8.23	10.29	10.83
35	8.96	9.45	9.95	12.17	12.81	7.73	8.16	8.59	10.75	11.32
36	9.36	9.88	10.40	12.73	13.40	8.06	8.51	8.96	11.24	11.83
37	9.78	10.33	10.87	13.31	14.01	8.42	8.89	9.36	11.74	12.36
38	10.23	10.80	11.37	13.93	14.66	8.80	9.29	9.78	12.28	12.93
39	10.71	11.31	11.90	14.57	15.34	9.20	9.71	10.22	12.84	13.52
40	11.21	11.83	12.45	15.26	16.06	9.61	10.15	10.68	13.44	14.15
41	11.74	12.39	13.04	15.98	16.82	10.05	10.61	11.17	14.07	14.81
42	12.29	12.98	13.66	16.73	17.61	10.51	11.10	11.68	14.73	15.51
43	12.88	13.59	14.31	17.53	18.45	11.00	11.61	12.22	15.44	16.25
44	13.49	14.24	14.99	18.36	19.33	11.52	12.16	12.80	16.18	17.03
45	14.14	14.92	15.71	19.24	20.25	12.06	12.73	13.40	16.97	17.86
46	14.82	15.65	16.47	20.16	21.22	12.63	13.33	14.03	17.79	18.73
47	15.54	16.41	17.27	21.12	22.23	13.23	13.97	14.70	18.66	19.64
48	16.31	17.21	18.12	22.14	23.31	13.86	14.63	15.40	19.57	20.60
49	17.13	18.08	19.03	23.24	24.46	14.53	15.33	16.14	20.53	21.61
50	17.99	18.99	19.99	24.40	25.68	15.23	16.07	16.92	21.54	22.67
51	18.91	19.96	21.01	25.63	26.98	15.96	16.84	17.73	22.58	23.77
52	19.89	21.00	22.10	26.94	28.36	16.73	17.66	18.59	23.68	24.93
53	20.93	22.10	23.26	28.33	29.82	17.55	18.53	19.50	24.83	26.14
54	22.03	23.26	24.48	29.78	31.35	18.41	19.43	20.45	26.04	27.41
55	23.20	24.49	25.78	31.31	32.96	19.31	20.38	21.45	27.30	28.74
56	24.06	25.40	26.88	32.92	34.65	19.94	21.05	22.28	28.62	30.13
57	24.95	26.35	28.03	34.60	36.42	20.59	21.75	23.14	30.00	31.58

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
58	25.88	27.34	29.24	36.39	38.30	21.27	22.47	24.03	31.45	33.11
59	26.86	28.38	30.52	38.29	40.30	21.97	23.22	24.97	32.98	34.72
60	27.89	29.48	31.87	40.31	42.43	22.70	23.99	25.94	34.60	36.42
61	28.96	30.63	33.29	42.45	44.68	23.46	24.81	26.97	36.30	38.21
62	30.09	31.83	34.79	44.69	47.04	24.26	25.67	28.05	38.10	40.10
63	31.27	33.09	36.36	47.03	49.51	25.09	26.54	29.17	39.99	42.09
64	32.48	34.38	37.99	49.48	52.08	25.97	27.48	30.37	42.00	44.21
65	33.75	35.74	39.71	52.05	54.79	26.89	28.47	31.63	44.14	46.46
66	35.29	37.37	41.52	54.76	57.64	28.01	29.66	32.95	46.41	48.85
67	36.92	39.09	43.43	57.65	60.68	29.20	30.92	34.35	48.82	51.39
68	38.65	40.92	45.47	60.73	63.93	30.80	32.62	36.24	51.39	54.09
69	40.49	42.88	47.64	64.06	67.43	32.52	34.43	38.26	54.12	56.97
70	42.47	44.97	49.97	67.66	71.22	34.36	36.38	40.42	57.02	60.02
71	44.59	47.21	52.46	71.53	75.29	36.33	38.47	42.74	60.11	63.27
72	46.84	49.59	55.10	75.67	79.65	38.43	40.69	45.21	63.37	66.71
73	49.20	52.09	57.88	80.08	84.29	40.68	43.07	47.86	66.82	70.34
74	51.71	54.76	60.84	84.80	89.26	43.10	45.64	50.71	70.48	74.19
75	54.38	57.58	63.98	89.88	94.61	45.70	48.39	53.77	74.36	78.27
76	57.96	61.37	68.19	95.34	100.36	48.49	51.35	57.05	78.49	82.62
77	61.83	65.47	72.74	101.20	106.53	51.50	54.53	60.59	82.90	87.26
78	65.99	69.88	77.64	107.46	113.12	54.74	57.96	64.40	87.59	92.20
79	70.44	74.58	82.87	114.10	120.11	58.24	61.67	68.52	92.62	97.49
80	75.19	79.61	88.46	121.11	127.48	62.03	65.68	72.98	98.00	103.16
81	80.22	84.94	94.38	128.47	135.23	66.10	69.99	77.77	103.67	109.13
82	85.57	90.60	100.67	136.21	143.38	70.42	74.57	82.85	109.52	115.28
83	91.26	96.62	107.36	144.42	152.02	75.02	79.43	88.26	115.54	121.62
84	97.29	103.01	114.46	153.13	161.19	79.91	84.61	94.01	121.74	128.15
85	103.67	109.77	121.97	162.28	170.82	85.12	90.13	100.14	128.16	134.90

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0			4.38					3.88		
1			4.53					4.03		
2			4.69					4.15		
3			4.84					4.28		
4			4.99					4.39		
5			5.15					4.53		
6			5.30					4.65		
7			5.45					4.80		
8			5.61					4.94		
9			5.76					5.09		
10			5.91					5.25		
11			6.08					5.41		
12			6.23					5.59		
13			6.38					5.76		
14			6.53					5.94		
15			6.69					6.08		
16	6.15	6.50	6.84	7.73	8.13	5.60	5.91	6.23	6.54	6.88
17	6.29	6.64	6.99	7.98	8.40	5.74	6.06	6.38	6.78	7.14
18	6.44	6.79	7.15	8.24	8.68	5.88	6.20	6.53	7.03	7.40
19	6.58	6.94	7.30	8.50	8.95	6.00	6.33	6.66	7.28	7.65
20	6.70	7.08	7.45	8.76	9.23	6.14	6.48	6.81	7.51	7.91
21	6.85	7.24	7.61	9.03	9.50	6.26	6.61	6.96	7.76	8.18
22	6.99	7.38	7.76	9.29	9.78	6.40	6.76	7.11	8.01	8.44
23	7.13	7.51	7.91	9.55	10.05	6.53	6.89	7.25	8.26	8.69
24	7.26	7.68	8.08	9.81	10.33	6.66	7.03	7.40	8.50	8.95
25	7.40	7.81	8.23	10.09	10.61	6.80	7.18	7.55	8.75	9.21
26	7.70	8.13	8.55	10.48	11.03	6.93	7.31	7.70	9.13	9.60
27	8.01	8.45	8.90	10.90	11.48	7.05	7.45	7.84	9.51	10.01
28	8.34	8.80	9.26	11.33	11.93	7.19	7.59	7.99	9.93	10.45
29	8.68	9.15	9.64	11.79	12.41	7.49	7.91	8.33	10.35	10.90
30	9.05	9.55	10.05	12.29	12.94	7.81	8.24	8.68	10.81	11.39
31	9.43	9.95	10.48	12.81	13.49	8.15	8.60	9.05	11.29	11.89
32	9.84	10.38	10.93	13.36	14.06	8.50	8.96	9.44	11.79	12.41
33	10.26	10.83	11.40	13.94	14.68	8.86	9.36	9.85	12.31	12.96
34	10.73	11.31	11.91	14.56	15.33	9.26	9.78	10.29	12.86	13.54
35	11.20	11.81	12.44	15.21	16.01	9.66	10.20	10.74	13.44	14.15
36	11.70	12.35	13.00	15.91	16.75	10.08	10.64	11.20	14.05	14.79
37	12.23	12.91	13.59	16.64	17.51	10.53	11.11	11.70	14.68	15.45
38	12.79	13.50	14.21	17.41	18.33	11.00	11.61	12.23	15.35	16.16
39	13.39	14.14	14.88	18.21	19.18	11.50	12.14	12.78	16.05	16.90
40	14.01	14.79	15.56	19.08	20.08	12.01	12.69	13.35	16.80	17.69
41	14.68	15.49	16.30	19.98	21.03	12.56	13.26	13.96	17.59	18.51
42	15.36	16.23	17.08	20.91	22.01	13.14	13.88	14.60	18.41	19.39
43	16.10	16.99	17.89	21.91	23.06	13.75	14.51	15.28	19.30	20.31
44	16.86	17.80	18.74	22.95	24.16	14.40	15.20	16.00	20.23	21.29
45	17.68	18.65	19.64	24.05	25.31	15.08	15.91	16.75	21.21	22.33
46	18.53	19.56	20.59	25.20	26.53	15.79	16.66	17.54	22.24	23.41
47	19.43	20.51	21.59	26.40	27.79	16.54	17.46	18.38	23.33	24.55
48	20.39	21.51	22.65	27.68	29.14	17.33	18.29	19.25	24.46	25.75
49	21.41	22.60	23.79	29.05	30.58	18.16	19.16	20.18	25.66	27.01
50	22.49	23.74	24.99	30.50	32.10	19.04	20.09	21.15	26.93	28.34
51	23.64	24.95	26.26	32.04	33.73	19.95	21.05	22.16	28.23	29.71
52	24.86	26.25	27.63	33.68	35.45	20.91	22.08	23.24	29.60	31.16
53	26.16	27.63	29.08	35.41	37.28	21.94	23.16	24.38	31.04	32.68
54	27.54	29.08	30.60	37.23	39.19	23.01	24.29	25.56	32.55	34.26
55	29.00	30.61	32.23	39.14	41.20	24.14	25.48	26.81	34.13	35.93
56	30.08	31.75	33.60	41.15	43.31	24.93	26.31	27.85	35.78	37.66
57	31.19	32.94	35.04	43.25	45.53	25.74	27.19	28.93	37.50	39.48

