

|                                 |                              |                               |  |
|---------------------------------|------------------------------|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | AAAL-126730786               | <i>State:</i>                 | Arkansas   |
| <i>Filing Company:</i>          | AAA Life Insurance Company   | <i>State Tracking Number:</i> | 46288  |
| <i>Company Tracking Number:</i> |                              |                               |  |
| <i>TOI:</i>                     | L071 Individual Life - Whole | <i>Sub-TOI:</i>               | L071.101 Fixed/Indeterminate Premium - Single Life |
| <i>Product Name:</i>            | Whole Life                   |                               |  |
| <i>Project Name/Number:</i>     | Simple Life/SL-10            |                               |  |

## Filing at a Glance

Company: AAA Life Insurance Company

Product Name: Whole Life

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AAAL-126730786 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46288

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Barbara Hassell, Victoria  
Windham Disposition Date: 08/03/2010

Date Submitted: 07/22/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: Simple Life

Project Number: SL-10

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/03/2010

Deemer Date:

Submitted By: Victoria Windham

Filing Description:

Please refer to our cover letter for a complete filing description.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We are exempt  
from filing in our domiciliary state of Michigan.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/03/2010

Created By: Victoria Windham

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Whole Life  
 Project Name/Number: Simple Life/SL-10

Victoria Windham, Compliance Specialist VWindham@aaalife.com  
 17900 N. Laurel Park Drive 800-624-1662 [Phone] 2075 [Ext]  
 Livonia, MI 48152-3985 734-805-6282 [FAX]

**Filing Company Information**

AAA Life Insurance Company CoCode: 71854 State of Domicile: Michigan  
 17900 N. Laurel Park Drive Group Code: -99 Company Type:  
 Livonia, MI 48152-3985 Group Name: State ID Number:  
 (800) 624-1662 ext. 2942[Phone] FEIN Number: 52-0891929

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: 6 Riders/Endorsement X \$50.00 = \$300.00  
 Per Company: No

| COMPANY                    | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|----------------------------|----------|----------------|---------------|
| AAA Life Insurance Company | \$300.00 | 07/22/2010     | 38209386      |
| AAA Life Insurance Company | \$50.00  | 07/23/2010     | 38251160      |
| AAA Life Insurance Company | \$50.00  | 07/26/2010     | 38292781      |

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Whole Life  
 Project Name/Number: Simple Life/SL-10

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 08/03/2010 | 08/03/2010     |

### Objection Letters and Response Letters

| Objection Letters         |            |            |                | Response Letters |            |                |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 07/23/2010 | 07/23/2010     | Victoria Windham | 07/23/2010 | 07/23/2010     |

### Filing Notes

| Subject               | Note Type        | Created By       | Created On | Date Submitted |
|-----------------------|------------------|------------------|------------|----------------|
| Additional Filing Fee | Note To Reviewer | Victoria Windham | 07/26/2010 | 07/26/2010     |

*SERFF Tracking Number:* AAAL-126730786      *State:* Arkansas  
*Filing Company:* AAA Life Insurance Company      *State Tracking Number:* 46288  
*Company Tracking Number:*  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
*Product Name:* Whole Life  
*Project Name/Number:* Simple Life/SL-10

## **Disposition**

Disposition Date: 08/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Whole Life  
 Project Name/Number: Simple Life/SL-10

| Schedule            | Schedule Item   | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification  |                      | Yes           |
| Supporting Document | Application   |                      | Yes           |
| Supporting Document | Life & Annuity - Actuarial Memo                                 |                      | No            |
| Supporting Document | Base Premiums   |                      | Yes           |
| Supporting Document | Statement of Variability  |                      | Yes           |
| Supporting Document | Cover Letter  |                      | Yes           |
| Supporting Document | Accelerated Death Benefit Endorsement -<br>Supporting Documents |                      | Yes           |
| Form                | Whole Life Insurance Policy                                     |                      | Yes           |
| Form                | Accelerated Death Benefit Endorsement                           |                      | Yes           |
| Form                | Disability Waiver of Premium                                    |                      | Yes           |
| Form                | Travel Accident Rider   |                      | Yes           |
| Form                | Daily Benefit Rider   |                      | Yes           |
| Form                | Accidental Death Benefit Rider                                  |                      | Yes           |
| Form                | Child Term Rider  |                      | Yes           |

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life  
Project Name/Number: Simple Life/SL-10

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/23/2010  
Submitted Date 07/23/2010  
Respond By Date 08/23/2010

Dear Victoria Windham,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life  
Project Name/Number: Simple Life/SL-10

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/23/2010  
Submitted Date 07/23/2010

Dear Linda Bird,

### Comments:

Your request has been acknowledged.

### Response 1

Comments: The additional fee of \$50.00 has been submitted.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration to this filing.

Sincerely,

Barbara Hassell, Victoria Windham

*SERFF Tracking Number:* AAAL-126730786      *State:* Arkansas  
*Filing Company:* AAA Life Insurance Company      *State Tracking Number:* 46288  
*Company Tracking Number:*  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
*Product Name:* Whole Life  
*Project Name/Number:* Simple Life/SL-10

**Note To Reviewer**

**Created By:**

Victoria Windham on 07/26/2010 03:53 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

08/02/2010 03:27 PM

**Subject:**

Additional Filing Fee

**Comments:**

Dear Reviewer:

An additional \$50 was submitted in error.

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Whole Life  
 Project Name/Number: Simple Life/SL-10

## Form Schedule

Lead Form Number: 5501WL

| Schedule Item Status | Form Number | Form Type Form Name   | Action  | Action Specific Data | Readability | Attachment   |
|----------------------|-------------|---|---------|----------------------|-------------|--|
|                      | 5501WL      | Policy/Cont Whole Life Insurance Initial<br>ract/Fratern Policy<br>al<br>Certificate  |         |                      | 50.300      | 5501WL<br>Whole Life<br>Insurance<br>Policy.pdf                |
|                      | 5502XDB     | Policy/Cont Accelerated Death<br>ract/Fratern Benefit Endorsement<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial |                      | 50.500      | 5502XDB<br>Accelerated<br>Death Benefit<br>Endorsement.<br>pdf |
|                      | 5503DWP     | Policy/Cont Disability Waiver of<br>ract/Fratern Premium<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider          | Initial |                      | 50.400      | 5503DWP<br>Disability<br>Waiver of<br>Premium<br>Rider.pdf     |
|                      | 5504TAR     | Policy/Cont Travel Accident Rider<br>ract/Fratern<br>al<br>Certificate  | Initial |                      | 50.000      | 5504TAR<br>Travel<br>Accident<br>Rider.pdf                     |
|                      | 5505DBR     | Policy/Cont Daily Benefit Rider<br>ract/Fratern<br>al<br>Certificate:   | Initial |                      | 51.100      | 5505DBR<br>Daily Benefit<br>Rider.pdf                          |

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life  
 Project Name/Number: Simple Life/SL-10

|         |  |         |        |   |
|---------|--|---------|--------|---|
|         | Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider   |         |        |   |
| 5506ADB | Policy/Cont Accidental Death<br>ract/Fratern Benefit Rider<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial | 55.800 | 5506ADB<br>Accidental<br>Death Benefit<br>Rider.pdf |
| 5507CTR | Policy/Cont Child Term Rider<br>ract/Fratern<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider               | Initial | 55.600 | 5507CTR<br>Child Term<br>Rider.pdf                  |



17900 N. Laurel Park Drive, Livonia, MI 48152  
(800) 624-1662  
www.aalife.com

## WHOLE LIFE INSURANCE POLICY

In this Policy, the Owner is referred to as "You", "Your", or "Yours". AAA Life Insurance Company is referred to as "We", "Our", or "Us".

**THIS IS A LEGAL CONTRACT BETWEEN YOU AND US. PLEASE READ IT CAREFULLY.**

**AGREEMENT** - If the Insured dies while this Policy is in force, We will pay the Proceeds Payable to the Beneficiary as provided in this Policy. Payment will be made upon receipt at Our Home Office of due proof of the Insured's death as provided in this Policy. This agreement is subject to the terms of this Policy.

**CONSIDERATION** - This Policy is issued in consideration of the Application and any amendments thereto and payment of the Initial Modal Premium.

**31 DAY RIGHT TO EXAMINE:** We want you to be satisfied with this Policy. If You are not satisfied, You may return it within 31 days after You receive it. Mail or deliver it within 31 days

- to Our Home Office; or
- to the agent from whom You bought the Policy; or
- to any of Our agents

with a written request that the Policy be cancelled. We will void it as though it were never issued and refund all premiums You have paid.

As evidence of this agreement, this Policy has been signed by Officers of AAA Life Insurance Company at its Home Office.

A handwritten signature in black ink that reads "Harold W. Huffstetler, Jr.".

Harold W. Huffstetler, Jr., President

A handwritten signature in black ink that reads "Robert J. Dotson".

Robert J. Dotson, Secretary

**TOLL FREE INFORMATION AND COMPLAINT NUMBER: (800) 624-1662**

**WHOLE LIFE INSURANCE POLICY  
INSURANCE PAYABLE AT DEATH OF INSURED  
Guaranteed Level Premiums Payable to Age 100. Benefit Ends at Age 120.  
Non-Participating - Not Eligible for Dividends**

## INDEX

|   | <b>Page</b> |
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The Application and any Endorsement, Riders, or related material follow the last page.

**POLICY SCHEDULE PAGE**

|                              |                      |  |                                |
|------------------------------|----------------------|--|--------------------------------|
| <b>POLICY NUMBER:</b>        | [50-99000123]        | <b>EFFECTIVE DATE:</b>                           | [09/27/2010]                   |
| <b>OWNER:</b>                | [JOHN DOE]           | <b>ISSUE DATE:</b>                               | [09/27/2010]                   |
| <b>INSURED:</b>              | [JOHN DOE]           | <b>ISSUE STATE:</b>                              | [MI]                           |
| <b>ISSUE AGE:</b>            | [35]                 | <b>GENDER:</b>                                   | [MALE]                         |
| <b>SPECIFIED AMOUNT:</b>     | [\$50,000]           | <b>RATE CLASS:</b>                               | [STANDARD NON-NICOTINE]        |
| <b>TOTAL ANNUAL PREMIUM:</b> | [\$961.20]           | <b>INITIAL MODAL PREMIUM:</b>                    | [\$83.62]                      |
| <b>PREMIUMS PAYABLE TO:</b>  | [09/27/2075]         | <b>BILLING FREQUENCY:</b>                        | [MONTHLY]<br>[EFT/CC] [DIRECT] |
| <b>BENEFICIARY:</b>          | REFER TO APPLICATION | <b>[STATE] DEPARTMENT OF INSURANCE PHONE NO.</b> | [800-XXX-XXXX]                 |

|                      |                            |
|----------------------|----------------------------|
| <b>DESCRIPTION</b>   | <b>BASE ANNUAL PREMIUM</b> |
| WHOLE LIFE INSURANCE | [632.00]                   |

**ADDITIONAL BENEFITS PROVIDED BY ENDORSEMENT OR RIDER**

| <b>FORM NUMBER</b> | <b>DESCRIPTION</b>                    | <b>BENEFIT AMOUNT</b> | <b>EFFECTIVE DATE</b> | <b>EXPIRY DATE</b> | <b>ANNUAL PREMIUM</b> |
|--------------------|---------------------------------------|-----------------------|-----------------------|--------------------|-----------------------|
| 5502XDB            | Accelerated Death Benefit Endorsement | N/A                   | [09/27/2010]          | N/A                | N/A                   |
| 5503DWP            | [Disability Waiver of Premium Rider]  | N/A                   | [09/27/2010]          | [09/27/2040]       | [\$71.20]             |
| 5507CTR            | [Child Term Rider]                    | [\$10,000]            | [09/27/2010]          | [09/27/2075]       | [\$80.00]             |
| 5506ADB            | [Accidental Death Benefit Rider]      | [\$50,000]            | [09/27/2010]          | [09/27/2040]       | [\$75.00]             |
| 5504TAR            | [Travel Accidental Rider]             | [\$50,000]            | [09/27/2010]          | [09/27/2055]       | [\$33.00]             |
| 5505DBR            | [Daily Benefit Rider]                 | [\$600]               | [09/27/2010]          | [09/27/2040]       | [\$70.00]             |

**ALTERNATIVE MODAL PREMIUM OPTIONS:**

|                                   |                             |                  |                    |               |
|-----------------------------------|-----------------------------|------------------|--------------------|---------------|
| <b>MONTHLY CREDIT CARD OR EFT</b> | <b>MONTHLY DIRECT BILL*</b> | <b>QUARTERLY</b> | <b>SEMI-ANNUAL</b> | <b>ANNUAL</b> |
| [\$83.62]                         | [\$86.62]                   | [\$249.91]       | [\$499.82]         | [\$961.20]    |

\* Special Billing Option – Requires Company Approval

**Address and phone number for Premium payment, inquiries, and notification of claim:**

**AAA Life Insurance Company**  
**17900 N. Laurel Park Drive**  
**Livonia, MI 48152**  
**(800) 624-1662**

THIS POLICY PROVIDES LIFE INSURANCE COVERAGE UNTIL THE DEATH OF THE INSURED IF THIS POLICY IS IN FORCE. EXPIRY DATES SHOWN ARE DEPENDENT UPON THIS POLICY REMAINING IN FORCE. ANY OUTSTANDING DEBT WILL REDUCE THE DEATH BENEFIT AMOUNT PAID.

**POLICY SCHEDULE PAGE (Cont'd)**

**POLICY NUMBER:** [50-9900012-3]

**INSURED:** [JOHN DOE]

**TABLE OF POLICY VALUES**

| END OF<br>POLICY<br>YEAR | ATTAINED<br>AGE | CASH<br>VALUE | AMOUNT OF<br>PAID-UP<br>INSURANCE | EXTENDED TERM<br>INSURANCE |      |
|--------------------------|-----------------|---------------|-----------------------------------|----------------------------|------|
|                          |                 |               |                                   | YEARS                      | DAYS |
| 1                        | 36              | 0             | 0                                 | 0                          | 0    |
| 2                        | 37              | 0             | 0                                 | 0                          | 0    |
| 3                        | 38              | 353           | 1,526                             | 5                          | 24   |
| 4                        | 39              | 879           | 3,673                             | 10                         | 68   |
| 5                        | 40              | 1,424         | 5,747                             | 14                         | 25   |
| 6                        | 41              | 1,986         | 7,742                             | 16                         | 243  |
| 7                        | 42              | 2,565         | 9,659                             | 18                         | 222  |
| 8                        | 43              | 3,161         | 11,500                            | 20                         | 14   |
| 9                        | 44              | 3,772         | 13,265                            | 21                         | 26   |
| 10                       | 45              | 4,400         | 14,958                            | 21                         | 316  |
| 11                       | 46              | 5,043         | 16,579                            | 22                         | 180  |
| 12                       | 47              | 5,703         | 18,138                            | 22                         | 364  |
| 13                       | 48              | 6,383         | 19,639                            | 23                         | 136  |
| 14                       | 49              | 7,086         | 21,090                            | 23                         | 229  |
| 15                       | 50              | 7,810         | 22,491                            | 23                         | 286  |
| 16                       | 51              | 8,556         | 23,841                            | 23                         | 313  |
| 17                       | 52              | 9,320         | 25,137                            | 23                         | 316  |
| 18                       | 53              | 10,103        | 26,381                            | 23                         | 297  |
| 19                       | 54              | 10,901        | 27,570                            | 23                         | 258  |
| 20                       | 55              | 11,713        | 28,706                            | 23                         | 200  |
|                          | 65              | 20,522        | 37,640                            | 20                         | 76   |
|                          | 100             | 46,282        | 50,000                            |                            |      |

POLICY LOAN INTEREST RATE: 8%  
 REINSTATEMENT RATE: 6%

THE ABOVE VALUES ARE REDUCED IF THERE IS A POLICY LOAN. AT YOUR REQUEST, WE WILL SUPPLY VALUES FOR ANY YEARS NOT SHOWN. IF THIS POLICY IS SURRENDERED BEFORE THE END OF THE POLICY YEAR, WE WILL ADJUST THE VALUES TO FIT THE AMOUNT PAID.

## DEFINITIONS

As used in this Policy, the following terms mean:

**AGE** - the Insured's age as of his or her last birthday.

**APPLICATION** - the Application(s) for this Policy attached to and made a part of this Policy. Application includes any written supplemental Application submitted to Us to request a change in benefits or to reinstate this Policy.

**ATTAINED AGE** - on any given date, the Insured's Age on the most recent Policy Anniversary. During the first policy year, the Insured's Attained Age is his or her Issue Age.

**BASE POLICY** - this Policy without any additional benefits provided by Us.

**CASH SURRENDER VALUE** - the Cash Value less any Debt.

**CASH VALUE** - the value as outlined on the Table of Policy Values on the Policy Schedule Page.

**DEBT** - the amount of any unpaid Policy Loan, existing under this Policy at any given time, plus unpaid interest due and accrued.

**EFFECTIVE DATE** - the date this Policy becomes effective and is shown on the Policy Schedule Page. The Effective Date is the date from which Policy Anniversaries and policy years are determined.

**ENDORSEMENT** - an attachment to the Policy that provides additional benefits without additional charge. Any Endorsement attached to this Policy is shown on the Policy Schedule Page.

**EXPIRY DATE** - the date on which coverage provided by Rider or Endorsement is no longer in force under this Policy.

**HOME OFFICE** - Our office located at 17900 N. Laurel Park Drive, Livonia MI 48152.

**INITIAL MODAL PREMIUM** - the Premium received as part of the consideration for this Policy. The Initial Modal Premium must be paid before the Policy becomes effective. The Initial Modal Premium is shown on the Policy Schedule Page.

**INSURED** - the person whose life is insured under this Policy. The Insured is named on the Policy Schedule Page. The Insured need not be the Owner.

**ISSUE AGE** - the Insured's Age on the Effective Date. The Issue Age is shown on the Policy Schedule Page.

**ISSUE DATE** - the date We issued this Policy, which is shown on the Policy Schedule Page. The Issue Date is the date We use to measure the applicable time periods of the Suicide and Incontestability provisions in this Policy.

**OWNER**- The person(s) or entity(ies) having full rights and privileges to the benefits of this Policy, while the Insured is living.

**PAYEE** - the person to whom We will make benefit payments as provided in this Policy.

**POLICY ANNIVERSARY** - the same day and month as the Effective Date for each succeeding year this Policy remains in force.

**POLICY SCHEDULE PAGE** - the Policy Schedule Page issued with this Policy on the Issue Date, as well as any subsequent modifications to the Policy Schedule Page for changes made after the Issue Date.

**PROCEEDS PAYABLE**- (a) the net benefit amount payable upon the death of the Insured; or (b) the Cash Surrender Value upon full surrender of this Policy.

**RATE CLASS** - the mortality or morbidity classifications assigned under this Policy. The Rate Class of the Insured is shown on the Policy Schedule Page.

**RIDER** - a form attached to this Policy that provides additional benefits for an additional charge. Any Rider attached to this Policy is shown on the Policy Schedule Page.

**SPECIFIED AMOUNT** - the amount of life insurance provided under this Policy on the Effective Date for the Insured as shown on the Policy Schedule Page.

### **DEATH BENEFITS**

The Death Benefit is the amount payable to the Beneficiary if the Insured dies while this Policy is in force.

**PROCEEDS PAYABLE:** The Proceeds Payable will be calculated as:

1. this Policy's Specified Amount; plus
2. any additional benefits provided by Rider or Endorsement which provides for payment of proceeds on the Insured's death; plus
3. the portion of any Premium paid past the Policy month of death; less
4. any Debt or any amount paid under the Accelerated Death Benefit; less
5. if the Insured dies within the Grace Period, the amount needed to keep this Policy in force to the end of the Policy month of death.

**FILING A DEATH CLAIM:** To claim the Death Benefit, We require a claim form and due proof of death.

Due proof of death consists of:

- a certified copy of the Insured's death certificate;
- other lawful evidence providing equivalent information; and
- proof of the claimant's interest in the proceeds.

If You or Your Beneficiaries need help in the claim process, contact Your agent or Our Home Office.

**INTEREST ON PROCEEDS PAYABLE:** Interest accrues and is payable from the date of death. It accrues at the rate applicable to the Policy for funds left on deposit with Us as of the date of death, beginning 31 calendar days from the latest of:

- (i) The date We receive due proof of death; or
- (ii) The date We receive sufficient information to determine Our liability, the extent of Our liability and the appropriate Payee legally entitled to the proceeds; or
- (iii) The date all legal impediments to payment of proceeds that are dependent on parties other than the Company are resolved and sufficient evidence of such resolution is provided to Us. Legal impediments to payments include, but are not limited to:
  - a. The establishment of guardianships and conservatorships;
  - b. The appointment and qualification of trustees, executors and administrators; and
  - c. The submission of information required to satisfy state and federal reporting requirements.

**METHOD OF PAYMENT:** The Death Benefit can be paid in a lump sum or under any payment option mutually agreed upon.

If You wish to have any part of the benefit amount paid under a settlement option, You must make the election in writing during the Insured's lifetime. If a settlement option, other than lump sum, is chosen, each payment must be at least \$100. If an option has not been chosen when the Insured dies, the Beneficiary may choose one.

A Payee may not assign or borrow against the benefit amount. A Payee's creditors may not claim any of the benefit amount or interest, unless allowed by law.

At the death of the Payee, We will pay the present value of the unpaid benefit amount, including interest, in a lump sum to the Payee's designated beneficiary. If no Payee Beneficiary has been named or the Payee's Beneficiary predeceases the Payee, We will make a lump sum payment to the Payee's estate.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right to examine, at Our expense, the person for whom a claim is made under this Policy, as We may reasonably require while a claim is pending. We have the right to have an autopsy performed in the case of death, where the law does not forbid it.

**LEGAL ACTIONS:** Legal Actions may not be taken to receive benefits until 60 days after the date due proof of death is submitted. Legal action may not be taken after the applicable statute of limitations.

**BASIS OF PAYMENT OPTION VALUES:** Payment amounts will be no less than those calculated at 1.5% interest and using the Individual Annuity 2000 Mortality table. We may offer payment amounts that are more favorable.

### **GENERAL PROVISIONS**

**ENTIRE CONTRACT:** The Entire Contract between You and Us consists of this Policy and any amendments, Riders, Endorsements and Applications, attached at issue or in the future.

Any application for:

1. Additional benefits provided by Rider;
2. A change in coverage; or
3. Reinstatement

becomes a part of this Policy on the effective date of the Rider, change or reinstatement.

Any change or waiver of any provision of this Policy must be in writing and signed by an Officer of the Company. No agent has the authority to change the contract in any way or extend the time for paying Premiums.

**CONFORMITY WITH STATE STATUTES:** This Policy is subject to the laws of the state where the Application was signed. If part of this Policy does not comply with those laws, it will be treated as if it did. Any provision of this Policy, which, on its Effective Date, is in conflict with the statutes of the state in which the Policyowner is located on such date is hereby amended to conform to the minimum requirements of such statutes.

**STATEMENTS:** We deem all statements made in an Application for insurance or reinstatement to be representations and not warranties, unless they are fraudulent. No statement will be used to void coverage or reduce benefits unless:

1. it is in writing; and
2. a copy is attached to the Policy.

**CLERICAL ERRORS:** Clerical or system errors in this Policy, or any report concerning this Policy, will neither:

1. deprive You of the benefits You are entitled to under the Policy; nor
2. provide You with additional benefits to which You are not entitled.

**INCONTESTABILITY:** We will not contest the validity of this Policy after it has been in force during the Insured's lifetime for two years from the Issue date or two years from the last Reinstatement Date. We will not use a statement made by You or the Insured on the Application for Insurance or Reinstatement to contest a claim unless:

1. The Insured dies within 2 years of the Issue Date or within 2 years of the last Reinstatement Date and
2. any answer, representation or acknowledgement made by You or the Insured on the Application for Insurance or Reinstatement was not true and/or complete; and
3. if we had known the truth, We would not have issued the Policy in its present form.

We can contest this Policy at any time for nonpayment of premium or fraud, where permitted by the state where this Policy is delivered or issued for delivery.

**MISSTATEMENT OF AGE OR GENDER:** If the Insured's age or gender was misstated, their correct age or gender at the date of application will be used to determine:

1. The Effective, Renewal, or Expiration Dates of benefits provided by this Policy;
2. The amount of insurance; and

3. Any other rights or benefits under this Policy.

If the Insured's age or gender was misstated, We will adjust the amount of life insurance to be the amount that the premium would have purchased at the Insured's correct age or gender.

**SUICIDE:** If the Insured commits suicide, while sane or insane, within two (2) years from the Issue Date, proceeds payable will be limited to:

1. Total Premiums paid,
2. Less any Debt and
3. Less the cost of insurance for any other covered person insured by Rider.

If the Insured commits suicide, while sane or insane, after two (2) years from the original Issue Date, but within two (2) years from the last Reinstatement Date, the proceeds payable will be limited to:

1. all premiums paid after such Reinstatement Date;
2. less any debt; and
3. less the cost of insurance for any other covered person insured by Rider incurred after the Reinstatement Date.

The proceeds will be paid to the Beneficiary in one lump sum regardless of any policy settlement previously elected by You or the Beneficiary.

**TERMINATION OF INSURANCE:** All coverage under this Policy will terminate upon the earliest of the following events:

1. the Insured dies;
2. the Policy is surrendered for its Cash Surrender Value; or
3. the Grace Period ends without payment of the required premium; or
4. the total Debt equals or exceeds the Cash Value.

#### **OWNERSHIP AND BENEFICIARY**

**OWNER:** The Insured is the Owner of this Policy, unless otherwise stated in the Application or an Endorsement attached to this Policy. Your rights as an Owner end at the Insured's death. While the Insured is living, You have the following rights to this Policy as the Owner:

1. transfer ownership of Your Policy by absolute Assignment;
2. designate, change, or revoke a contingent Owner; or
3. change any Beneficiary during the Insured's lifetime; or
4. receive any benefit, exercise any right, and use any privilege granted by Your Policy; or
5. agree with Us to any change or amendment of Your Policy.

If applicable, an irrevocable Beneficiary's consent is required before processing Your request. If You die before the Insured, the contingent Owner will become the Owner. If the Owner dies before the Insured and no other arrangements have been made with Us, Ownership will transfer to the Owner's estate.