Universal Life Death Benefit Guarantee Premiums Per $1000
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
58	32.35	34.18	36.55	45.49	47.88	26.59	28.09	30.04	39.31	41.39
59	33.58	35.48	38.15	47.86	50.38	27.46	29.03	31.21	41.23	43.40
60	34.86	36.85	39.84	50.39	53.04	28.38	29.99	32.43	43.25	45.53
61	36.20	38.29	41.61	53.06	55.85	29.33	31.01	33.71	45.38	47.76
62	37.61	39.79	43.49	55.86	58.80	30.33	32.09	35.06	47.63	50.13
63	39.09	41.36	45.45	58.79	61.89	31.36	33.18	36.46	49.99	52.61
64	40.60	42.98	47.49	61.85	65.10	32.46	34.35	37.96	52.50	55.26
65	42.19	44.68	49.64	65.06	68.49	33.61	35.59	39.54	55.18	58.08
66	44.11	46.71	51.90	68.45	72.05	35.01	37.08	41.19	58.01	61.06
67	46.15	48.86	54.29	72.06	75.85	36.50	38.65	42.94	61.03	64.24
68	48.31	51.15	56.84	75.91	79.91	38.50	40.78	45.30	64.24	67.61
69	50.61	53.60	59.55	80.08	84.29	40.65	43.04	47.83	67.65	71.21
70	53.09	56.21	62.46	84.58	89.03	42.95	45.48	50.53	71.28	75.03
71	55.74	59.01	65.58	89.41	94.11	45.41	48.09	53.43	75.14	79.09
72	58.55	61.99	68.88	94.59	99.56	48.04	50.86	56.51	79.21	83.39
73	61.50	65.11	72.35	100.10	105.36	50.85	53.84	59.83	83.53	87.93
74	64.64	68.45	76.05	106.00	111.58	53.88	57.05	63.39	88.10	92.74
75	67.98	71.98	79.98	112.35	118.26	57.13	60.49	67.21	92.95	97.84
76	72.45	76.71	85.24	119.18	125.45	60.61	64.19	71.31	98.11	103.28
77	77.29	81.84	90.93	126.50	133.16	64.38	68.16	75.74	103.63	109.08
78	82.49	87.35	97.05	134.33	141.40	68.43	72.45	80.50	109.49	115.25
79	88.05	93.23	103.59	142.63	150.14	72.80	77.09	85.65	115.78	121.86
80	93.99	99.51	110.58	151.39	159.35	77.54	82.10	91.23	122.50	128.95
81	100.28	106.18	117.98	160.59	169.04	82.63	87.49	97.21	129.59	136.41
82	106.96	113.25	125.84	170.26	179.23	88.03	93.21	103.56	136.90	144.10
83	114.08	120.78	134.20	180.53	190.03	93.78	99.29	110.33	144.43	152.03
84	121.61	128.76	143.08	191.41	201.49	99.89	105.76	117.51	152.18	160.19
85	129.59	137.21	152.46	202.85	213.53	106.40	112.66	125.18	160.20	168.63

Level20 Additional Insured Term Rider Rates - Initial 20 Years

Life rates do NOT include WP rates

Premiums Per $1000 of Life Coverage

Minimum Issue Amount: Select Plus, Select & Select Smoker: $100,000 Nonsmoker & Smoker: $50,000

Maximum Issue Amount is the Primary Insured's total coverage amount

	MALE RATES						FEMALE RATES				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Standard Smoker	ALL WP	Select Plus	Select	Nonsmoker	Select Smoker	Standard Smoker
16	0.66	0.77	1.10	1.46	1.72	0.08	0.63	0.74	1.05	1.45	1.71
17	0.66	0.77	1.10	1.46	1.72	0.08	0.63	0.74	1.05	1.45	1.71
18	0.66	0.77	1.10	1.46	1.72	0.08	0.63	0.74	1.05	1.45	1.71
19	0.67	0.78	1.11	1.48	1.74	0.08	0.63	0.74	1.05	1.45	1.71
20	0.67	0.78	1.11	1.50	1.76	0.09	0.63	0.74	1.05	1.45	1.71
21	0.67	0.78	1.11	1.51	1.78	0.09	0.64	0.74	1.06	1.45	1.71
22	0.67	0.78	1.11	1.51	1.78	0.09	0.64	0.74	1.06	1.46	1.72
23	0.67	0.78	1.11	1.51	1.78	0.10	0.64	0.74	1.06	1.47	1.73
24	0.68	0.79	1.13	1.54	1.81	0.11	0.64	0.75	1.07	1.48	1.74
25	0.69	0.81	1.15	1.56	1.84	0.12	0.64	0.75	1.07	1.49	1.75
26	0.71	0.83	1.18	1.62	1.90	0.13	0.64	0.75	1.07	1.50	1.76
27	0.75	0.88	1.25	1.74	2.05	0.14	0.65	0.76	1.08	1.50	1.77
28	0.78	0.91	1.30	1.85	2.18	0.15	0.65	0.76	1.09	1.52	1.79
29	0.79	0.92	1.31	1.87	2.20	0.16	0.67	0.78	1.11	1.54	1.81
30	0.79	0.92	1.32	1.89	2.22	0.17	0.68	0.79	1.13	1.56	1.83
31	0.80	0.94	1.34	2.05	2.41	0.18	0.69	0.81	1.15	1.57	1.85
32	0.82	0.95	1.36	2.24	2.64	0.19	0.70	0.82	1.17	1.64	1.93
33	0.90	1.05	1.50	2.47	2.90	0.20	0.71	0.83	1.19	1.72	2.02
34	0.98	1.15	1.64	2.72	3.20	0.21	0.73	0.85	1.21	1.80	2.12
35	1.06	1.24	1.77	2.97	3.49	0.22	0.74	0.87	1.24	1.92	2.26
36	1.13	1.32	1.89	3.20	3.76	0.24	0.80	0.93	1.33	2.07	2.43
37	1.22	1.42	2.03	3.46	4.07	0.26	0.87	1.02	1.45	2.23	2.62
38	1.28	1.50	2.14	3.67	4.32	0.28	0.94	1.09	1.56	2.41	2.84
39	1.36	1.59	2.27	3.93	4.62	0.30	0.96	1.12	1.60	2.61	3.07
40	1.37	1.60	2.28	4.12	4.85	0.32	1.04	1.21	1.73	2.83	3.33
41	1.38	1.61	2.30	4.45	5.23	0.34	1.13	1.32	1.88	3.04	3.58
42	1.46	1.71	2.44	4.62	5.44	0.36	1.22	1.42	2.03	3.26	3.83
43	1.56	1.82	2.60	5.19	6.11	0.38	1.31	1.53	2.19	3.47	4.08
44	1.68	1.96	2.80	5.87	6.91	0.41	1.42	1.65	2.36	3.68	4.33
45	1.79	2.09	2.99	6.22	7.32	0.45	1.54	1.79	2.56	3.89	4.58
46	1.95	2.28	3.25	6.75	7.94	0.50	1.67	1.95	2.78	4.11	4.83
47	2.13	2.49	3.55	7.12	8.38	0.56	1.76	2.06	2.94	4.32	5.08
48	2.31	2.70	3.85	7.51	8.84	0.63	1.86	2.17	3.10	4.53	5.33
49	2.51	2.93	4.18	8.30	9.77	0.71	1.95	2.28	3.25	4.74	5.58
50	2.72	3.17	4.53	8.74	10.28	0.80	2.05	2.39	3.41	4.96	5.83
51	3.05	3.56	5.09	9.68	11.39	1.00	2.28	2.66	3.80	5.74	6.75
52	3.39	3.96	5.65	10.63	12.51	1.21	2.51	2.93	4.19	6.51	7.66
53	3.73	4.35	6.21	11.58	13.62	1.43	2.75	3.21	4.58	7.29	8.58
54	4.06	4.74	6.77	12.53	14.74	1.67	2.98	3.48	4.97	8.07	9.49
55	4.28	4.89	7.33	13.47	15.85	1.94	3.22	3.75	5.36	8.85	10.41
56	4.94	5.76	8.23	15.04	17.69	2.23	3.56	4.15	5.93	9.81	11.54
57	5.48	6.39	9.13	16.61	19.54	2.55	3.90	4.55	6.50	10.77	12.67
58	6.01	7.02	10.02	18.17	21.38	2.90	4.24	4.94	7.06	11.72	13.79
59	6.55	7.65	10.92	19.75	23.23	3.30	4.58	5.34	7.63	12.68	14.92
60	7.02	7.97	11.82	21.31	25.07	3.75	4.92	5.74	8.20	13.64	16.05
61	8.38	9.77	13.96	24.00	28.23	---	5.83	6.80	9.71	15.86	18.66
62	9.66	11.27	16.10	26.69	31.40	---	6.73	7.86	11.22	18.07	21.26
63	10.94	12.77	18.24	29.38	34.56	---	7.64	8.92	12.74	20.29	23.87
64	12.23	14.27	20.38	32.07	37.73	---	8.55	9.97	14.25	22.50	26.47
65	13.27	15.02	22.52	34.76	40.89	---	9.46	11.03	15.76	24.72	29.08

Level20 Additional Insured Term Rider Rates - Renewal Premiums

For Issue Ages 51-65

Issue Ages 16-50:
Use level premiums for first 20 years.
NO renewal premiums available

Issue Ages 51-65:
Use level premiums for initial 20 years.
After the 20th policy year, this rider may be renewed for a maximum of ten successive one-year renewal periods.

FIPSCO will only show the initial 20 years & NOT the renewal premiums

Age	Male	Female
71	128.10	101.55
72	139.92	110.49
73	151.83	120.24
74	164.73	130.44
75	179.07	141.15
76	194.97	152.73
77	213.36	165.21
78	234.45	178.68
79	257.67	193.17
80	283.05	211.23
81	310.02	233.31
82	337.77	256.05
83	367.35	279.27
84	400.80	303.45
85	438.72	325.80
86	479.85	351.63
87	523.56	383.67
88	569.13	415.74
89	615.99	445.08
90	661.26	461.76
91	704.34	475.44
92	748.56	504.99
93	794.28	546.81
94	843.06	605.10

Children's Term Rider - Rates

Issue Ages:	15-55 for Primary Insured
Minimum Issue Amounts:	$2,000
Maximum Issue Amounts:	$10,000 per family
Rate Banding:	None
Annual Policy Fee	None
Face Amount:	Level for all Years
Premiums:	Flat $6.00 per $1000 of coverage on all issue ages of the parent.
Allowable Modes:	Same as base policy
Modal Rates:	No modal loading
Renewal Period:	Annually renewable until the anniversary following the last child's 23rd birthday
Special Ratings:	Rider is available if the adult insured is rated up to Table 6 and the child is accepted at Standard rate.
Adding the Rider:	The CTR can be added to existing policies at any time with evidence of insurability of each eligible child and the insured parent.

Universal Life Waiver of Death Benefit Guarantee Premium Rates (Per $1000 Death Benefit)
Death Benefit Option 1: Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0	---	---	0.07	---	---	---	---	0.06	---	---
1	---	---	0.07	---	---	---	---	0.07	---	---
2	---	---	0.07	---	---	---	---	0.07	---	---
3	---	---	0.07	---	---	---	---	0.07	---	---
4	---	---	0.07	---	---	---	---	0.07	---	---
5	---	---	0.07	---	---	---	---	0.07	---	---
6	---	---	0.07	---	---	---	---	0.07	---	---
7	---	---	0.07	---	---	---	---	0.07	---	---
8	---	---	0.07	---	---	---	---	0.07	---	---
9	---	---	0.07	---	---	---	---	0.07	---	---
10	---	---	0.08	---	---	---	---	0.07	---	---
11	---	---	0.08	---	---	---	---	0.07	---	---
12	---	---	0.08	---	---	---	---	0.07	---	---
13	---	---	0.09	---	---	---	---	0.08	---	---
14	---	---	0.10	---	---	---	---	0.09	---	---
15	---	---	0.10	---	---	---	---	0.10	---	---
16	0.09	0.09	0.10	0.12	0.13	0.09	0.09	0.10	0.10	0.11
17	0.10	0.10	0.11	0.13	0.14	0.09	0.09	0.10	0.11	0.12
18	0.10	0.10	0.11	0.13	0.14	0.10	0.10	0.11	0.11	0.12
19	0.10	0.10	0.12	0.14	0.15	0.10	0.10	0.12	0.12	0.13
20	0.11	0.11	0.13	0.15	0.16	0.10	0.10	0.12	0.13	0.14
21	0.12	0.12	0.14	0.16	0.17	0.11	0.11	0.13	0.13	0.14
22	0.12	0.12	0.14	0.17	0.18	0.12	0.12	0.14	0.14	0.15
23	0.14	0.14	0.15	0.19	0.20	0.13	0.13	0.14	0.15	0.16
24	0.14	0.14	0.16	0.20	0.21	0.14	0.14	0.15	0.16	0.17
25	0.15	0.15	0.17	0.22	0.23	0.14	0.14	0.16	0.18	0.19
26	0.17	0.17	0.19	0.23	0.24	0.15	0.15	0.17	0.19	0.20
27	0.18	0.18	0.20	0.25	0.26	0.16	0.16	0.18	0.20	0.21
28	0.18	0.18	0.21	0.26	0.27	0.18	0.18	0.21	0.22	0.23
29	0.20	0.20	0.23	0.29	0.30	0.19	0.19	0.22	0.23	0.24
30	0.22	0.22	0.24	0.30	0.32	0.21	0.21	0.23	0.26	0.27
31	0.23	0.23	0.26	0.32	0.34	0.22	0.22	0.24	0.27	0.28
32	0.26	0.26	0.29	0.36	0.38	0.24	0.24	0.27	0.29	0.31
33	0.28	0.28	0.32	0.39	0.41	0.26	0.26	0.29	0.31	0.33
34	0.30	0.30	0.33	0.42	0.44	0.28	0.28	0.32	0.34	0.36
35	0.33	0.33	0.37	0.46	0.48	0.30	0.30	0.34	0.38	0.40
36	0.35	0.35	0.40	0.49	0.52	0.33	0.33	0.37	0.40	0.42
37	0.38	0.38	0.43	0.54	0.57	0.36	0.36	0.41	0.44	0.46
38	0.42	0.42	0.47	0.59	0.62	0.39	0.39	0.44	0.48	0.50
39	0.46	0.46	0.51	0.65	0.68	0.42	0.42	0.48	0.52	0.55
40	0.50	0.50	0.56	0.70	0.74	0.46	0.46	0.51	0.56	0.59
41	0.54	0.54	0.60	0.76	0.80	0.50	0.50	0.56	0.61	0.64
42	0.59	0.59	0.67	0.83	0.87	0.54	0.54	0.61	0.66	0.69
43	0.65	0.65	0.73	0.90	0.95	0.58	0.58	0.66	0.71	0.75
44	0.71	0.71	0.80	1.00	1.05	0.65	0.65	0.73	0.78	0.82
45	0.78	0.78	0.87	1.08	1.14	0.70	0.70	0.79	0.85	0.89
46	0.85	0.85	0.95	1.19	1.25	0.77	0.77	0.86	0.92	0.97
47	0.93	0.93	1.04	1.30	1.37	0.85	0.85	0.95	1.02	1.07
48	1.02	1.02	1.14	1.42	1.49	0.94	0.94	1.05	1.11	1.17
49	1.12	1.12	1.26	1.56	1.64	1.04	1.04	1.17	1.24	1.30
50	1.22	1.22	1.37	1.67	1.76	1.13	1.13	1.27	1.33	1.40
51	1.36	1.36	1.53	1.86	1.96	1.26	1.26	1.41	1.47	1.55
52	1.52	1.52	1.71	2.09	2.20	1.39	1.39	1.57	1.63	1.72
53	1.69	1.69	1.90	2.32	2.44	1.54	1.54	1.73	1.80	1.89
54	1.90	1.90	2.13	2.59	2.73	1.71	1.71	1.93	2.00	2.10
55	2.10	2.10	2.37	2.84	2.99	1.90	1.90	2.13	2.19	2.30
56	2.36	2.36	2.66	3.18	3.35	2.12	2.12	2.39	2.44	2.57
57	2.66	2.66	2.99	3.55	3.74	2.37	2.37	2.66	2.73	2.87
58	2.99	2.99	3.37	3.98	4.19	2.65	2.65	2.98	3.04	3.20
59	3.38	3.38	3.80	4.47	4.71	2.98	2.98	3.36	3.41	3.59
60	3.74	3.74	4.21	4.89	5.15	3.34	3.34	3.76	3.81	4.01

Universal Life Waiver of Death Benefit Guarantee Premium Rates (Per $1000 Death Benefit)
Death Benefit Option 2: Fund + Specified Amount