**CHANGE OF OWNERSHIP:** If a new Owner or contingent Owner is named, then, unless otherwise stated, any prior designation of a contingent Owner will be voided. Change of Ownership becomes effective on the date the notice of change is signed by the Owner. This is subject to any payments made or actions taken by the company prior to receipt of this notice, unless otherwise specified by the Owner. The ownership change must be made while the Insured is living by sending satisfactory written notice to Us at our Home Office.

**ASSIGNMENT:** Assignment of this Policy will be binding on Us only after a copy of the assignment is received at Our Home Office. We are not responsible for the validity of any assignment. If the assignment is absolute, all rights of the Owner and any revocable Beneficiary are transferred to the assignee. If the assignment is collateral, such rights are transferred only to the extent of the assignee's interest.

**CHANGE OF BENEFICIARY:** The Owner may change the Beneficiary, except for an irrevocable Beneficiary, at any time while the Insured is living by sending satisfactory written notice to Us at Our Home Office. Irrevocable Beneficiaries cannot be changed without the consent of the irrevocable beneficiary. Change of Beneficiary becomes effective on the date the notice of change is signed by the Owner. This is subject to any payments made or actions taken by the company prior to receipt of this notice, unless otherwise specified by the Owner.

**EFFECTIVE DATE OF ELECTIONS, DESIGNATIONS, CHANGES AND REQUESTS:** All elections, designations, changes and requests must be in a form satisfactory to Us. They will become effective on the date the notice of change is signed. We will not be liable for payment made or action taken by Us before notice was received at Our Home Office and acknowledged in writing by Us.

**BENEFICIARY:** The Beneficiary is named in the attached Application unless later changed by You. The Beneficiary will receive the Death Benefit. A Beneficiary has no rights under this Policy until the death of the Insured.

If there is more than one primary Beneficiary, each will share equally unless otherwise specified by You. If no primary Beneficiary survives the Insured, the Death Benefit will be paid to the contingent Beneficiary. The share of any Beneficiary who dies before the Insured, or within fifteen (15) days after, will pass equally to any surviving Beneficiaries in that class, unless otherwise stated by You. If no Beneficiary survives the Insured, the Death Benefit will be paid to the Owner or the Owner's estate.

We may pay a Death Benefit up to \$10,000 to any person We consider justly entitled if:

1. the Beneficiary is not competent to give a valid release;
2. the Beneficiary is a minor; or
3. the benefit is payable to the Owner's estate.

We will not be liable for the amount We paid in good faith.

### **PREMIUM & REINSTATEMENT**

**PAYMENT OF PREMIUMS:** To keep this Policy in force, You must pay Your Premiums on time. Each Premium, after the first, must be paid to Us on or before its Premium due date.

**PREMIUMS:** The guaranteed Total Annual Premium is shown on the Policy Schedule Page. The Billing Frequency, Initial Modal Premium, and Alternative Modal Premium Options are shown on the Policy Schedule Page. Subject to Our approval, You may change the Billing Frequency and Payment of Premiums mode.

**GRACE PERIOD:** A Grace Period of thirty-one (31) days will be allowed for payment of any Premium after the Initial Modal Premium. This Policy will remain in force during the Grace Period. If an Insured dies within the Grace Period, the amount needed to keep this Policy in force to the end of the Policy month of death will be deducted from the Death Benefit. Any payments sent by U.S. mail must be postmarked within the Grace Period.

**REINSTATEMENT:** Unless this Policy was fully surrendered for its Cash Surrender Value, You may submit a written request for Reinstatement during the lifetime of the Insured. You must request Reinstatement within three (3) years after the date this Policy terminated.

To reinstate this Policy, You must:

1. submit evidence of insurability satisfactory to Us;
2. pay each overdue Premium with interest from the due date at the Reinstatement Rate shown in the Table of Policy Values on the Policy Schedule Page; and
3. pay or reinstate any Debt on this Policy existing at the date of termination.

The Effective Date of Reinstatement will be the date that We approve the Reinstatement and the required Premium is received.

### **AUTOMATIC PREMIUM LOAN (APL)**

The APL provision is a feature We offer.

Under the APL provision, We will pay any Premium not paid within the Grace Period by charging it as a loan against Your Policy. Interest on the loan will be charged at the loan interest rate, shown in the Table of Policy Values, from the due date of the Premium.

If the loan value is not large enough to pay the entire Premium due, plus interest, the loan will be for the next

smaller mode of payment the loan value allows. If there is not sufficient loan value to cover the monthly Premium, Your Policy will be subject to the terms of the Grace Period provision. An APL is subject to the Policy Loans provision.

You may cancel the APL provision at any time by written notice. A cancellation request will not affect any loan made before the cancellation took effect. We may require You to send Us this Policy for Endorsement of an APL request or cancellation.

### **POLICY LOANS**

This Policy provides a Cash Value. You may use the Cash Value without ending the insurance coverage by asking Us for a Policy loan. Any loans taken will affect the Proceeds Payable. You may obtain a Policy loan upon Written Request from Us if:

1. this Policy is in force, but not as Extended Term Insurance; and
2. this Policy has enough loan value.

The Policy Loan will equal:

1. the original amount of all loans; plus
2. any unpaid accrued interest added to this principal; less
3. any repayment of a loan.

We have the right to wait six (6) months before making the loan, unless You will use it to pay Premiums for this Policy.

**AMOUNT OF LOAN AVAILABLE:** You may borrow any amount up to the loan value of this Policy. The loan value is equal to:

1. the Cash Value of this Policy on the loan date; less
2. any existing Debt; less
3. the interest to the next Policy Anniversary; less
4. any outstanding Premium due.

**POLICY LOAN INTEREST:** We will charge You interest each year on the amount of the loan principal. Interest will accrue daily at the daily equivalent of the effective annual rate. The effective annual rate of interest We will charge You is the Policy Loan Interest Rate shown on the Policy Schedule Page. Any unpaid accrued interest will be due on each Policy Anniversary or upon the earlier of:

1. the surrender of this Policy;
2. the death of the Insured; or
3. the date this Policy terminates.

Any interest not paid when due will be:

1. added to the loan principal; and
2. charged interest as any other loan.

**REPAYMENT OF LOANS:** You may repay all or part of a loan while the Insured is alive and this Policy is in force.

**EXPIRATION:** Whenever the loan amount, with interest, is more than this Policy's loan value, this Policy will enter the Grace Period. If payment is not received, Expiration will take effect thirty-one (31) days after We have mailed notice to Your last known address, and to that of any recorded assignee.

### **SURRENDER**

The Cash Surrender Value of this Policy will be:

1. the Cash Value of this Policy (as shown in the Table of Policy Values) on the date of Surrender or the date of the first due and unpaid Premium, whichever is later; less
2. any Debt.

You may elect to Surrender this Policy at any time by sending Your written notice, indicating a Non-Forfeiture Option and returning this Policy to Us.

If a Premium is not paid by the end of the Grace Period, You may elect to Surrender this Policy, provided the

Insured is living. During this thirty-one (31) day period, the Surrender value will stay the same as on the first day of the period. When electing to Surrender this policy, if You do not choose a Non-Forfeiture Option, the APL provision will apply, unless it is not available on Your Policy. If the APL provision is not available, the Extended Term Insurance Option will apply, if available.

### NON-FORFEITURE OPTIONS

1. **CASH SURRENDER VALUE:** You may take the Cash Surrender Value in cash. We have the right to delay a Cash Surrender request for up to six (6) months.
2. **PAID-UP INSURANCE:** Subject to Our minimum requirements, You may continue this Policy for a reduced amount of Paid-Up Insurance with no further Premium due. The Paid-Up Insurance is determined by applying the Cash Surrender Value as a net single Premium based on the Insured's Attained Age on the date the Paid-Up Insurance coverage starts. Coverage will start from the unpaid Premium's due date. The Cash Value will first be used to pay off the loan. You may Surrender this Paid-Up Insurance later for the then current Cash Surrender Value.
3. **EXTENDED TERM INSURANCE:** You may continue this Policy as paid-up Extended Term Insurance if this Policy is in a standard Rate Class (as shown on the Policy Schedule Page). The amount of coverage will be:
  1. present Specified Amount; less
  2. any Debt.

The Cash Surrender Value will be used as a net single Premium to determine the length of coverage. The net single Premium will be based on the Attained Age of the Insured on the unpaid Premium's due date. Coverage will start from the unpaid Premium's due date. The Cash Value will first be used to pay off the loan. You may Surrender this paid-up Extended Term Insurance later for the then current Cash Surrender Value.

A Surrender will be effective on the date We receive Your Written Request to Surrender. We may require this Policy to be returned before Surrendering. We will pay interest on the proceeds as required by law.

No benefits will be provided under the above Options if the Insured is not alive on the date that the Option is to become effective. Any benefit from an attached Rider or Endorsement will not be included in the insurance provided by the preceding Non-Forfeiture Options.

**BASIS OF VALUES:** Values for Your Non-Forfeiture options are shown in the Table of Policy Values. The Cash Value of any paid-up insurance is the net single Premium for such insurance based on the Insured's Attained Age on the Surrender date.

The Cash Surrender Values for this Policy are never less than the minimums required on the date of issue by the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808.

Guaranteed values under this Policy are based on an interest rate of 4% and the Commissioner's 2001 Standard Ordinary Mortality table, Male or Female, Smoker or Nonsmoker, Age Last Birthday.



(A Stock Company)

**17900 N. Laurel Park Dr., Livonia, MI 48152**

**(800) 624-1662**

**[www.aaalife.com](http://www.aaalife.com)**

**WHOLE LIFE INSURANCE POLICY  
INSURANCE PAYABLE AT DEATH OF INSURED  
Guaranteed Level Premiums Payable to Age 100. Benefit Endows at Age 120.  
Non-Participating - Not Eligible for Dividends**



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## **ACCELERATED DEATH BENEFIT ENDORSEMENT**

(THIS IS NOT A LONG -TERM CARE BENEFIT)

**IMPORTANT NOTICE: POLICY BENEFITS WILL BE REDUCED IF THE ACCELERATED DEATH BENEFIT IS PAID. THE DEATH BENEFIT AND OTHER POLICY VALUES SUCH AS CASH VALUES, CASH SURRENDER VALUES, AND LOAN VALUES WILL BE PROPORTIONATELY REDUCED.**

**BENEFITS PAID UNDER THIS ENDORSEMENT MAY BE TAXABLE AND MAY AFFECT YOUR ELIGIBILITY FOR GOVERNMENT PROGRAMS SUCH AS MEDICAID OR OTHER BENEFITS UNDER STATE OR FEDERAL LAW. YOU SHOULD CONTACT YOUR TAX ADVISOR ABOUT THE IMPACT OF THIS BENEFIT ON YOUR PERSONAL SITUATION. WE OR OUR AGENTS CANNOT PROVIDE TAX OR LEGAL ADVICE.**

This Endorsement becomes a part of the Policy. It will remain in effect only while the Policy remains in effect. It is governed by the terms of the Policy not in conflict with the provisions of this Endorsement.

**EFFECTIVE DATE:** The Effective Date of this Endorsement is on the Schedule of Benefits and Premiums ("Policy Schedule Page"). If We reinstate coverage under this Endorsement, its Effective Date will be shown in a new Policy Schedule Page.

This Endorsement will not become effective unless the Policy is in force.

**BENEFIT:** This Endorsement allows You to request an Accelerated Death Benefit Amount subject to all the provisions of this Policy. It does not provide health, nursing home, or long-term care insurance.

**INSURED:** The Insured named on the Schedule Page is covered by this Endorsement.

**PHYSICIAN:** A doctor of medicine (M.D.) or osteopathy (D.O.) licensed to practice medicine or surgery, by the state where he or she practices medicine or surgery. A Physician may not be the spouse, child, sibling, parent, grandparent, grandchild, or in-law of the Insured.

**TERMINAL CONDITION:** A medical condition expected to result in the Insured's death within 12 months or less, in spite of appropriate medical care.

**ELIGIBILITY:** We require Written Proof from a licensed physician that the Insured suffers from a Terminal Condition. We may also require the Insured to be examined, at Our expense, by a Physician We choose. If there are conflicting opinions, eligibility will be determined by a third medical opinion provided, at Our expense, by a Physician that the Insured and Us mutually agree on.

We also require:

1. a completed request for Accelerated Death Benefit form; and
2. the written consent of any Irrevocable Beneficiary or Assignee.

We will pay the Accelerated Death Benefit upon Our receipt of the due Written Proof of eligibility.

**CONDITIONS FOR ACCELERATED BENEFIT:** We will not permit creditors or government agencies to cause the Owner to involuntarily access proceeds intended for the Beneficiary. The Owner is not eligible for this Benefit if required by law to use it to:

1. satisfy the claims of creditors; or
2. apply for, obtain or retain government Benefits.

The Policy must be in force but not in the Grace Period when You apply for this Benefit.

**EXCLUSION:** This Benefit will not be available if the Terminal Illness is caused by an injury sustained in an attempted suicide within two years of the Policy Effective Date.

**INCONTESTABILITY:** We cannot contest this Rider after it has been in force during the lifetime of the Insured for 2 years from its effective date.

We cannot contest any increase in insurance amount after such increase has been in force during the lifetime of the Insured for 2 years from its effective date.

**ACCELERATED DEATH BENEFIT AMOUNT:** You may request a payment of up to fifty percent (50%) of this Policy's Specified Amount. However:

1. You may not request a total greater than \$500,000;
2. You must request at least \$2,500; and
3. the remaining Death Benefit payable under this Policy and any Endorsements must be at least \$2,500.

Only one Accelerated Death Benefit payment can be made under this Policy.

The Benefit Amount paid will reduce future cash or loan values. The Policy Cash Value will be reduced by a percentage equal to the ratio of the amount of the Accelerated Death Benefit payment to the Policy's Specified Amount.

The amount of the Accelerated Death Benefit payment will first be applied toward payment of any outstanding Debt.

**METHOD OF PAYMENT:** We will pay the Accelerated Death Benefit Amount in one lump sum. We will pay it to the Owner or Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner.

**POLICY PREMIUM:** There is no additional charge for this Endorsement. The Policy Premium will not be affected because of any Accelerated Death Benefit payment. You must continue to pay premiums when due or within the Grace Period.

**FEES AND INTEREST:** We charge a processing fee of \$75 if We pay an Accelerated Death Benefit. We deduct the processing fee from the Accelerated Death Benefit.

We charge interest at the rate of 8% annually in arrears on the amount of the Accelerated Death Benefit paid.

**EFFECT OF BENEFIT ON POLICY:** When We pay an Accelerated Death Benefit, we will reduce the Death Benefit under the Policy by:

1. the Accelerated Death Benefit amount paid; and
2. any additional Debt; and
3. any accrued and unpaid interest on the Accelerated Death Benefit payment.

We will provide a statement to the Owner and any Irrevocable Beneficiary demonstrating the effect of the Accelerated Benefit Payment on the Policy.

**TERMINATION:** This Endorsement terminates on the earliest of:

1. the date the Policy this Endorsement is attached to terminates; or
2. when the Owner requests in writing that We cancel it;
3. upon death of the Insured.

Payment of an Accelerated Death Benefit will not be affected if a Terminal Condition was diagnosed before this Endorsement terminates.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



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## DISABILITY WAIVER OF PREMIUM RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions and definitions of the Policy unless stated otherwise in this Rider.

**EFFECTIVE DATE:** The Effective Date of this Rider is the Effective Date shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If we reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule page.

**CONSIDERATION:** We issue this Rider in consideration of the Application for this Rider and payment of its first Premium. The premium for this Rider is shown in the Policy Schedule Page.

**EXPIRY DATE:** The date coverage ends under this Rider is shown in the Policy Schedule Page.

**INSURED:** The person named as the Insured in the Policy Schedule Page.

**SICKNESS OR DISEASE:** Sickness or Disease diagnosed and treated while this Rider is in force. Sickness also means medical conditions admitted in the Application.

**INJURY:** An accidental bodily injury sustained by the Insured as the direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while this Rider is in force.

**TOTAL DISABILITY AND TOTALLY DISABLED:** A disability which:

1. results solely from injury or disease which first manifests itself while this Rider is in force;
  - (i) **During the first 24 months of Total Disability**, the Insured is unable to perform the substantial and material duties of their job due to sickness or accidental bodily injury; and
  - (ii) **After the first 24 months of Total Disability**, the Insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties of their job, or any other job for which they become reasonably qualified by education, training or experience.
2. begins before Age 65.

If the Insured is not gainfully employed on a full time basis away from his or her residence when Total Disability begins, Total Disability will mean the inability to engage in the normal activities of a person reasonably qualified by education, training, or experience.

**BENEFIT:** The premiums waived under this Rider will be the total annual premium as shown on the Policy Schedule Page.

Loan interest due and accrued will not be waived. If at any time the Debt equals or exceeds the Cash Value, the Grace Period provision of the Policy will apply.

If the Total Disability starts while this Rider is in force and the Total Disability lasts for a period of six (6) consecutive months, We will then waive the premiums for Policy Months after the six (6) month period.

If the Insured's Total Disability begins before the Policy Anniversary of the Insured's Attained Age 60, We will waive all premiums under the Policy while the Insured remains Totally Disabled. If the period of Total Disability extends beyond the Insured's Attained Age 65, We will waive all further premiums while the Insured remains Totally Disabled.

If the Insured's Total Disability begins after the Policy Anniversary of the Insured's Attained Age 60, We will waive all premiums while the Insured remains Totally Disabled, but only up to the Policy Anniversary of the Insured's Attained Age 65.

Until the Insured's Total Disability has lasted six (6) months, premiums must be paid if required. We will return the premiums paid during such six (6) month period to the Policy if the Insured remains Totally Disabled.

Unless Written Notice of Total Disability is given to Us as soon as reasonably possible, We will not waive any premium received after one (1) year before We receive the Written Notice at our Home Office.

This Waiver of Premium benefit does not apply to the Total Disability of any person other than the person named as the Insured in the Policy Schedule.

**EXCLUSIONS:** No benefit will be provided under this Rider if the Insured's Total Disability:

1. results from any attempt at suicide or intentionally self-inflicted injury while sane or insane;
2. results from voluntary intake or use by any means of:
  - (i) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - (ii) Poison, gas or fumes, unless a direct result of an occupational accident;
3. results from an act of war, declared or undeclared;
4. results from an accident which occurred before the Effective Date of this Rider;
5. results from a condition or disease that first manifested itself before the Effective Date of this Rider;
6. results directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigators and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense; or
7. results from committing or attempting to commit a felony;
8. caused or contributed to by intoxication as defined by the jurisdiction where the total disability occurred;
9. caused or materially contributed to by participation in an illegal occupation or activity;
10. used or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Policy.
11. begins prior to the Policy Anniversary of the Insured's Attained Age 15; or
12. begins after the Policy Anniversary of the Insured's Attained Age 65.
13. rock or mountain climbing;
14. parasailing, ballooning, soaring, ultralight, skydiving, parachuting, and (aeronautics) hang-gliding;
15. bungee jumping.

**INCONTESTABILITY:** We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from the date of its issue, excluding any period when the Insured was totally disabled, except for fraud in the procurement of the form, when permitted by applicable law in the state where the Policy is delivered or issued for delivery. After this Rider has been in force for two years from the effective date of reinstatement, We will not contest a claim based on statements made in the application for reinstatement.

**NOTICE OF CLAIM:** We must receive Written Notice of claim at Our Home Office informing Us that the Insured is Totally Disabled. We must receive the Written Notice:

1. while the Insured is alive;
2. while the Insured is Totally Disabled; and
3. within 12 months of the start of the Insured's Total Disability.

If We do not receive such Written Notice, We will not waive premiums that are paid more than 12 months before We receive the Written Notice.

**PROOF OF TOTAL DISABILITY:** We must receive proof of Total Disability at Our Home Office within 6 months after Written Notice of Total Disability is given to Us. If it is not reasonably possible to give the proof within six 6 months, Your claim is not affected if the proof is sent as soon as reasonably possible. But, unless You are legally incapacitated, We must receive proof within 1 year of the time it is otherwise required.

**PROOF OF CONTINUANCE OF TOTAL DISABILITY:** During the first 2 years after We receive proof of the Insured's Total Disability, We may at reasonable intervals, but not more than once every 30 days, require proof that the Insured is still Totally Disabled. Thereafter, We may require proof once a year that the Insured is still Totally Disabled. As part of any proof, We may require the Insured to be examined, at Our expense, by a physician chosen by Us.

If We do not receive proof that the Insured is still Totally Disabled, or if the Insured is no longer Totally Disabled, We will stop waiving the premiums.

**TOTAL DISABILITY STARTING DURING THE GRACE PERIOD:** If Total Disability begins during a Grace Period, We require You to pay any overdue premiums to avoid a lapse of insurance before We approve the Waiver benefit claim.

**CHANGE IN INSURANCE DURING TOTAL DISABILITY:** You may not change the Insured's Policy benefits while the premiums are being waived.

**NONFORFEITURE VALUES:** This Rider does not have Cash Values or Loan Values.

**TERMINATION:** This Rider will terminate on the earliest of:

1. its Expiry Date as shown in the Policy Schedule Page;
2. the date the Policy this Rider is attached to terminates; or
3. when the Owner requests to Us in writing that We cancel it.

Termination of this Rider will not affect the payment of a claim submitted for a Total Disability that began while this Rider was in force.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



(A Stock Company)

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## TRAVEL ACCIDENT RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions and definitions of the Policy unless stated otherwise in this Rider.

**EFFECTIVE DATE:** The Effective Date of this Rider is shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If We reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule Page.

**CONSIDERATION:** This Rider is issued in consideration of the Application for this Rider and payment of its first Premium. The Premium for this Rider is shown on the Policy Schedule Page.

**EXPIRY DATE:** The date coverage ends under this rider is shown on the Policy Schedule Page.

**ACCIDENTAL DEATH:** Death which results directly from accidental bodily injury.

**INJURY:** An accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while this Rider is in force.

**INSURED:** The person named as the Insured on the Policy Schedule Page.

**BENEFIT:** If the Insured dies due to a Covered Travel Accident, We will pay the Travel Accident Benefit amount shown on the Policy Schedule Page to the Beneficiary. The death must occur:

1. within 180 days after the accident; and
2. while this Rider is in force.

We must receive proof that the Insured's death was accidental. We will make payment after receiving this proof and the written claim notice. We will pay this amount as part of the total death benefit of the Policy.

We have the right, at Our own expense, to request an autopsy unless forbidden by law

## EXPOSURE AND DISAPPEARANCE

**EXPOSURE:** We will pay Benefits if You are unavoidably exposed to the elements because of a Covered Travel Accident which results in the disappearance, sinking or damaging of any conveyance covered by this Rider, in which You were riding, and You die as a result of such exposure.

**DISAPPEARANCE:** If Your body has not been found within 52 weeks after the date of a Covered Travel Accident, it will be presumed, provided there is no evidence to the contrary, that You died as a result of the accident.

## DEFINITIONS

**BICYCLE** - A non-motorized vehicle propelled manually by pedals, having two tandem wheels or two parallel wheels, and one or two forward or rear wheels. The vehicle must also have a seat, handlebars for steering, and manufacturer-installed brakes.

**COMMON CARRIER** - A public form of transportation, where a fee is usually paid to ride as a passenger, not as a member of the crew or driver of the vehicle for hire, which includes but is not limited to buses, trains, ships, subways, taxis, or ferries. Ambulances, medical transport vehicles or chartered vehicles are not considered Common Carriers.

**GOLF-CART** - A motorized vehicle used for carrying people and their golf equipment around on a golf course.

**PRIVATE PASSENGER AUTOMOBILE** - A motor vehicle intended for personal use and licensed by a state as a private vehicle. Included in the category of Private Passenger Automobile are:

1. self-propelled motor homes;
2. vans;
3. sport utility vehicles
4. trucks with a towing capacity of 17,000 pounds or less.

Private Passenger Automobile does not include:

1. automobiles licensed to carry passengers for hire;
2. automobiles or trucks primarily used for commercial purposes; or
3. motorcycles, mopeds, motor scooters, all-terrain vehicles, snowmobiles or jet skis.

**SCHEDULED AIRLINE** - An airplane licensed to operate as a public form of transportation on a regularly scheduled basis, where a fee is usually paid to ride as a passenger.

## COVERED TRAVEL ACCIDENTS

**SCHEDULED AIRLINE:** As a passenger and not as a pilot or crew member, while you are riding in an aircraft operated on a regularly scheduled flight by:

1. a Scheduled Airline of United States registry holding the proper license and certification issued by the United States Government;
2. a Scheduled Airline of foreign registry holding a Policy, license or similar authorization for scheduled air transportation by the governmental authorities having jurisdiction for civil aviation in the country of registry;
3. a transport type aircraft operated by the United States Armed Forces, the Department of National Defense (Canada), the Department of Transport (Canada) or the Royal Air Force Air Support Command of Great Britain.

**COMMON CARRIER:** While riding as a passenger in any public land or water conveyance provided by a Common Carrier primarily for passenger service. You cannot be an operator or member of the crew of the Common Carrier.

**AUTOMOBILE:** While driving or riding in a Private Passenger Automobile.

**PEDESTRIAN:** When, as a pedestrian, You are struck by any motor vehicle legally operated on the public streets and highways.

**BICYCLE:** When riding a Bicycle.

**GOLF-CART:** When driving or riding in a Golf-Cart on a golf course, or on any public or residential road where the law permits a Golf-Cart to be driven.

## EXCLUSIONS AND LIMITATIONS

This Rider does not provide benefits for death occurring as a result of any of the following:

1. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. an act of war, declared or undeclared;
3. intoxication as defined by the jurisdiction where the Covered Accident occurred.
4. voluntary intake or use by any means of
  - a. any drug unless administered on the advice of a physician and taken in accordance with the physician's instructions;
  - b. poison, gas or fumes;
5. directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigation and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
6. committing or attempting to commit a felony;
7. riding any motorized vehicle or bicycle:
  - a. in a competitive sport;
  - b. to race or test on any speedway, race track or proving ground;
  - c. for stunt riding, jumping, aerobatics or similar activity;
8. while the insured is incarcerated;
9. rock or mountain climbing;
10. parasailing, ballooning, soaring, ultralight, skydiving, parachuting, and (aeronautics) hang-gliding;
11. bungee jumping.