	MALE					FEMALE				
Issue Age	Select Plus	Select	Nonsmoker	Select Smoker	Smoker	Select Plus	Select	Nonsmoker	Select Smoker	Smoker
0	---	---	0.09	---	---	---	---	0.08	---	---
1	---	---	0.09	---	---	---	---	0.09	---	---
2	---	---	0.09	---	---	---	---	0.09	---	---
3	---	---	0.09	---	---	---	---	0.09	---	---
4	---	---	0.09	---	---	---	---	0.09	---	---
5	---	---	0.09	---	---	---	---	0.09	---	---
6	---	---	0.09	---	---	---	---	0.09	---	---
7	---	---	0.09	---	---	---	---	0.09	---	---
8	---	---	0.09	---	---	---	---	0.09	---	---
9	---	---	0.09	---	---	---	---	0.09	---	---
10	---	---	0.10	---	---	---	---	0.09	---	---
11	---	---	0.10	---	---	---	---	0.09	---	---
12	---	---	0.10	---	---	---	---	0.09	---	---
13	---	---	0.11	---	---	---	---	0.10	---	---
14	---	---	0.13	---	---	---	---	0.11	---	---
15	---	---	0.13	---	---	---	---	0.13	---	---
16	0.11	0.11	0.13	0.15	0.16	0.11	0.11	0.13	0.13	0.14
17	0.13	0.13	0.14	0.16	0.18	0.11	0.11	0.13	0.14	0.15
18	0.13	0.13	0.14	0.16	0.18	0.13	0.13	0.14	0.14	0.15
19	0.13	0.13	0.15	0.18	0.19	0.13	0.13	0.15	0.15	0.16
20	0.14	0.14	0.16	0.19	0.20	0.13	0.13	0.15	0.16	0.18
21	0.15	0.15	0.18	0.20	0.21	0.14	0.14	0.16	0.16	0.18
22	0.15	0.15	0.18	0.21	0.23	0.15	0.15	0.18	0.18	0.19
23	0.18	0.18	0.19	0.24	0.25	0.16	0.16	0.18	0.19	0.20
24	0.18	0.18	0.20	0.25	0.26	0.18	0.18	0.19	0.20	0.21
25	0.19	0.19	0.21	0.28	0.29	0.18	0.18	0.20	0.23	0.24
26	0.21	0.21	0.24	0.29	0.30	0.19	0.19	0.21	0.24	0.25
27	0.23	0.23	0.25	0.31	0.33	0.20	0.20	0.23	0.25	0.26
28	0.23	0.23	0.26	0.33	0.34	0.23	0.23	0.26	0.28	0.29
29	0.25	0.25	0.29	0.36	0.38	0.24	0.24	0.28	0.29	0.30
30	0.28	0.28	0.30	0.38	0.40	0.26	0.26	0.29	0.33	0.34
31	0.29	0.29	0.33	0.40	0.43	0.28	0.28	0.30	0.34	0.35
32	0.33	0.33	0.36	0.45	0.48	0.30	0.30	0.34	0.36	0.39
33	0.35	0.35	0.40	0.49	0.51	0.33	0.33	0.36	0.39	0.41
34	0.38	0.38	0.41	0.53	0.55	0.35	0.35	0.40	0.43	0.45
35	0.41	0.41	0.46	0.58	0.60	0.38	0.38	0.43	0.48	0.50
36	0.44	0.44	0.50	0.61	0.65	0.41	0.41	0.46	0.50	0.53
37	0.48	0.48	0.54	0.68	0.71	0.45	0.45	0.51	0.55	0.58
38	0.53	0.53	0.59	0.74	0.78	0.49	0.49	0.55	0.60	0.63
39	0.58	0.58	0.64	0.81	0.85	0.53	0.53	0.60	0.65	0.69
40	0.63	0.63	0.70	0.88	0.93	0.58	0.58	0.64	0.70	0.74
41	0.68	0.68	0.75	0.95	1.00	0.63	0.63	0.70	0.76	0.80
42	0.74	0.74	0.84	1.04	1.09	0.68	0.68	0.76	0.83	0.86
43	0.81	0.81	0.91	1.13	1.19	0.73	0.73	0.83	0.89	0.94
44	0.89	0.89	1.00	1.25	1.31	0.81	0.81	0.91	0.98	1.03
45	0.98	0.98	1.09	1.35	1.43	0.88	0.88	0.99	1.06	1.11
46	1.06	1.06	1.19	1.49	1.56	0.96	0.96	1.08	1.15	1.21
47	1.16	1.16	1.30	1.63	1.71	1.06	1.06	1.19	1.28	1.34
48	1.28	1.28	1.43	1.78	1.86	1.18	1.18	1.31	1.39	1.46
49	1.40	1.40	1.58	1.95	2.05	1.30	1.30	1.46	1.55	1.63
50	1.53	1.53	1.71	2.09	2.20	1.41	1.41	1.59	1.66	1.75
51	1.70	1.70	1.91	2.33	2.45	1.58	1.58	1.76	1.84	1.94
52	1.90	1.90	2.14	2.61	2.75	1.74	1.74	1.96	2.04	2.15
53	2.11	2.11	2.38	2.90	3.05	1.93	1.93	2.16	2.25	2.36
54	2.38	2.38	2.66	3.24	3.41	2.14	2.14	2.41	2.50	2.63
55	2.63	2.63	2.96	3.55	3.74	2.38	2.38	2.66	2.74	2.88
56	2.95	2.95	3.33	3.98	4.19	2.65	2.65	2.99	3.05	3.21
57	3.33	3.33	3.74	4.44	4.68	2.96	2.96	3.33	3.41	3.59
58	3.74	3.74	4.21	4.98	5.24	3.31	3.31	3.73	3.80	4.00
59	4.23	4.23	4.75	5.59	5.89	3.73	3.73	4.20	4.26	4.49
60	4.68	4.68	5.26	6.11	6.44	4.18	4.18	4.70	4.76	5.01

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Arkansas Readability.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: The application is attached under the form schedule.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Certification of Compliance

Comments:

Attachment:

Arkansas Compliance Cert-19.pdf

Item Status: **Status Date:**

Satisfied - Item: Consent to submit rates

Comments:

Attachment:

Arkansas Exhibit A.pdf

Item Status: **Status Date:**

Satisfied - Item: Regulation 34 certification of compliance

Comments:

Attachment:

Arkansas Compliance Cert-34.pdf

Item Status: **Status Date:**

Satisfied - Item: Authorization

Comments:

Attachment:

Authorization.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Catholic Knights

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

Form Number	Score
2010 UL FLX AR	50
2010 WP UL	50.3
2010 CHLD TRM RDR	54.7
2010 20 YR2 TRM RDR	55.6
2010 LF APP	50
2010 LF APP2	50.7

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary

June 2, 2010
Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Catholic Knights

Form Titles:
Individual Flexible Premium Adjustable Life Insurance
Waiver of Premium Benefit Rider
Children's Term Rider
Additional Insured Convertible 20 Year Term Insurance Rider
Individual Life Application (Part I)
Individual Life Application (Part II)

Form Numbers:
2010 UL FLX AR
2010 WP UL
2010 CHLD TRM RDR
2010 20 YR2 TRM RDR
2010 LF APP
2010 LF APP2

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

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary

June 2, 2010
Date

EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

NAME OF COMPANY: Catholic Knights

FORM NUMBERS:
2010 UL FLX AR
2010 WP UL
2010 CHLD TRM RDR
2010 20 YR2 TRM RDR
2010 LF APP
2010 LF APP2

The Company does hereby consent and agree:

that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to the policy form number(s) indicated above must be filed with the Insurance Commissioner for the State of Arkansas ("commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior the expiration of sixty (60) days.

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary

June 2, 2010
Date

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

Company Name: Catholic Knights

Form Titles:
Individual Flexible Premium Adjustable Life Insurance
Waiver of Premium Benefit Rider
Children's Term Rider
Additional Insured Convertible 20 Year Term Insurance Rider
Individual Life Application (Part I)
Individual Life Application (Part II)

Form Numbers:
2010 UL FLX AR
2010 WP UL
2010 CHLD TRM RDR
2010 20 YR2 TRM RDR
2010 LF APP
2010 LF APP2

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Arkansas Regulation 34.

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary

June 2, 2010
Date

CATHOLIC KNIGHTS℠
Catholic values in action®

1100 West Wells Street (414) 273-6266 Telephone
Post Office Box 05900 (414) 223-3201 Fax
Milwaukee WI 53205-0900 (800) 927-2547 Toll-Free

June 2, 2010

To: The Insurance Commissioner

Authorization

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

This Authorization shall be valid until revoked by us.