**INCONTESTABILITY:** We cannot contest this Rider after it has been in force during the lifetime of the Insured for two (2) years from its effective date. We can contest this Rider at any time for fraud, where permitted by the state where this Rider is delivered or issued for delivery.

**NONFORFEITURE VALUES:** This Rider does not have Cash Values or Loan Values.

### TERMINATION

This Rider will terminate on the earliest of:

1. its Expiry Date which is shown in the Policy Schedule Page;
2. the date when the Policy this Rider is attached to terminates; or
3. when the Owner requests that We cancel it by notifying Us in writing.

Termination of this Rider will not affect the payment of a claim submitted for a travel accident that occurred while this Rider was in force.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



(A Stock Company)

17900 Laurel Park Drive, Livonia, MI 48152

(800) 624-1662

www.aalife.com

### DAILY BENEFIT RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions and definitions of the Policy unless stated otherwise in this Rider.

**EFFECTIVE DATE:** The Effective Date of this Rider is shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If we reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule Page.

**CONSIDERATION:** We issue this Rider in consideration of Your Application for this Rider and payment of its first Premium. The Premium for this Rider is shown on the Schedule Page.

**EXPIRY DATE:** The date coverage ends under this Rider is shown on the Policy Schedule Page.

**INSURED:** The person named as the Insured on the Policy Schedule Page.

**BENEFIT:** We will pay You the Daily Benefit shown on the Schedule Page for each full day You are confined as an inpatient in a licensed Hospital due to an accidental Injury occurring while this Rider is in force, for up to 365 days per accident. Confinement must begin while this Rider is in force, and within 180 days of the Injury and there must be less than 180 days between confinements as a result of the same accident.

**INJURY:** An accidental bodily injury, sustained by the Insured as a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while this Rider is in force.

**HOSPITAL -** A place which is (a) licensed or recognized as a general hospital by the appropriate authority of the state or jurisdiction in which it is located, (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (R.N.) always on duty and with laboratory and x-ray facilities, for which a charge is made, (c) a place recognized by the Joint Commission on the Accreditation of Hospitals, or (d) a place certified as a Hospital by Medicare. In no event shall the term "Hospital" mean:

- a rest or convalescent home or center, a home for the aged; or
- a psychiatric facility; or
- a clinic, an extended care, rehabilitation or skilled nursing facility; or
- an institution or part of a Hospital or institution which is licensed or used principally for the treatment or care for drug addiction or alcoholism; or
- any facility with an average length of stay of more than 30 days.

**EXCLUSIONS AND LIMITATIONS:** We will not pay Benefits under this Rider for confinement that occurs in a Hospital where in the absence of insurance there is no obligation to pay; or is not medically necessary; or which results from:

1. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. an act of war, declared or undeclared;
3. intoxication as defined by the jurisdiction where the Injury occurred.
4. voluntary intake or use by any means of
  - a. any drug unless administered on the advice of a physician and taken in accordance with the physician's instructions;
  - b. poison, gas or fumes;

5. directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigation and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
6. committing or attempting to commit a felony;
7. disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
8. an infection not occurring as a direct result or consequence of the accidental bodily injury;
9. operating, descending from or riding in any type of aircraft. This does not apply to a fare paying or pass holding passenger with no duties on board an aircraft commercially licensed to transport passengers for hire;
10. riding any motorized vehicle or bicycle:
  - a. in a competitive sport;
  - b. to race or test on any speedway, race track or proving ground;
  - c. for stunt riding, jumping, aerobatics or similar activity;
11. while the insured is incarcerated;
12. rock or mountain climbing;
13. parasailing, ballooning, soaring, ultralight, skydiving, parachuting, and (aeronautics) hang-gliding;
14. bungee jumping.

**INCONTESTABILITY:** We cannot contest this Rider after it has been in force during the lifetime of the Insured for two (2) years from its effective date. We can contest this Rider at any time for fraud, where permitted by the state where this Rider is delivered or issued for delivery.

**NONFORFEITURE VALUES:** This Rider does not have Cash Values or Loan Values

#### **TERMINATION**

This Rider will terminate on the earliest of:

1. its Expiration Date which is shown on the Schedule Page; or
2. the date when the Policy this Rider is attached to terminates; or
3. when You request that We cancel it by notifying Us in writing; or
4. the end of the last period for which premiums for this Rider have been paid.

Termination of this Rider or the Policy will not affect an existing claim.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



(A Stock Company)  
17900 N. Laurel Park Drive, Livonia, MI 48152  
(800) 624-1662  
www.aaalife.com

## ACCIDENTAL DEATH BENEFIT RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions and definitions of the Policy unless stated otherwise in this Rider.

**EFFECTIVE DATE:** The Effective Date of this Rider is shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If We reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule Page.

**CONSIDERATION:** This Rider is issued in consideration of the Application for this Rider and payment of its first Premium. The Premium for this Rider is shown on the Policy Schedule Page.

**EXPIRY DATE:** The date coverage ends under this Rider is shown on the Policy Schedule Page.

**INSURED:** The person named as the Insured on the Policy Schedule Page.

**INJURY:** An accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while this Rider is in force.

**BENEFIT:** If the Insured dies due to an accident, We will pay the Accidental Death Benefit amount shown on the Policy Schedule Page to the Beneficiary. The death must occur:

1. within 180 days after the accident; and
2. while this Rider is in force.

We must receive proof that the Insured's death was accidental. We will make payment after receiving this proof and the written claim notice. We will pay this amount as part of the total death benefit of the Policy.

**ACCIDENTAL DEATH:** Death which results directly from accidental bodily injury.

We have the right, at Our own expense, to request an autopsy unless forbidden by law.

**EXCLUSIONS AND LIMITATIONS:** This Rider does not provide benefits coverage for death occurring as a result of any of the following:

1. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. an act of war, declared or undeclared;
3. intoxication as defined by the jurisdiction where the accident occurred;
4. voluntary intake or use by any means of
  - a. any drug unless administered on the advice of a physician and taken in accordance with the physician's instructions;
  - b. poison, gas or fumes, unless a direct result of an occupational accident;
5. directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigation and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
6. committing or attempting to commit a felony;
7. disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
8. an infection not occurring as a direct result or consequence of the accidental bodily injury;
9. operating, descending from or riding in any type of aircraft. This does not apply to a fare paying or pass holding passenger with no duties on board an aircraft commercially licensed to transport passengers for hire;
10. riding any motorized vehicle or bicycle:
  - a. in a competitive sport;
  - b. to race or test on any speedway, race track or proving ground;
  - c. for stunt riding, jumping, aerobatics or similar activity;
11. while the insured is incarcerated;
12. rock or mountain climbing;
13. parasailing, ballooning, soaring, ultralight, skydiving, parachuting, and (aeronautics) hang-gliding;
14. bungee jumping.

**INCONTESTABILITY:** We cannot contest this Rider after it has been in force during the lifetime of the Insured for two (2) years from its effective date. We can contest this Rider at any time for fraud, where permitted by the state where this Rider is delivered or issued for delivery.

**NONFORFEITURE VALUES:** This Rider does not have Cash Values or Loan Values.

**TERMINATION:** This Rider will terminate on the earliest of:

1. its Expiry Date which is shown in the Policy Schedule Page;
2. the date when the Policy this Rider is attached to terminated; or
3. when the Owner requests that We cancel it by notifying Us in writing.

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

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



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www.aalife.com

## CHILD TERM RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions, and definitions of the Policy unless stated otherwise in this Rider.

**EFFECTIVE DATE:** The Effective Date of this Rider is shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If we reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule Page.

**CONSIDERATION:** We issue this Rider in consideration of Your Application for this Rider and payment of its first Premium. The Premium for this Rider is shown on the Schedule Page.

**ELIGIBLE CHILD:** An Eligible Child includes all of the Insured's unmarried children, stepchildren, or legally adopted children who are at least 15 days old and under Age 19 on the date coverage first becomes effective under this Rider. An Eligible Child must be dependent upon the Insured for support and living within the Insured's household or attending an educational institution as a full-time or part-time student.

In addition, the following children will automatically be covered under this Rider:

1. any child, at least 15 days old, born to the Insured after this Rider is in force; or
2. any child, between 15 days and Age 19, who is legally adopted or becomes a stepchild of the Insured after this Rider is in force.

If the Insured no longer has any Eligible Insured Children, You must send us a Written Notice notifying Us of such. This Rider will remain in force and We will continue to charge Premium for this Rider, unless the Rider terminates as outlined under the Termination provision.

**EXPIRATION OF BENEFIT:** For each Insured child, coverage will cease at the earliest of:

1. the date he or she is no longer considered eligible as defined under the Eligible Child provision; or
2. the date the Insured Child marries; or
3. the date he or she turns Age 25.

**INSURED:** The person named as the Insured in the Policy Schedule Page.

**INSURED CHILD:** An Eligible Child whose coverage has become effective under this Rider.

**BENEFICIARY OF INSURED CHILD'S COVERAGE:** On the Effective Date of this Rider, the Beneficiary is the Owner of the Policy unless otherwise stated in the Application. If the Owner predeceases the Insured and no other Beneficiary is designated, the Insured will become the Beneficiary.

**BENEFIT:** This Rider provides term life insurance coverage on the life of each Insured Child. We agree, subject to the conditions of this Rider, to pay the Beneficiary the amount for each Benefit Amount if:

1. an Insured Child's death occurs while the Policy and this Rider is in force; and
2. We receive due proof of death and eligibility for coverage for such Insured Child.

**BENEFIT AMOUNT:** The Benefit Amount payable under this Rider is the amount shown on the Policy Schedule Page.

**BENEFITS AFTER THE INSURED'S DEATH:** If the death of the Insured, except by suicide while sane or insane within 2 years from the Policy's Issue Date, occurs while this Rider is in force, the insurance on the Insured Child will become paid-up term life insurance and remain in force without further payment of Premium until the earlier of:

1. the Policy Anniversary following the Insured Child's Attained Age 25; or
2. the date the Insured Child marries.

The Owner of the Insured's Child paid-up insurance will be:

1. the Insured Child if he or she is of legal Age; or
2. the Insured Child's guardian if he or she is not of legal Age.

**CONVERSION:** Any Insured Child may convert his or her insurance, without evidence of insurability, to a New Policy within 31 days after the earlier of:

1. the Policy Anniversary following the Insured Child's Age 25; or
2. the date the Insured Child marries.

The New Policy may be for any permanent insurance plan We offer at the time of Conversion. To convert the insurance on an Insured Child, send Us Your Application and the first Premium for the New Policy. If You need assistance with the Conversion process please contact Your Agent or Our Home Office.

Insurance will continue to be in force on the life of the Insured Child during the 31 days allowed for Conversion.

When the insurance for an Insured Child is converted, that child will no longer be insured under this Rider.

**CONVERSION DATE:** The date We issue the New Policy.

**NEW POLICY:** The Conversion Policy.

**TERMS OF THE NEW POLICY:** The New Policy will be issued subject to the following terms:

1. The New Policy will be issued on the life of the Insured Child when We receive the Application for the New Policy and the first Premium payment.
2. The death benefit will be:
  - a. no less than the amount of insurance then in force under this Rider, subject to Our minimum requirements; and
  - b. no more than 5 times that amount.
3. It will be issued on the form and at the Premium rate for the Age and gender, in use by Us on the Effective Date of the New Policy.
4. It will be a standard Premium class.
5. The Effective Date of the New Policy will be the Conversion Date.
6. The Incontestability and Suicide provisions of the New Policy will be measured from the Effective Date of this Rider.
7. Additional Rider benefits may be attached to the New Policy only with Our consent. Such additional benefits will require proof of insurability. If included in the New Policy, these Riders will be based on the forms and Premiums rates in effect on the Conversion Date.

**NONFORFEITURE VALUES:** This Rider does not have Cash Surrender Values or Loan Values.

**TERMINATION:** This Rider will terminate on the earliest date of when:

1. We receive Your written notice that the Insured no longer has any Children eligible for coverage as defined under the Eligible Child provision; or
2. the Policy this Rider is attached to terminates; or
3. We receive Your written request to cancel this Rider.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary

SERFF Tracking Number: AAAL-126730786

State: Arkansas

Filing Company: AAA Life Insurance Company

State Tracking Number: 46288

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life

Project Name/Number: Simple Life/SL-10

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Readability Certification.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

**Attachments:**

AR Direct Sold App.pdf

AR Agent Sold App.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Base Premiums

**Comments:**

**Attachment:**

Base Premiums.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

WL Statement of Variability.pdf

**Item Status:** **Status Date:**

SERFF Tracking Number: AAAL-126730786 State: Arkansas  
Filing Company: AAA Life Insurance Company State Tracking Number: 46288  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life  
Project Name/Number: Simple Life/SL-10

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

AR cover letter.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Accelerated Death Benefit  
Endorsement - Supporting  
Documents

**Comments:**

**Attachments:**

5510XDBS Accelerated Death Benefit Disclosure Statement.pdf

5511XDBN Accelerated Death Benefit Payment Notice.pdf

## READABILITY CERTIFICATION

**COMPANY NAME:** AAA Life Insurance Company

I hereby certify that the forms listed below have the following scores as calculated by the Flesch Reading Ease Test.

| <u>Form Number</u> |                                       | <u>Score</u> |
|--------------------|---------------------------------------|--------------|
| 5501WL             | Whole Life Insurance Policy           | 50.3         |
| 5502XDB            | Accelerated Death Benefit Endorsement | 50.5         |
| 5503DWP            | Disability Waiver of Premium Rider    | 50.4         |
| 5504TAR            | Travel Accident Rider                 | 50.0         |
| 5505DBR            | Daily Benefit Rider                   | 51.1         |
| 5506ADB            | Accidental Death Benefit Rider        | 55.8         |
| 5507CTR            | Child Term Rider                      | 55.6         |



Company Officer: Robert J. Dotson  
Vice President and General Counsel

July 8, 2010

Date





# Whole Life Insurance Application

(For Individual Life Insurance)

17900 N. Laurel Park Dr.  
Livonia, MI 48152  
(800) 624-1662

| PROPOSED INSURED INFORMATION  |               |                         |        |                   |                              |                   |   |  |                          |
|---|---------------|-------------------------|--------|-------------------|------------------------------|-------------------|---|--|--------------------------|
| Full Legal Name   |               |                         |        | Home Phone Number |                              | Work Phone Number |   | Cell Phone Number  |                          |
| Address   |               |                         |        |                   |                              |                   | Country of Residence  |  |                          |
| State/Country of Birth  |               |                         |        | Email Address     |                              |                   | Social Security Number  |  |                          |
| Gender  | Date of Birth | Height                  | Weight | Membership Number |                              |                   |   | Club Code  |                          |
| OWNER INFORMATION<br><i>(If different than Proposed Insured)</i>  |               |                         |        |                   |                              |                   |   |  |                          |
| Full Legal Name   |               |                         |        | Email Address     |                              |                   | Relationship  |  |                          |
| Address   |               |                         |        |                   | Phone Number                 |                   | Social Security/Tax ID Number   |  |                          |
| BENEFICIARY INFORMATION   |               |                         |        |                   | POLICY & RIDER INFORMATION   |                   |   |  |                          |
| <i>(Note: If divided the total must equal 100% per type of beneficiary)</i>   |               |                         |        |                   | Policy Face Amount: \$ _____ |                   |   |  |                          |
| Primary Beneficiary   |               | Relationship to Insured |        | % to Receive      | Date of Birth                |                   | <b>Riders Available:</b>  |  |                          |
| Primary Beneficiary   |               | Relationship to Insured |        | % to Receive      | Date of Birth                |                   | <input type="checkbox"/> Child Term Rider \$ _____<br><input type="checkbox"/> Disability Waiver of Premium<br><input type="checkbox"/> Accidental Death Benefit \$ _____<br><input type="checkbox"/> Daily Benefit Rider \$ _____<br><input type="checkbox"/> Travel Accident Rider \$ _____ |  |                          |
| Contingent Beneficiary  |               | Relationship to Insured |        | % to Receive      | Date of Birth                |                   |   |  |                          |
| MEDICAL / UNDERWRITING INFORMATION  |               |                         |        |                   |                              |                   |   |  |                          |
| <b>Please answer the following questions with relation to the PROPOSED INSURED.</b>   |               |                         |        |                   |                              |                   |   |  |                          |
|   |               |                         |        |                   |                              |                   |   | Yes  | No                       |
| 1. In the past 12 months have you used nicotine in any form? .....  |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 2. Are you currently employed and actively working? .....   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 3. Have you ever been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection? .....   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <b>In the past 5 years, have you been:</b>  |               |                         |        |                   |                              |                   |   |  |                          |
| 4. Convicted of a felony, DUI, or had your license suspended or revoked? .....  |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 5. Diagnosed, treated, or advised to seek treatment for alcohol or substance abuse? .....   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 6. Advised to have any surgery, treatment, follow-up test, hospital care, or medical investigations that are still pending for any abnormalities? .....   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <b>In the past 10 years, have you been diagnosed or treated by a member of the medical profession for:</b>  |               |                         |        |                   |                              |                   |   |  |                          |
| 7. Paralysis, insulin dependent diabetes, Amyotrophic Lateral Sclerosis (ALS), Alzheimer's Disease or Dementia, Schizophrenia, heart or circulatory disorder, chronic kidney disease, Cirrhosis, Hepatitis C, blood disorders including Leukemia, any central nervous disorder including Epilepsy, or lung disorders? <b>(Answer "No" if you ONLY have high blood pressure, Asthma, Bronchitis or Sleep Apnea.)</b> ..... |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 8. Lupus, Multiple Sclerosis, Bipolar Disorder, major depression, stroke, cancer or tumor? <b>(Answer "No" if you only have Basal or Squamous cell skin cancer.)</b> .....  |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| EXISTING LIFE INSURANCE   |               |                         |        |                   |                              |                   |   |  |                          |
| Are there any life insurance policies or annuity contracts inforce or any applications pending on the life of the Proposed Insured (including life insurance with AAA Life)? .....  |               |                         |        |                   |                              |                   |   | Yes  | No                       |
|   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| Will the coverage applied for replace or change any existing or applied for life insurance policies? <b>(If "Yes," complete below)</b> .....  |               |                         |        |                   |                              |                   |   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| Insurance Company Name  |               | Policy Number           |        | Type of Insurance | Issue Year                   | Amount            | Accidental Death  | To Be Replaced   |                          |
|   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
|   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
|   |               |                         |        |                   |                              |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |



# Whole Life Insurance Application

(For Individual Life Insurance)

17900 N. Laurel Park Dr.  
Livonia, MI 48152  
(800) 624-1662

## PAYMENT OPTIONS AND AUTHORIZATION

**Select One Payment Option**

I, the Owner, authorize until I revoke in writing, deduction of \$ \_\_\_\_\_ for the **monthly premium** from my checking account.  
(Please attach a void check if you select this option.)

|                |          |
|----------------|----------|
| Routing Number | Account# |
|----------------|----------|

I, the Owner, authorize until I revoke in writing, the payment of \$ \_\_\_\_\_ for the **monthly premium** from my credit card account.  
(VISA, MasterCard, Discover, or AmEx only.)

|                    |           |   |
|--------------------|-----------|---|
| Credit Card Number | Exp. Date | Name as it appears on checking account or credit card |
|--------------------|-----------|---|

I, the Owner, would like to be billed directly \$ \_\_\_\_\_ :  Annually  Semi-Annually  Quarterly

## REPRESENTATION, ACKNOWLEDGMENT, AND AUTHORIZATION

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 contract issued upon it, and will be used to determine if coverage will be issued. Unless coverage is provided under the Temporary Insurance Agreement, coverage issued on this application will be effective from the date of application, provided the premium is paid and received by AAA Life Insurance Company (the Company), a policy has been issued and delivered to the Owner during the Proposed Insured's lifetime, and the health, habits and occupation of the Proposed Insured remains as stated in the application. For use in determining insurability, I **authorize** any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau (MIB), pharmacy, benefit manager, or other organization, institution, or person that has any records or knowledge of the Proposed Insured's medical or prescription history to give any such information to the Company, its representatives or reinsurers. To facilitate rapid transmission of such information, I **authorize** all said sources, except the MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I **understand** that my medical records may be protected by certain federal regulations, especially as they apply to any drug or alcohol abuse data. I understand that I may revoke this authorization at any time as it pertains to any such drug or alcohol abuse data by written notification; however, any action taken prior to revocation will not be affected. This authorization is valid for 24 months from the date signed. A photocopy or facsimile of this authorization will be as valid as the original. I acknowledge receipt of the Company's investigative Consumer Report Notice, MIB Disclosure Notice, and Notice of Insurance Information Practices.

**Temporary Insurance Agreement Received:**  Yes  No

**FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at (City and State) \_\_\_\_\_

|  |             |
|--|-------------|
| Insured Signature ( <i>Parent or Legal Guardian if Proposed Insured is a Minor</i> ) | Date Signed |
|--|-------------|

|  |             |
|--|-------------|
| Owner Signature ( <i>If other than insured</i> ) | Date Signed |
|--|-------------|

## AGENT INFORMATION

**Agent's Statement:** I represent that I  **have**  **have not** personally seen the person(s) proposed for insurance. To the best of my knowledge and belief there is nothing adversely affecting the insurability of the person(s) proposed for insurance other than as indicated on this application; and where required, the Company's Investigative Consumer Report Notice, MIB Disclosure Notice, and Notice of Insurance Information Practices was given to the applicant on or before the date the application was signed. To the best of my knowledge, the Proposed Insured  **does**  **does not** have any insurance inforce or applications pending and the Proposed Insured  **does**  **does not** intend to replace or change existing insurance or annuities.

**Temporary Insurance Agreement Provided:**  Yes  No      Proposed Insured Understands English:  Yes  No

|                            |      |                            |                             |
|----------------------------|------|----------------------------|-----------------------------|
| Signature of Writing Agent | Date | Writing Agent Phone Number | Writing Agent Email Address |
|----------------------------|------|----------------------------|-----------------------------|

|                    |              |                |         |
|--------------------|--------------|----------------|---------|
| Printed Agent Name | Agent Number | License Number | Split % |
|--------------------|--------------|----------------|---------|

|                    |              |                |         |
|--------------------|--------------|----------------|---------|
| Printed Agent Name | Agent Number | License Number | Split % |
|--------------------|--------------|----------------|---------|

Female Non-Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 0         | 19.46     | 10.53                  | 8.36                   | 6.87                   | 5.88                   | 4.22                   | 3.59       |
| 1         | 19.54     | 10.61                  | 8.44                   | 6.95                   | 5.96                   | 4.30                   | 3.65       |
| 2         | 19.62     | 10.69                  | 8.52                   | 7.03                   | 6.04                   | 4.38                   | 3.71       |
| 3         | 19.70     | 10.77                  | 8.60                   | 7.11                   | 6.12                   | 4.46                   | 3.77       |
| 4         | 19.78     | 10.85                  | 8.68                   | 7.19                   | 6.20                   | 4.54                   | 3.83       |
| 5         | 19.87     | 10.92                  | 8.77                   | 7.29                   | 6.26                   | 4.60                   | 3.91       |
| 6         | 19.98     | 11.02                  | 8.88                   | 7.40                   | 6.36                   | 4.70                   | 3.99       |
| 7         | 20.09     | 11.12                  | 8.99                   | 7.51                   | 6.46                   | 4.80                   | 4.07       |
| 8         | 20.20     | 11.22                  | 9.10                   | 7.62                   | 6.56                   | 4.90                   | 4.15       |
| 9         | 20.31     | 11.32                  | 9.21                   | 7.73                   | 6.66                   | 5.00                   | 4.23       |
| 10        | 20.41     | 11.43                  | 9.31                   | 7.82                   | 6.74                   | 5.09                   | 4.33       |
| 11        | 20.54     | 11.55                  | 9.44                   | 7.95                   | 6.86                   | 5.21                   | 4.43       |
| 12        | 20.67     | 11.67                  | 9.57                   | 8.08                   | 6.98                   | 5.33                   | 4.53       |
| 13        | 20.80     | 11.79                  | 9.70                   | 8.21                   | 7.10                   | 5.45                   | 4.63       |
| 14        | 20.93     | 11.91                  | 9.83                   | 8.34                   | 7.22                   | 5.57                   | 4.73       |
| 15        | 21.06     | 12.04                  | 9.97                   | 8.46                   | 7.34                   | 5.69                   | 4.84       |
| 16        | 21.22     | 12.19                  | 10.13                  | 8.62                   | 7.48                   | 5.84                   | 4.97       |
| 17        | 21.38     | 12.34                  | 10.29                  | 8.78                   | 7.62                   | 5.99                   | 5.10       |
| 18        | 21.54     | 12.49                  | 10.45                  | 8.94                   | 7.76                   | 6.14                   | 5.23       |
| 19        | 21.70     | 12.64                  | 10.61                  | 9.10                   | 7.90                   | 6.29                   | 5.36       |
| 20        | 21.85     | 12.81                  | 10.77                  | 9.25                   | 8.06                   | 6.43                   | 5.47       |
| 21        | 22.05     | 13.00                  | 11.05                  | 9.45                   | 8.27                   | 6.61                   | 5.62       |
| 22        | 22.25     | 13.19                  | 11.33                  | 9.65                   | 8.48                   | 6.79                   | 5.77       |
| 23        | 22.45     | 13.38                  | 11.61                  | 9.85                   | 8.69                   | 6.97                   | 5.92       |
| 24        | 22.65     | 13.57                  | 11.89                  | 10.05                  | 8.90                   | 7.15                   | 6.07       |
| 25        | 22.85     | 13.74                  | 12.18                  | 10.24                  | 9.09                   | 7.34                   | 6.24       |
| 26        | 23.10     | 13.98                  | 12.50                  | 10.49                  | 9.39                   | 7.60                   | 6.62       |
| 27        | 23.35     | 14.22                  | 12.82                  | 10.74                  | 9.69                   | 7.86                   | 7.00       |
| 28        | 23.60     | 14.46                  | 13.14                  | 10.99                  | 9.99                   | 8.12                   | 7.38       |
| 29        | 23.85     | 14.70                  | 13.46                  | 11.24                  | 10.29                  | 8.38                   | 7.76       |
| 30        | 24.11     | 14.93                  | 13.79                  | 11.49                  | 10.57                  | 8.62                   | 8.16       |
| 31        | 24.34     | 15.16                  | 14.10                  | 11.83                  | 10.85                  | 9.01                   | 8.55       |
| 32        | 24.57     | 15.39                  | 14.41                  | 12.17                  | 11.13                  | 9.40                   | 8.94       |
| 33        | 24.80     | 15.62                  | 14.72                  | 12.51                  | 11.41                  | 9.79                   | 9.33       |
| 34        | 25.03     | 15.85                  | 15.03                  | 12.85                  | 11.69                  | 10.18                  | 9.72       |
| 35        | 25.26     | 16.08                  | 15.32                  | 13.21                  | 11.95                  | 10.57                  | 10.11      |
| 36        | 25.72     | 16.54                  | 15.78                  | 13.61                  | 12.41                  | 11.03                  | 10.52      |
| 37        | 26.18     | 17.00                  | 16.24                  | 14.01                  | 12.87                  | 11.49                  | 10.93      |
| 38        | 26.64     | 17.46                  | 16.70                  | 14.41                  | 13.33                  | 11.95                  | 11.34      |
| 39        | 27.10     | 17.92                  | 17.16                  | 14.81                  | 13.79                  | 12.41                  | 11.75      |
| 40        | 27.56     | 18.38                  | 17.62                  | 15.22                  | 14.25                  | 12.87                  | 12.18      |