Catholic Knights

By: _____
Daniel H. Strasburg, FSA, MAAA
Title: Vice President and Chief Actuary

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	Individual Flexible Premium Adjustable Life Insurance Certificate	06/14/2010	2010 UL FLX AR.pdf (Superceded)

[ ]
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Catholic Knights
[1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
www.catholicknights.org]

Insured [John DOE]
Certificate Number: [123456]

UNIVERSAL LIFE INSURANCE
Flexible Premium Adjustable Life Insurance
Adjustable Death Benefit Payable Upon the Death of the Insured
Benefits, Values, Periods of Coverage and Premiums are on an Indeterminate Basis
Death Benefit Guarantee Available
Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and Catholic Knights. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

Catholic Knights agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 6) to the beneficiary according to the provisions of this certificate.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of the certificate

This is done by delivering or mailing a written notice and the certificate to Catholic Knights, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any Catholic Knights authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Knights will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[ ]

[William R. O'Toole Allan G. Joyce]

President Secretary

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SECTION 1 CONTRACT SPECIFICATIONS

INSURED: [John D. Doe]
ISSUE AGE: [35] **SEX:** [male]
CERTIFICATE DATE: [7/1/2010]

FACE AMOUNT OF INSURANCE: [$100,000]
CERTIFICATE NUMBER: [1234567]
PREMIUM CLASS: [NON-TOBACCO]

OWNER: [John D. Doe]

DIVIDEND OPTION: [Cash]
DEATH BENEFIT OPTION: [Option 1]

[ADDITIONAL INSURED: Jane A. Doe
ISSUE AGE: 35 **SEX:** Female**]**

PREMIUM CLASS: NON-TOBACCO

DIVIDENDS are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

SCHEDULE OF BENEFITS AND PREMIUMS

Plan: FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

Initial Face Amount: [$100,000]

PLAN	FACE AMOUNT	DESCRIPTION OF BENEFIT	BENEFIT EXPIRY DATE	NUMBER YEARS PREMIUM PAYMENT	MONTHLY DEATH BENEFIT GUARANTEE PREMIUM
ICC10 FLX UL	[$100,000]	Adjustable Life Insurance Contract	[6/30/2096]	[86]	[$82.92]
ICC10 WP UL		Waiver of Premium Rider	[6/30/2040]	[30]	[$ 3.08]

Premiums

Total Monthly Death Benefit Guaranteed Premium	[$86.00]
Total Planned Premium	[$1,500.00]
Planned Premium Mode	[Annual]
Minimum Face Amount	[$50,000]
Minimum Credited Interest Rate	4.0%

To make this contract clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the contract must be read as a whole.

IMPORTANT NOTICE

It is possible that coverage will terminate if premiums are not paid or premiums are not sufficient to continue coverage.

The telephone number of the Arkansas Office of the Commissioner of Insurance is 501-371-2600.

CHARGES

Percent of Premium Charge	5% of each premium
Monthly Expense Charges	[$6.25 per month for all years]
Monthly Deduction for Riders	[$3.08]
Policy Loan Interest Rate	[7%]

Schedule of Surrender Charges

Surrender Date	Surrender Charge
[07/01/2010 - 06/30/2011	$1,134
07/01/2011 - 06/30/2012	$1,021
07/01/2012 - 06/30/2013	$907
07/01/2013 - 06/30/2014	$794
07/01/2014 - 06/30/2015	$680
07/01/2015 - 06/30/2016	$567
07/01/2016 - 06/30/2017	$454
07/01/2017 - 06/30/2018	$340
07/01/2018 - 06/30/2019	$227
07/01/2019 - 06/30/2020	$113
07/01/2020 - 06/30/2021	$0]

TABLE OF MAXIMUM COST OF INSURANCE RATES
For [Male Non-Tobacco] Insurance Class

Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*
[0	0.0600	31	0.0842	62	0.9850	93	19.9400
1	0.0383	32	0.0850	63	1.1025	94	21.4025
2	0.0275	33	0.0875	64	1.2250	95	22.8508
3	0.0200	34	0.0892	65	1.3525	96	24.2650
4	0.0175	35	0.0933	66	1.4817	97	25.7717
5	0.0175	36	0.0975	67	1.6167	98	27.3783
6	0.0183	37	0.1033	68	1.7592	99	29.0925
7	0.0183	38	0.1108	69	1.9192	100	30.7300
8	0.0183	39	0.1175	70	2.1058	101	32.1825
9	0.0192	40	0.1267	71	2.3325	102	33.7275
10	0.0200	41	0.1375	72	2.5975	103	35.3700
11	0.0233	42	0.1508	73	2.8767	104	37.1058
12	0.0283	43	0.1667	74	3.1767	105	38.9342
13	0.0333	44	0.1842	75	3.5033	106	40.8750
14	0.0433	45	0.2033	76	3.8717	107	42.9342
15	0.0550	46	0.2225	77	4.3000	108	45.1192
16	0.0642	47	0.2383	78	4.7975	109	47.4350
17	0.0725	48	0.2508	79	5.3550	110	49.8875
18	0.0767	49	0.2667	80	5.9767	111	52.4858
19	0.0783	50	0.2875	81	6.6525	112	55.2358
20	0.0792	51	0.3142	82	7.3683	113	58.1458
21	0.0792	52	0.3467	83	8.1500	114	61.2208
22	0.0792	53	0.3842	84	9.0192	115	64.4692
23	0.0800	54	0.4317	85	9.9858	116	67.8967
24	0.0808	55	0.4850	86	11.0492	117	71.5108
25	0.0833	56	0.5400	87	12.1983	118	75.3167
26	0.0867	57	0.5933	88	13.4200	119	79.3058
27	0.0883	58	0.6467	89	14.7017	120	83.3333]
28	0.0867	59	0.7092	90	15.9783		
29	0.0858	60	0.7850	91	17.2350		
30	0.0850	61	0.8775	92	18.5517		

*The Maximum monthly cost per $1000 of Risk Amount for the [Male Non-Tobacco] Insurance Class, is based on the 2001 CSO [Male Non-Smoker] Ultimate ALB Mortality Table.

SECTION 2 DEFINITIONS

YOU and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

WE, **US** and **OUR** means Catholic Knights, a fraternal benefit society.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

Additional Benefits. Any riders included in this Contract as shown on the Contract Specifications page.

Application. The signed document(s) provided to us in application for membership and/or this life insurance contract, including all amendments and supplements to the application.

Attained Age. The Insured's age on the latest Contract Anniversary.

Base Amount of Insurance. The minimum amount of insurance coverage provided under this Contract as determined in Section 6.

The **Beneficiary** is the person who has a right to receive the death benefit proceeds.

Cash Value. The Account Value as determined in Section 9, less any applicable Surrender Charges. The Cash Value amount may appear on illustrations and other correspondence from us.

Certificate. This *Certificate of Membership and Insurance*, documenting membership with Catholic Knights and ownership of a legally binding life insurance contract. The Certificate provides the agreed terms and conditions of the life insurance contract.

Certificate Date. The Certificate Date is shown on the Contract Specifications page. This Contract takes effect and begins as of the Certificate Date. Contract years and months are measured from the Certificate Date.

Contract. The life insurance contract, as provided in Section 3.1.

Contract Anniversary. The same day of each year after issuance of the Contract as the Certificate Date on Page 3.

Contract Maturity Date. The latest date that this Contract may be kept in force. The Net Account Value will be paid to the owner if the insured is still living.

Contract Year. The period of time from one Contract Anniversary to the next Contract Anniversary. The first Contract Year is the period of time from the Certificate Date until the first Contract Anniversary.

Death Benefit. The amount of money payable under this Contract upon the death of the Insured before adjustments for any indebtedness.

Face Amount. The amount of life insurance provided by this Contract exclusive of any riders.

Insurance Class. The Insured's grouping for determining the Cost of Insurance rates based on sex and risk class.

Monthly Anniversary. The same day of each month after issuance of the Contract as the Certificate Date on page 3.

Net Premium. The portion of each premium that is applied to increase the Account Value. The Net Premium is equal to the premium paid less the Percent of Premium Charge shown on the Contract Specifications page.

Planned Premium. The amount of periodic premium payments that you select. Your initial election is shown on the Contract Specifications page.

Surrender Charge. A fee that is applied at the time a Contract is surrendered by the owner. The Surrender Charge will be the amount shown on the Contract Specifications pages.

Written Notice. A written request or statement signed by you and received in good order by us at our Home Office.

SECTION 3 GENERAL PROVISIONS

3.1 The Life Insurance Contract

Your life insurance contract ("Contract") consists of this Certificate, including all supplemental changes, endorsements and riders to this Certificate, the Applications, and the Constitution ("Articles of Incorporation") and Bylaws of Catholic Knights. Any changes, additions or amendments to the Constitution or Bylaws of Catholic Knights duly made or enacted subsequent to the issuance of this Certificate shall bind the owner and the beneficiaries and shall govern and control the Contract in all respects the same as if the changes, additions or amendments had been made prior to and were in force at the time of the Applications for membership and insurance, except that no change, addition or amendment shall destroy or diminish benefits which Catholic Knights contracted to give the owner as of the Certificate Date.

If you cease to be a member of Catholic Knights for any reason except for non-payment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, you may maintain the Contract in force by continuing payment of the required premium. No provision of Catholic Knights' Constitution or Bylaws provides for the termination of coverage under this Contract.

We assume that all statements made in the Applications were made to the best of the knowledge and belief of the person who made them; in the absence of fraud they are deemed to be representations not warranties. We relied on those statements when we issued the Certificate. We will not use any statement, unless made in the Applications, to void this Contract or to deny a claim.

No change in this Certificate is valid unless it has been approved by the insurance supervisory official of the state in which this Contract is delivered and by an officer of Catholic Knights. No agent or financial services representative has authority to change this Certificate or to waive any of its provisions.

3.2 Incontestability

This Contract will not be contested by us after it has been in force during the lifetime of the Insured for two (2) years from the Certificate Date except for (a) non-payment of premium, and (b) fraud in the procurement of this Contract when permitted by applicable law in the state where this contact is delivered or issued for delivery. This provision will apply from the date this Contract is reinstated with regard to statements made in the application for reinstatement.

If an increase in the face amount required proof of insurability, Catholic Knights will not contest the validity of the increase after it has been in effect for two (2) years from the date of increase provided the Insured has not died during that time.

3.3 Suicide

If the Insured dies by suicide, whether sane or insane, within two (2) years from the Certificate Date, we will pay no more than the sum of the premiums paid without interest less any Indebtedness, less any dividends paid, and less any partial withdrawals.

If the Insured dies by suicide, whether sane or insane, within two (2) years from the date of a rider addition or an increase in the Face Amount that increases the Insurance Proceeds payable, the amount of the rider addition or increase in Death Benefit will not be paid. Catholic Knights will refund the Cost of Insurance deductions attributable to the addition or increase.

3.4 Misstatement of Age or Sex

If the age or sex of the Insured has been misstated, the current face amount and every other benefit payable will be the amount which the most recent Cost of Insurance Rate would have purchased.

3.5 Maintenance of Legal Reserves

If for any reason our reserves as to all or any class of policies become impaired, Catholic Knights' Board of Directors or a corresponding body may require that there shall be paid by the owner to us the amount of the owner's equitable portion of such deficiency.

If the payment is not made it shall stand as an Indebtedness against the Contract and draw interest at the rate of interest set by us for loans in accordance with Section 12.2. In lieu thereof or in combination therewith, the owner may consent to an equivalent reduction in benefits.

The foregoing provisions of this Section 3.5 correspond in substance to a section of the Catholic Knights Bylaws. No other provision of Catholic Knights' Constitution or Bylaws provides for any reduction of benefits under this Contract.

3.6 Annual Report

At least once each year we will send a report, without charge, to the owner which shows current information as of a date not more than four months prior to the date of mailing. This information includes the following:

1) The beginning and end dates of the current report period.
2) The Account Value at the end of the current report period;
3) The amounts (identified by type) that have been credited or debited during the current report period;
4) The loan balance, if any, at the end of the current period;
5) The death benefit at the end of the current period; and
6) The Cash Surrender Value, if any, at the end of the current report period.

If assuming guaranteed interest, mortality and expense loads, and continued scheduled premiums, the contract would terminate due to excess indebtedness, a notice to this effect will be included in the report.

3.7 Illustration

Upon your written request, we will provide one illustration of future death benefits and surrender value in any contract year. The illustration will be based on necessary assumptions specified by us and/or you. Additional illustrations are available upon your written request for a fee not to exceed $25.00.

3.8 Forms and Procedures

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

SECTION 4 OWNERSHIP

4.1 The Owner

The owner is named on page 3. All Contract rights may be exercised by you or your successor or transferee, without the consent of any beneficiary designated unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the Insured and thereafter to the extent permitted by Section 15.

4.2 Transfer of Ownership

You may transfer the ownership of this Contract. Written evidence of transfer satisfactory to us must be received at our Home Office. The transfer will then be effective as of the date it was signed by you, subject to any payments made or actions taken by us prior to receipt of this transfer.

4.3 Collateral Assignment

You may assign this Contract as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of this Contract. We will not be responsible to an assignee for any payment or other action taken by us before receipt of the assignment in writing at our Home Office.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

You must give us notice of an assignment. An assignment, unless otherwise specified by the owner, will be effective on the date signed, subject to any payments made or actions taken by us prior to receipt of such notice.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership. Ownership can be transferred only by complying with Section 4.2

4.4 Successor Owner

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the contract owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

SECTION 5 PREMIUMS AND REINSTATEMENTS

5.1 Premium Payments

The amount of the Planned Premium and its interval of payment are shown on the Contract Specifications page. The initial premium is due on or before the Certificate Date. Premiums received before the Certificate Date are applied on the Certificate Date. All premiums are payable at our Home Office or to any Catholic Knights financial services representative.

Premiums may be paid at any time before the Contract Maturity Date. You may pay more or less than the Planned Premium, but each premium that is not paid electronically must be at least $25. However, except as provided in Section 8, to continue the Contract in force on each Monthly Anniversary the Net Account Value must be sufficient to cover the Total Monthly Deduction.

We reserve the right to not accept premiums, or a portion of a premium, if after the premium is applied the Base Amount of Insurance will be the Minimum Death Benefit as described in Section 6.2 and 6.3. Acceptance of premiums in this case is subject to our issue and underwriting requirements.

5.2 Premium Billing

We will send premium billings based on the amount and interval of premium payments you request. You may change the amount and, subject to our administrative rules, the interval or method of billing by giving Written Notice.

5.3 Premium in Default and Grace Period

Except as described under Section 8, Death Benefit Guarantee, a premium is in default on a Monthly Anniversary if the Monthly Deduction to be made on that day would result in a Net Account Value less than zero. Notice of the premium required for the grace period and to keep this Contract in force for three months will be mailed to you and any assignee of record, at the address last known to us. You will have a grace period of 61 days after the date of notice during which the Contract will remain in force. If the required premium is received at our Home Office within the grace period, we will deduct any Monthly Deduction not made while the premium was in default. Otherwise, this Contract will terminate without value at the end of the grace period. Any premium payment sent by U.S. mail must be postmarked before the expiration of the grace period.

5.4 Reinstatement

This Contract may be reinstated within three (3) years after the end of the grace period unless it has been surrendered. Following the end of the grace period, to reinstate we require:

1) Evidence of insurability which meets our standards;

2) Payment of a premium sufficient to cover the Monthly Deductions that were not made during the grace period;

3) Payment of a premium sufficient to keep this contract in force for at least one (1) month; and

4) Repayment or reinstatement of all Indebtedness existing at the end of the grace period.

If all of the above requirements are met and we approve the application for reinstatement, reinstatement will be effective on the Monthly Deduction Date immediately preceding the date of our approval. If a Surrender Charge was applicable at the end of the grace period, we will issue a new Schedule of Charges restating the surrender charges. The new Schedule of Surrender Charges will not include the time between the end of the grace period and the date of reinstatement. There will be no Monthly Deductions or loan interest charged from the date of lapse to the date of reinstatement. Upon reinstatement, the Account Value is the Account Value on the date of lapse plus the Net Premiums received minus the Monthly Deductions that were not made during the Grace Period minus the Monthly Deduction on the reinstatement date.

The Death Benefit Guarantee cannot be reinstated under this provision.

5.5 Continuation of Insurance Coverage

This Contract will remain in force until the first of the following events to occur:

1) The date of death of the Insured.

2) The end of the grace period if the premium required to keep this Contract in force has not been received at our Home Office.

3) The date you surrender this Contract.

4) The Contract Maturity Date shown on the Contract Specifications page.

Any dividend accumulations and the cash value of any paid-up dividend additions shall be paid to the owner upon termination of the contract.

SECTION 6 INSURANCE PROCEEDS

When the Insured dies, an amount of money called the Insurance Proceeds, will be payable to the beneficiary. The Insurance Proceeds are described in this section.

6.1 Current Face Amount

The Initial Face Amount of Insurance is shown on page 3. You may increase or decrease the Initial Face Amount of Insurance as described in Section 7. The Current Face Amount on any date is the

Initial Face Amount of Insurance plus any face amount increases and minus any face amount decreases on or prior to that date.

6.2 Minimum Death Benefit

This Contract is intended to qualify as a "life insurance contract" under Section 7702 of the Internal Revenue Code by providing a Minimum Death Benefit in compliance with the Cash Value Accumulation Test. The Minimum Death Benefit on any date is the amount of paid-up whole life insurance that would be purchased by the Account Value as a net single premium at the Insured's sex and Attained Age using the mortality and interest rates described in Section 9.4. If, at any time, a different method or basis which provides a higher Minimum Death Benefit is needed to satisfy the Cash Value Accumulation Test, the Minimum Death Benefit will be calculated on that method or basis. We reserve the right to make any reasonable adjustments to the terms or conditions of this policy if it becomes necessary to allow it to qualify as life insurance. A change in Death Benefit Option or Current Face Amount, or certain other policy changes, will often change the policy's limits under the Cash Value Accumulation Test. We reserve the right to refuse or limit any request for a change if the change would cause the policy to fail to qualify as life insurance for tax purposes.

This provision should not be construed to guarantee that this policy will receive tax treatment as life insurance or that the tax treatment of life insurance will never be changed by the future actions of any tax authority.

6.3 Death Benefit Options

The Death Benefit Option in effect as of the Certificate Date is shown on the Contract Specifications page and may be subsequently changed by you in accordance with Section 7.3. There are two death benefit options:

Option 1 - The Base Amount of Insurance will be the greater of:

1) the Current Face Amount; and

2) the Minimum Death Benefit.

Option 2 - The Base Amount of Insurance will be the greater of:

1) the Current Face Amount plus the Account Value, and

2) the Minimum Death Benefit.

6.4 Insurance Proceeds Calculation

The Insurance Proceeds are:

1) The Base Amount of Insurance from the death benefit option in effect on the date of death
   PLUS
2) Any insurance on the Insured's life which may be provided by riders to this Contract
   PLUS
3) Any insurance bought with dividends
   MINUS
4) Any Indebtedness.