Female Non-Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 41        | 28.02     | 19.30                  | 18.39                  | 15.85                  | 14.85                  | 13.47                  | 12.78      |
| 42        | 28.48     | 20.22                  | 19.16                  | 16.48                  | 15.45                  | 14.07                  | 13.38      |
| 43        | 28.94     | 21.14                  | 19.93                  | 17.11                  | 16.05                  | 14.67                  | 13.98      |
| 44        | 29.40     | 22.06                  | 20.70                  | 17.74                  | 16.65                  | 15.27                  | 14.58      |
| 45        | 29.86     | 22.98                  | 21.45                  | 18.39                  | 17.24                  | 15.86                  | 15.17      |
| 46        | 30.78     | 23.90                  | 22.37                  | 19.19                  | 18.02                  | 16.60                  | 15.86      |
| 47        | 31.70     | 24.82                  | 23.29                  | 19.99                  | 18.80                  | 17.34                  | 16.55      |
| 48        | 32.62     | 25.74                  | 24.21                  | 20.79                  | 19.58                  | 18.08                  | 17.24      |
| 49        | 33.54     | 26.66                  | 25.13                  | 21.59                  | 20.36                  | 18.82                  | 17.93      |
| 50        | 34.46     | 27.57                  | 26.05                  | 22.41                  | 21.14                  | 19.54                  | 18.62      |
| 51        | 35.38     | 28.72                  | 27.12                  | 23.79                  | 22.34                  | 20.46                  | 19.59      |
| 52        | 36.30     | 29.87                  | 28.19                  | 25.17                  | 23.54                  | 21.38                  | 20.56      |
| 53        | 37.22     | 31.02                  | 29.26                  | 26.55                  | 24.74                  | 22.30                  | 21.53      |
| 54        | 38.14     | 32.17                  | 30.33                  | 27.93                  | 25.94                  | 23.22                  | 22.50      |
| 55        | 39.06     | 33.32                  | 31.41                  | 29.30                  | 27.12                  | 24.14                  | 23.45      |
| 56        | 40.44     | 35.39                  | 33.10                  | 31.25                  | 28.59                  | 25.38                  | 24.64      |
| 57        | 41.82     | 37.46                  | 34.79                  | 33.20                  | 30.06                  | 26.62                  | 25.83      |
| 58        | 43.20     | 39.53                  | 36.48                  | 35.15                  | 31.53                  | 27.86                  | 27.02      |
| 59        | 44.58     | 41.60                  | 38.17                  | 37.10                  | 33.00                  | 29.10                  | 28.21      |
| 60        | 45.95     | 43.67                  | 39.84                  | 39.07                  | 34.48                  | 30.34                  | 29.42      |
| 61        | 48.25     | 45.97                  | 42.14                  | 41.25                  | 36.69                  | 31.86                  | 31.05      |
| 62        | 50.55     | 48.27                  | 44.44                  | 43.43                  | 38.90                  | 33.38                  | 32.68      |
| 63        | 52.85     | 50.57                  | 46.74                  | 45.61                  | 41.11                  | 34.90                  | 34.31      |
| 64        | 55.15     | 52.87                  | 49.04                  | 47.79                  | 43.32                  | 36.42                  | 35.94      |
| 65        | 57.45     | 55.16                  | 51.33                  | 49.99                  | 45.51                  | 37.93                  | 37.59      |
| 66        | 59.75     | 57.69                  | 54.09                  | 52.52                  | 47.81                  | 40.00                  | 39.63      |
| 67        | 62.05     | 60.22                  | 56.85                  | 55.05                  | 50.11                  | 42.07                  | 41.67      |
| 68        | 64.35     | 62.75                  | 59.61                  | 57.58                  | 52.41                  | 44.14                  | 43.71      |
| 69        | 66.65     | 65.28                  | 62.37                  | 60.11                  | 54.71                  | 46.21                  | 45.75      |
| 70        | 68.94     | 67.80                  | 65.13                  | 62.64                  | 57.01                  | 48.27                  | 47.81      |
| 71        | 74.00     | 71.48                  | 68.81                  | 66.32                  | 61.61                  | 51.03                  | 50.55      |
| 72        | 79.06     | 75.16                  | 72.49                  | 70.00                  | 66.21                  | 53.79                  | 53.29      |
| 73        | 84.12     | 78.84                  | 76.17                  | 73.68                  | 70.81                  | 56.55                  | 56.03      |
| 74        | 89.18     | 82.52                  | 79.85                  | 77.36                  | 75.41                  | 59.31                  | 58.77      |
| 75        | 94.23     | 86.20                  | 83.52                  | 81.03                  | 80.00                  | 62.07                  | 61.49      |
| 76        | 99.29     | 92.41                  | 89.34                  | 86.55                  | 85.42                  | 66.67                  | 66.09      |
| 77        | 104.35    | 98.62                  | 95.16                  | 92.07                  | 90.84                  | 71.27                  | 70.69      |
| 78        | 109.41    | 104.83                 | 100.98                 | 97.59                  | 96.26                  | 75.87                  | 75.29      |
| 79        | 114.47    | 111.04                 | 106.80                 | 103.11                 | 101.68                 | 80.47                  | 79.89      |
| 80        | 119.52    | 117.23                 | 112.64                 | 108.61                 | 107.12                 | 85.06                  | 84.48      |

Male Non-Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 0         | 19.73     | 10.86                  | 8.92                   | 7.21                   | 6.37                   | 4.83                   | 4.11       |
| 1         | 19.82     | 10.95                  | 9.02                   | 7.30                   | 6.46                   | 4.92                   | 4.18       |
| 2         | 19.91     | 11.04                  | 9.12                   | 7.39                   | 6.55                   | 5.01                   | 4.25       |
| 3         | 20.00     | 11.13                  | 9.22                   | 7.48                   | 6.64                   | 5.10                   | 4.32       |
| 4         | 20.09     | 11.22                  | 9.32                   | 7.57                   | 6.73                   | 5.19                   | 4.39       |
| 5         | 20.20     | 11.30                  | 9.40                   | 7.68                   | 6.81                   | 5.27                   | 4.48       |
| 6         | 20.34     | 11.43                  | 9.54                   | 7.81                   | 6.94                   | 5.40                   | 4.59       |
| 7         | 20.48     | 11.56                  | 9.68                   | 7.94                   | 7.07                   | 5.53                   | 4.70       |
| 8         | 20.62     | 11.69                  | 9.82                   | 8.07                   | 7.20                   | 5.66                   | 4.81       |
| 9         | 20.76     | 11.82                  | 9.96                   | 8.20                   | 7.33                   | 5.79                   | 4.92       |
| 10        | 20.89     | 11.96                  | 10.10                  | 8.35                   | 7.45                   | 5.93                   | 5.05       |
| 11        | 21.06     | 12.12                  | 10.27                  | 8.51                   | 7.60                   | 6.09                   | 5.18       |
| 12        | 21.23     | 12.28                  | 10.44                  | 8.67                   | 7.75                   | 6.25                   | 5.31       |
| 13        | 21.40     | 12.44                  | 10.61                  | 8.83                   | 7.90                   | 6.41                   | 5.44       |
| 14        | 21.57     | 12.60                  | 10.78                  | 8.99                   | 8.05                   | 6.57                   | 5.57       |
| 15        | 21.73     | 12.74                  | 10.94                  | 9.16                   | 8.22                   | 6.72                   | 5.72       |
| 16        | 21.91     | 12.91                  | 11.13                  | 9.34                   | 8.39                   | 6.90                   | 5.87       |
| 17        | 22.09     | 13.08                  | 11.32                  | 9.52                   | 8.56                   | 7.08                   | 6.02       |
| 18        | 22.27     | 13.25                  | 11.51                  | 9.70                   | 8.73                   | 7.26                   | 6.17       |
| 19        | 22.45     | 13.42                  | 11.70                  | 9.88                   | 8.90                   | 7.44                   | 6.32       |
| 20        | 22.64     | 13.60                  | 11.88                  | 10.06                  | 9.07                   | 7.60                   | 6.46       |
| 21        | 22.91     | 13.82                  | 12.11                  | 10.28                  | 9.35                   | 7.84                   | 6.67       |
| 22        | 23.18     | 14.04                  | 12.34                  | 10.50                  | 9.63                   | 8.08                   | 6.88       |
| 23        | 23.45     | 14.26                  | 12.57                  | 10.72                  | 9.91                   | 8.32                   | 7.09       |
| 24        | 23.72     | 14.48                  | 12.80                  | 10.94                  | 10.19                  | 8.56                   | 7.30       |
| 25        | 23.97     | 14.68                  | 13.03                  | 11.18                  | 10.47                  | 8.81                   | 7.49       |
| 26        | 24.23     | 14.96                  | 13.49                  | 11.59                  | 10.86                  | 9.21                   | 7.83       |
| 27        | 24.49     | 15.24                  | 13.95                  | 12.00                  | 11.25                  | 9.61                   | 8.17       |
| 28        | 24.75     | 15.52                  | 14.41                  | 12.41                  | 11.64                  | 10.01                  | 8.51       |
| 29        | 25.01     | 15.80                  | 14.87                  | 12.82                  | 12.03                  | 10.41                  | 8.85       |
| 30        | 25.26     | 16.08                  | 15.32                  | 13.21                  | 12.41                  | 10.80                  | 9.19       |
| 31        | 25.49     | 16.65                  | 15.86                  | 13.79                  | 12.78                  | 11.17                  | 9.63       |
| 32        | 25.72     | 17.22                  | 16.40                  | 14.37                  | 13.15                  | 11.54                  | 10.07      |
| 33        | 25.95     | 17.79                  | 16.94                  | 14.95                  | 13.52                  | 11.91                  | 10.51      |
| 34        | 26.18     | 18.36                  | 17.48                  | 15.53                  | 13.89                  | 12.28                  | 10.95      |
| 35        | 26.41     | 18.95                  | 18.00                  | 16.09                  | 14.25                  | 12.64                  | 11.38      |
| 36        | 27.10     | 19.53                  | 18.61                  | 16.78                  | 14.85                  | 13.24                  | 11.95      |
| 37        | 27.79     | 20.11                  | 19.22                  | 17.47                  | 15.45                  | 13.84                  | 12.52      |
| 38        | 28.48     | 20.69                  | 19.83                  | 18.16                  | 16.05                  | 14.44                  | 13.09      |
| 39        | 29.17     | 21.27                  | 20.44                  | 18.85                  | 16.65                  | 15.04                  | 13.66      |
| 40        | 29.86     | 21.83                  | 21.07                  | 19.53                  | 17.24                  | 15.63                  | 14.25      |