Within a reasonable period (not longer than two months) after we have received due proof of the Insured's death and of the claimant's right to payment, we will pay the Insurance Proceeds in one lump sum unless one or more of the payout plans described in Section 15 is selected. We will pay interest on the proceeds from the date of death to the date of settlement at the rate paid on the date of death on funds left on deposit with us.

Additional interest, at a rate of 8%, will be paid if the Insurance Proceeds are not paid within 30 calendar days from the latest of (1) our receipt of due proof of the Insured's death, (2) our receipt of

sufficient information to determine the extent of liability and payee, and (3) removal of any legal impediments to payment of proceeds that were depended upon parties other than us. Due proof of the Insured's death will consist of a certified copy of the Insured's death certificate, or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

SECTION 7 CHANGES IN FACE AMOUNT AND DEATH BENEFIT OPTION

7.1 Increase In Face Amount

After the Contract has been in force for one (1) Contract Year, you may increase the Face Amount any time before the Contract Anniversary on or next following the Insured's 85th birthday. The increase is subject to the following:

1) Only one (1) increase is allowed in each Contract Year.

2) You must make written application to us at our Home Office.

3) You must give us evidence of insurability which meets our standards.

4) The increase must be at least $25,000.

5) The effective date of the increase will be the date shown on the supplemental contract schedule that we will mail to you.

6) The Cost of Insurance for the increase will be included in the Monthly Deduction beginning on the effective date of the increase.

7) The Net Account Value must be sufficient to cover the Monthly Deduction on the effective date of the increase.

8) A new schedule of Surrender Charges will apply to the increase in Face Amount. The new Surrender Charges will be based upon the same basis as used to determine the Surrender Charges at issue. We will provide the owner a copy of the new Surrender Charges before any increase is issued.

9) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the increase.

7.2 Decrease In Face Amount

After the Contract has been in force for one (1) Contract Year, you may decrease the face amount at any time before the Contract Maturity Date. The decrease is subject to the following:

1) Only one decrease is allowed in each Contract Year

2) You must give Written Notice.

3) The decrease must be at least $10,000

4) The decrease will be applied, in successive order, against:

    a. The most recent increase in Face Amount;

    b. The next most recent increase(s); then

    c. The Initial Face Amount.

5) The decrease will not reduce the Surrender Charge.

6) The Face Amount after the decrease must not be less than the Minimum Face Amount shown on the Contract Specifications page.

7) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the decrease.

8) The effective date of the decrease will be the Monthly Anniversary on or next after the date we receive Written Notice. That date will be shown on the supplemental contract schedule that we will mail to you.

7.3 Changes of Death Benefit Option

After the Contract has been in force for one (1) Contract Year, you may change the death benefit option at any time before the Contract Anniversary on or next following the Insured's 85th birthday. The change is subject to the following:

1) Only one (1) Death Benefit Option change is allowed in any Contract Year.

2) You must give Written Notice.

3) If you change from Option 1 to Option 2, the Face Amount will be decreased by the Account Value on the effective date of the change. The decrease in Face Amount will be applied in the order specified in Section 7.2. However, this change may not be made if it would reduce the Face Amount to less than the Minimum Face Amount shown on the Contract Specifications page.

4) If you change from Option 2 to Option 1, the Face Amount will be increased by the Account Value on the effective date of the change. A new schedule of Surrender Charges will apply to the increase in Face Amount.

5) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the change.

6) The effective date of the change will be the Monthly Anniversary on or next after the date we receive Written Notice. The new Death Benefit Option will be shown on the supplemental contract schedule that we will mail to you.

SECTION 8 DEATH BENEFIT GUARANTEE

8.1 Death Benefit Guarantee

This Contract will continue in force and no premium will be in default on a Monthly Anniversary even if the Monthly Deduction to be made that day would result in a Net Account Value that is less than zero; provided that you pay sufficient premiums to meet the Death Benefit Guarantee Requirements and the Death Benefit Guarantee has not terminated.

If this Contract continues in force under the Death Benefit Guarantee as described above, then if the Monthly Deduction on a Monthly Anniversary exceeds the Net Account Value, no deduction will be made and the Monthly Deduction will be postponed until the next Monthly Anniversary on which the Net Account Value exceeds the amount of the postponed Monthly Deduction. Postponed Monthly Deductions will be made in order, starting with the first postponed deduction.
The Total Death Benefit Guarantee Premium is shown on the Contract Specifications page.

8.2 Death Benefit Guarantee Requirements

On any Monthly Anniversary, the requirements for the Death Benefit Guarantee are met if (1) is equal to or greater than (2) where:

1) Is the sum of:

   a) Premiums paid; and

   b) Any premiums credited to this Contract under a Waiver of Premium Rider;

Less the sum of:

c) Any partial withdrawals; and

d) Any Indebtedness.

2) Is the sum of the Total Death Benefit Guarantee Premiums from the Certificate Date through that Monthly Anniversary.

8.3 Death Benefit Guarantee Premiums

Death Benefit Guarantee Premiums and the Total Death Benefit Guarantee Premium on the Certificate Date are shown on the Contract Specifications page. If the Death Benefit Guarantee has not terminated, then a new Total Death Benefit Guarantee Premium will be determined whenever:

1) The Death Benefit Option is changed;

2) The Face Amount is increased or decreased;

3) The Insurance Class is changed; or

4) Additional Benefits are increased, decreased, added to this Contract or terminated.

The new Total Death Benefit Guarantee Premium will be shown on the supplemental contract schedule that we will mail to you.

8.4 Termination of Death Benefit Guarantee

The Death Benefit Guarantee may terminate if the requirements for the Death Benefit Guarantee are not met. The Death Benefit Guarantee terminates on the Certificate Date if the initial premium paid is less than the Total Death Benefit Guarantee Premium. On the first Monthly Anniversary on which the requirements for the Death Benefit Guarantee are not met, we will mail to you at the address last known to us a notice of the premium needed. You will have a grace period of 61 days after the date of notice during which the Death Benefit Guarantee will remain in force. If the required premium is not received at our Home Office within the grace period, the Death Benefit Guarantee will terminate as of the Monthly Anniversary on which the requirements for the Death Benefit Guarantee were not met.

If the Death Benefit Guarantee has terminated, the Contract will remain in force subject to Section 5.5.

8.5 Reinstatement of Death Benefit Guarantee

The Death Benefit Guarantee may be reinstated within one year of the date the Death Benefit Guarantee terminated provided:

1) The Contract has remained in force under Section 5.5 and has not been reinstated under Section 5.4; and

2) You pay premiums sufficient to meet the Death Benefit Guarantee requirements in Section 8.2 as of the Monthly Anniversary on or immediately preceding the date of Death Benefit Guarantee reinstatement.

SECTION 9 ACCOUNT VALUE

9.1 Account Value

The Account Value is the sum of:

1) Net Premiums received by us; and

2) Interest credited;

LESS the sum of:

3) Monthly Deductions; and

4) Any partial withdrawals made.

9.2 Net Account Value

The Net Account Value is equal to the Account Value less any Indebtedness.

9.3 Interest

Interest is credited daily on the Account Value. We guarantee that the interest rate credited will not be less than an effective annual rate of four percent (4%). We may credit interest in excess of the guaranteed rate. However, the credited excess interest on the portion of the Account Value equal to any Indebtedness may be lower than the credited excess interest rate on any unloaned Account Value.

9.4 Basis of Computations

Net single premiums in this Contract are based on the Commissioner's 2001Standard Ordinary Male and Female Ultimate Mortality Tables, split smoker/nonsmoker. Interest is at four percent (4%) per year.

The computations consider that the Contract is issued on the basis of the Insured's sex and age at last birthday. They are also based on the assumption that Death Benefits are payable immediately upon death.

The Commissioner's Reserve Valuation Method is used in the calculation of reserves.

The Cash Surrender Values available under this Contract are equal to or greater than those required by the law of any state in which this Contract is delivered. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this Contract is delivered.

SECTION 10 SURRENDER

10.1 Cash Surrender Value

The Cash Surrender Value on any day is equal to the Net Account Value less the sum of:

1) The amount, if any, needed to cover unpaid Monthly Deductions; and

2) The Surrender Charges, if any, applicable on that day.

The Cash Surrender Value on a Monthly Anniversary is determined without regard to the Monthly Deduction on that date. If the request is made within 30 days of a Contract Anniversary, the Cash Surrender Value will not be less than the anniversary value. Cash Surrender Values are not less than the minimum values required by law.

We have the right to defer the payment of any Cash Surrender Value for six months from the date the surrender is requested.

10.2 Full Surrender

You may surrender this Contract for its Cash Surrender Value by giving Written Notice while the Insured is living. The surrender will be effective on the later of the day you give Written Notice to Catholic Knights or a Catholic Knights financial services representative, or the date you specify. Insurance coverage ceases on the effective date of the surrender.

10.3 Partial Withdrawal

You may withdraw a portion of the Account Value by giving Written Notice while the Insured is living. The Withdrawal will be effective on the day you give Written Notice to Catholic Knights or a Catholic Knights financial services representative. Up to four (4) Partial Withdrawals may be requested in any Contract year and each Partial Withdrawal must be at least $200. A Partial Withdrawal:

1) Will reduce the Account Value by the amount of the Partial Withdrawal;

2) Must not reduce the remaining Cash Surrender Value to less than $300; and

3) If the Death Benefit Option is Option 1, then the Partial Withdrawal will decrease the Current Face Amount by the amount of the Partial Withdrawal. The decrease in Face Amount will be applied in the order specified in Section 7.2.

A Partial Withdrawal may cause the Death Benefit Guarantee to terminate.

SECTION 11 MONTHLY DEDUCTION

11.1 Monthly Deduction

The Monthly Deduction from the Account Value is the sum of:

1) The Monthly Expense Charges shown on the Contract Specifications page;

2) The monthly cost of any additional benefits and riders; and

3) The monthly Cost of Insurance (see Section 11.2).

The first Monthly Deduction is made on the Certificate Date. Thereafter, a Monthly Deduction is made on each Monthly Anniversary prior to the Contract Maturity Date, unless a premium is in default (see Section 5.3) or the deduction is postponed under Section 8, Death Benefit Guarantee.

Deductions from Account Value are made in the order listed above.

11.2 Cost of Insurance

The Cost of Insurance is determined on the Certificate Date and on each Monthly Anniversary. It is equal to the Cost of Insurance Rate multiplied by the Risk Amount divided by 1,000.

11.3 Cost of Insurance Rate

We will determine the Cost of Insurance Rate monthly. The rate is based on the Insured's Insurance Class and age. For the Initial Face Amount, the Cost of Insurance Rate is based on Issue Age and the number of years since the Certificate Date. For any increase in Face Amount, the rate is based on the Insured's age on the effective date of the increase and on the number of years since that date.

The Insurance Class for the Initial Face Amount is shown on the Contract Specifications page. The Cost of Insurance Rate for any increase in Face Amount according to Section 7.1 will be determined on the effective date of the increase. If the Base Amount of Insurance is based on the Minimum Death Benefit in Sections 6.2 and 6.3, the Insurance Class of the resulting increase in Death Benefit will be the Insurance Class shown on the Contract Specifications page or, if the Face Amount has been increased, the Insurance Class for the most recent increase.

The Cost of Insurance Rate for the Initial Face Amount and for any increase in Face Amount with the same Insurance Class as shown on the Contract Specifications page will not exceed the rates shown on page 5. If different maximum Cost of Insurance Rates apply to any increase in Face Amount, those rates will be shown on a supplemental contract schedule that we will mail to you.

We may charge less than the maximum rate. Any change in Cost of Insurance Rates will apply to all Insureds of the same Insurance Class and age. Any change will be based upon future anticipated or

emerging Experience Factors. Experience Factors include investment earnings, mortality, persistency, taxes and expenses.

11.4 Risk Amount

The Risk Amount is equal to:

1) The Base Amount of Insurance divided by an interest factor of 1.0032737;

   Less:

2) The Account Value (before the Cost of Insurance is deducted).

If the Death Benefit is Option 1 and the Initial Face Amount has been increased, the Risk Amount for the Initial Face Amount and for each increase in Face Amount will be determined by allocating the Account Value to each portion of the Face Amount according to the ratio of each portion to the total Face Amount of this Contract.

SECTION 12 LOANS

12.1 Loan

You can get cash from us by taking a loan. If there is an existing loan, you can increase it. You may obtain a loan from us with this Contract as sole security if:

1) You give Written Notice; and

2) The loan does not increase Indebtedness to more than the Cash Surrender Value plus the cash value of any dividend options.

Loans may cause the Death Benefit Guarantee to terminate.

We have the right to defer making a cash loan for up to six months from the date the loan is requested, except when the request is made to pay premiums on any contract with us.

12.2 Loan Interest

The loan interest rate charged will not exceed the greater of (1) and (2), where:

1. is the Interest Rate shown in the Contract Specifications plus 1% per annum; and
2. is the Moody's Corporate Bond Yield Average-Monthly Average Corporates for the calendar month ending two months before the beginning of the month in which your Contract Anniversary falls. If the maximum is at least one-half of one percent smaller than the rate we have set for the previous contract year, we will reduce the rate to a rate no more than that maximum. If the maximum is at least one-half one percent greater than the rate we have set for the previous contract year, we will increase the rate to a rate no more than that maximum. Moody's Corporate Bond Yield Average-Monthly Average Corporates referred to above is pushed by Moody's Investors Service, Inc. In the event it is no longer published, we will use a similar average established by applicable regulation.

Interest will accrue daily on loans. Accrued interest may be paid at any time at the equivalent effective rate. In the event you do not pay the loan interest charged in any contract year, it will be borrowed against the contract and added to the contract indebtedness and bear interest at the same rate.

When a loan is made, we will inform you of the rate and if any rate increase is to be made within 40 days. We will mail a notice to you and any assignee recorded at the Home Office at least 30 days before we make any rate increase which will apply to an existing loan.

12.3 Indebtedness

Indebtedness consists of all unpaid loans and accrued interest. All or part of the Indebtedness may be repaid at any time while the Insured is living. If there is a loan on this Contract, you must notify us if a

payment to us is a repayment of Indebtedness. Otherwise, it will be considered a premium payment. The Percent of Premium Charge is not deducted from loan repayments. Repayments of Indebtedness do not change the Account Value. Upon death any Indebtedness will be deducted from the Insurance Proceeds. Upon Surrender any Indebtedness will be deducted from the Cash Surrender Value.

If the total indebtedness, including interest due and accrued, will equal or exceed the Cash Surrender Value plus the cash value of any dividend additions, the contract will terminated. Notice of the premiums required to keep this contract in force will be mailed to you, and any assignee of record, at the address last known to us. You will have 30 days after the date of notice, or, if longer, the balance of the grace period, during which the contract will remain in force. If the required premium is not received at our Home Office, this contract will terminate.

SECTION 13 BENEFICIARY

13.1 Designated Beneficiary

The beneficiary is the person or persons to whom the Insurance Proceeds are payable upon the death of the Insured. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the Insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when an Insured dies, the owner (or the owner's estate) will be the beneficiary.

If more than one beneficiary is alive when the Insured dies, we will pay them in equal shares, unless you have chosen otherwise.

13.2 Change of Beneficiary

While the Insured is alive, you may change any beneficiary by Written Notice to us unless the beneficiary has been made irrevocable. Changes in the beneficiary, unless otherwise specified by the owner, will take effect on the date the notice of change is signed by the owner. No change is binding on us until it is recorded at our Home Office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request.

SECTION 14 DIVIDENDS

14.1 Dividends

Each year we will determine our divisible surplus. This Contract's share, if any, will be credited as a dividend on the Contract Anniversary. Since we do not expect this Contract to contribute to divisible surplus, it is not expected that any dividends will be credited.

14.2 Dividend Options

You may choose to apply dividends under any of the options listed below. Dividends will be applied under the Payment of Premium option unless a different option has been chosen in writing.

Cash. Dividends are paid in cash

Payment of Premium. Dividends are applied as payment of a Net Premium.

SECTION 15 OPTIONAL PAYOUT PLANS

15.1 Optional Payout Plans

At the time of their commencement, any benefits provided under this contract will not be less than those provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.

If no optional payment plan is selected, any benefits provided by this contract will be paid in cash.

The optional payout plans available to the Beneficiary upon death of the Insured are:

A. **Interest Deposit Account**— The allocated Insurance Proceeds will be held by us in an Interest Deposit Account and will earn interest annually at rates that we determine from time to time, but never less than one and one half percent (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

B. **Payments For a Guaranteed Period**-- We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

C. **Payments Based on a Single Life**

1) **Life Only Annuity**--We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

2) **Life Annuity With Period Certain –** We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

D. Joint and Survivor Lifetime Payments ---We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

E. **Other Plans--**Other periodic plans may be arranged with us.

15.2 Minimum Payment Guarantee

The amount of the periodic payment under paragraphs B through E above will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

Tables 1, 2 and 3 in Section 15.5 show the minimum guaranteed payments for each plan under paragraphs B, C and D, respectively, under certain stated assumptions.

15.3 Who May Choose An Optional Payout Plan

A choice of a payout plan for Insurance Proceeds may be made by you while the Insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payout plans will take effect when recorded by us. When a payout plan starts we will issue a contract which will describe the terms of the plan. We may require that you send us this Certificate.

If the payee is not a natural person, the choice of a payout plan will be subject to our approval. An assignment will modify a prior choice of payout plan. The amount due the assignee will be payable in

one sum and the balance will be applied under the plan. We will not accept assignments of payout plans for the benefit of creditors.

15.4 Frequency of Payments

Monthly, quarterly, semi-annual or annual payments may be selected, subject to our administrative minimums.

15.5 Payout Plan Guaranteed Payments

The monthly amounts shown are for each $1,000 applied. To change monthly payments to quarterly, semi-annual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. Actual payments may be more than these guaranteed amounts. The tables below assume that no cash withdrawals are made; only the minimum guaranteed interest of one and one half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are based on the Annuity 2000 Mortality tables, split by sex.

TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD

Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE

	No Certain Period		Certain Periods			
			10 Year		20 Year	
Payee's Age	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

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