Male Non-Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 41        | 30.78     | 22.98                  | 22.14                  | 20.45                  | 18.07                  | 16.32                  | 14.85      |
| 42        | 31.70     | 24.13                  | 23.21                  | 21.37                  | 18.90                  | 17.01                  | 15.45      |
| 43        | 32.62     | 25.28                  | 24.28                  | 22.29                  | 19.73                  | 17.70                  | 16.05      |
| 44        | 33.54     | 26.43                  | 25.35                  | 23.21                  | 20.56                  | 18.39                  | 16.65      |
| 45        | 34.46     | 27.57                  | 26.43                  | 24.13                  | 21.37                  | 19.08                  | 17.24      |
| 46        | 35.61     | 28.95                  | 27.73                  | 25.28                  | 22.52                  | 20.09                  | 18.21      |
| 47        | 36.76     | 30.33                  | 29.03                  | 26.43                  | 23.67                  | 21.10                  | 19.18      |
| 48        | 37.91     | 31.71                  | 30.33                  | 27.58                  | 24.82                  | 22.11                  | 20.15      |
| 49        | 39.06     | 33.09                  | 31.63                  | 28.73                  | 25.97                  | 23.12                  | 21.12      |
| 50        | 40.21     | 34.47                  | 32.94                  | 29.88                  | 27.12                  | 24.14                  | 22.07      |
| 51        | 41.59     | 36.31                  | 34.47                  | 31.72                  | 28.50                  | 25.29                  | 23.15      |
| 52        | 42.97     | 38.15                  | 36.00                  | 33.56                  | 29.88                  | 26.44                  | 24.23      |
| 53        | 44.35     | 39.99                  | 37.53                  | 35.40                  | 31.26                  | 27.59                  | 25.31      |
| 54        | 45.73     | 41.83                  | 39.06                  | 37.24                  | 32.64                  | 28.74                  | 26.39      |
| 55        | 47.10     | 43.67                  | 40.61                  | 39.07                  | 34.02                  | 29.88                  | 27.47      |
| 56        | 48.94     | 45.97                  | 43.21                  | 41.25                  | 35.77                  | 31.49                  | 29.15      |
| 57        | 50.78     | 48.27                  | 45.81                  | 43.43                  | 37.52                  | 33.10                  | 30.83      |
| 58        | 52.62     | 50.57                  | 48.41                  | 45.61                  | 39.27                  | 34.71                  | 32.51      |
| 59        | 54.46     | 52.87                  | 51.01                  | 47.79                  | 41.02                  | 36.32                  | 34.19      |
| 60        | 56.30     | 55.16                  | 53.63                  | 49.99                  | 42.75                  | 37.93                  | 35.86      |
| 61        | 59.06     | 57.69                  | 56.39                  | 52.40                  | 45.60                  | 40.14                  | 37.88      |
| 62        | 61.82     | 60.22                  | 59.15                  | 54.81                  | 48.45                  | 42.35                  | 39.90      |
| 63        | 64.58     | 62.75                  | 61.91                  | 57.22                  | 51.30                  | 44.56                  | 41.92      |
| 64        | 67.34     | 65.28                  | 64.67                  | 59.63                  | 54.15                  | 46.77                  | 43.94      |
| 65        | 70.09     | 67.80                  | 67.43                  | 62.06                  | 57.01                  | 48.96                  | 45.98      |
| 66        | 73.54     | 71.48                  | 70.95                  | 64.70                  | 60.14                  | 52.27                  | 49.08      |
| 67        | 76.99     | 75.16                  | 74.47                  | 67.34                  | 63.27                  | 55.58                  | 52.18      |
| 68        | 80.44     | 78.84                  | 77.99                  | 69.98                  | 66.40                  | 58.89                  | 55.28      |
| 69        | 83.89     | 82.52                  | 81.51                  | 72.62                  | 69.53                  | 62.20                  | 58.38      |
| 70        | 87.33     | 86.20                  | 85.05                  | 75.28                  | 72.64                  | 65.51                  | 61.49      |
| 71        | 93.77     | 91.26                  | 89.65                  | 81.49                  | 79.08                  | 70.20                  | 65.79      |
| 72        | 100.21    | 96.32                  | 94.25                  | 87.70                  | 85.52                  | 74.89                  | 70.09      |
| 73        | 106.65    | 101.38                 | 98.85                  | 93.91                  | 91.96                  | 79.58                  | 74.39      |
| 74        | 113.09    | 106.44                 | 103.45                 | 100.12                 | 98.40                  | 84.27                  | 78.69      |
| 75        | 119.52    | 111.48                 | 108.04                 | 106.32                 | 104.82                 | 88.96                  | 82.99      |
| 76        | 129.17    | 119.30                 | 115.24                 | 112.76                 | 111.26                 | 96.09                  | 89.70      |
| 77        | 138.82    | 127.12                 | 122.44                 | 119.20                 | 117.70                 | 103.22                 | 96.41      |
| 78        | 148.47    | 134.94                 | 129.64                 | 125.64                 | 124.14                 | 110.35                 | 103.12     |
| 79        | 158.12    | 142.76                 | 136.84                 | 132.08                 | 130.58                 | 117.48                 | 109.83     |
| 80        | 167.79    | 150.56                 | 144.05                 | 138.50                 | 137.01                 | 124.60                 | 116.55     |

Female Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 15        | 23.40     | 13.10                  | 11.55                  | 9.90                   | 8.74                   | 7.22                   | 6.98       |
| 16        | 23.70     | 13.31                  | 11.78                  | 10.30                  | 8.98                   | 7.54                   | 7.18       |
| 17        | 24.00     | 13.52                  | 12.01                  | 10.70                  | 9.22                   | 7.86                   | 7.38       |
| 18        | 24.30     | 13.73                  | 12.24                  | 11.10                  | 9.46                   | 8.18                   | 7.58       |
| 19        | 24.60     | 13.94                  | 12.47                  | 11.50                  | 9.70                   | 8.50                   | 7.78       |
| 20        | 24.91     | 14.17                  | 12.72                  | 11.90                  | 9.92                   | 8.81                   | 7.99       |
| 21        | 25.19     | 14.54                  | 13.16                  | 12.29                  | 10.31                  | 9.21                   | 8.23       |
| 22        | 25.47     | 14.91                  | 13.60                  | 12.68                  | 10.70                  | 9.61                   | 8.47       |
| 23        | 25.75     | 15.28                  | 14.04                  | 13.07                  | 11.09                  | 10.01                  | 8.71       |
| 24        | 26.03     | 15.65                  | 14.48                  | 13.46                  | 11.48                  | 10.41                  | 8.95       |
| 25        | 26.30     | 16.00                  | 14.90                  | 13.83                  | 11.87                  | 10.80                  | 9.18       |
| 26        | 26.55     | 16.48                  | 15.34                  | 14.22                  | 12.25                  | 11.17                  | 9.41       |
| 27        | 26.80     | 16.96                  | 15.78                  | 14.61                  | 12.63                  | 11.54                  | 9.64       |
| 28        | 27.05     | 17.44                  | 16.22                  | 15.00                  | 13.01                  | 11.91                  | 9.87       |
| 29        | 27.30     | 17.92                  | 16.66                  | 15.39                  | 13.39                  | 12.28                  | 10.10      |
| 30        | 27.56     | 18.38                  | 17.08                  | 15.80                  | 13.79                  | 12.64                  | 10.34      |
| 31        | 27.79     | 18.84                  | 17.49                  | 16.20                  | 14.16                  | 13.01                  | 10.82      |
| 32        | 28.02     | 19.30                  | 17.90                  | 16.60                  | 14.53                  | 13.38                  | 11.30      |
| 33        | 28.25     | 19.76                  | 18.31                  | 17.00                  | 14.90                  | 13.75                  | 11.78      |
| 34        | 28.48     | 20.22                  | 18.72                  | 17.40                  | 15.27                  | 14.12                  | 12.26      |
| 35        | 28.71     | 20.68                  | 19.15                  | 17.81                  | 15.63                  | 14.48                  | 12.76      |
| 36        | 29.17     | 21.37                  | 19.84                  | 18.44                  | 16.18                  | 15.03                  | 13.38      |
| 37        | 29.63     | 22.06                  | 20.53                  | 19.07                  | 16.73                  | 15.58                  | 14.00      |
| 38        | 30.09     | 22.75                  | 21.22                  | 19.70                  | 17.28                  | 16.13                  | 14.62      |
| 39        | 30.55     | 23.44                  | 21.91                  | 20.33                  | 17.83                  | 16.68                  | 15.24      |
| 40        | 31.01     | 24.13                  | 22.60                  | 20.97                  | 18.39                  | 17.24                  | 15.86      |
| 41        | 31.70     | 25.05                  | 23.52                  | 21.95                  | 19.31                  | 18.02                  | 16.60      |
| 42        | 32.39     | 25.97                  | 24.44                  | 22.93                  | 20.23                  | 18.80                  | 17.34      |
| 43        | 33.08     | 26.89                  | 25.36                  | 23.91                  | 21.15                  | 19.58                  | 18.08      |
| 44        | 33.77     | 27.81                  | 26.28                  | 24.89                  | 22.07                  | 20.36                  | 18.82      |
| 45        | 34.46     | 28.72                  | 27.20                  | 25.86                  | 22.98                  | 21.15                  | 19.54      |
| 46        | 35.84     | 29.64                  | 28.20                  | 26.89                  | 23.90                  | 22.11                  | 20.51      |
| 47        | 37.22     | 30.56                  | 29.20                  | 27.92                  | 24.82                  | 23.07                  | 21.48      |
| 48        | 38.60     | 31.48                  | 30.20                  | 28.95                  | 25.74                  | 24.03                  | 22.45      |
| 49        | 39.98     | 32.40                  | 31.20                  | 29.98                  | 26.66                  | 24.99                  | 23.42      |
| 50        | 41.36     | 33.32                  | 32.18                  | 31.03                  | 27.58                  | 25.97                  | 24.37      |
| 51        | 42.74     | 35.16                  | 33.64                  | 32.64                  | 28.96                  | 27.30                  | 25.66      |
| 52        | 44.12     | 37.00                  | 35.10                  | 34.25                  | 30.34                  | 28.63                  | 26.95      |
| 53        | 45.50     | 38.84                  | 36.56                  | 35.86                  | 31.72                  | 29.96                  | 28.24      |
| 54        | 46.88     | 40.68                  | 38.02                  | 37.47                  | 33.10                  | 31.29                  | 29.53      |
| 55        | 48.25     | 42.52                  | 39.46                  | 39.07                  | 34.48                  | 32.64                  | 30.80      |

Female Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 56        | 50.09     | 44.36                  | 41.30                  | 40.91                  | 36.13                  | 34.16                  | 32.34      |
| 57        | 51.93     | 46.20                  | 43.14                  | 42.75                  | 37.78                  | 35.68                  | 33.88      |
| 58        | 53.77     | 48.04                  | 44.98                  | 44.59                  | 39.43                  | 37.20                  | 35.42      |
| 59        | 55.61     | 49.88                  | 46.82                  | 46.43                  | 41.08                  | 38.72                  | 36.96      |
| 60        | 57.45     | 51.71                  | 48.65                  | 48.27                  | 42.75                  | 40.23                  | 38.50      |
| 61        | 60.21     | 54.01                  | 51.18                  | 50.11                  | 44.87                  | 42.30                  | 40.57      |
| 62        | 62.97     | 56.31                  | 53.71                  | 51.95                  | 46.99                  | 44.37                  | 42.64      |
| 63        | 65.73     | 58.61                  | 56.24                  | 53.79                  | 49.11                  | 46.44                  | 44.71      |
| 64        | 68.49     | 60.91                  | 58.77                  | 55.63                  | 51.23                  | 48.51                  | 46.78      |
| 65        | 71.24     | 63.21                  | 61.30                  | 57.47                  | 53.33                  | 50.57                  | 48.85      |
| 66        | 74.69     | 66.20                  | 64.06                  | 60.34                  | 56.27                  | 53.47                  | 51.68      |
| 67        | 78.14     | 69.19                  | 66.82                  | 63.21                  | 59.21                  | 56.37                  | 54.51      |
| 68        | 81.59     | 72.18                  | 69.58                  | 66.08                  | 62.15                  | 59.27                  | 57.34      |
| 69        | 85.04     | 75.17                  | 72.34                  | 68.95                  | 65.09                  | 62.17                  | 60.17      |
| 70        | 88.48     | 78.15                  | 75.09                  | 71.83                  | 68.04                  | 65.06                  | 62.99      |
| 71        | 92.85     | 83.21                  | 79.69                  | 75.85                  | 72.09                  | 69.06                  | 66.83      |
| 72        | 97.22     | 88.27                  | 84.29                  | 79.87                  | 76.14                  | 73.06                  | 70.67      |
| 73        | 101.59    | 93.33                  | 88.89                  | 83.89                  | 80.19                  | 77.06                  | 74.51      |
| 74        | 105.96    | 98.39                  | 93.49                  | 87.91                  | 84.24                  | 81.06                  | 78.35      |
| 75        | 110.32    | 103.44                 | 98.08                  | 91.95                  | 88.27                  | 85.06                  | 82.18      |
| 76        | 118.14    | 109.19                 | 103.75                 | 97.70                  | 94.06                  | 90.58                  | 87.58      |
| 77        | 125.96    | 114.94                 | 109.42                 | 103.45                 | 99.85                  | 96.10                  | 92.98      |
| 78        | 133.78    | 120.69                 | 115.09                 | 109.20                 | 105.64                 | 101.62                 | 98.38      |
| 79        | 141.60    | 126.44                 | 120.76                 | 114.95                 | 111.43                 | 107.14                 | 103.78     |
| 80        | 149.40    | 132.17                 | 126.43                 | 120.68                 | 117.24                 | 112.64                 | 109.19     |

Male Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 15        | 24.21     | 15.28                  | 13.42                  | 11.66                  | 11.05                  | 9.22                   | 7.84       |
| 16        | 24.51     | 15.57                  | 13.73                  | 11.96                  | 11.42                  | 9.51                   | 8.09       |
| 17        | 24.81     | 15.86                  | 14.04                  | 12.26                  | 11.79                  | 9.80                   | 8.34       |
| 18        | 25.11     | 16.15                  | 14.35                  | 12.56                  | 12.16                  | 10.09                  | 8.59       |
| 19        | 25.41     | 16.44                  | 14.66                  | 12.86                  | 12.53                  | 10.38                  | 8.84       |
| 20        | 25.72     | 16.72                  | 14.95                  | 13.15                  | 12.88                  | 10.69                  | 9.09       |
| 21        | 26.08     | 17.06                  | 15.31                  | 13.70                  | 13.40                  | 11.11                  | 9.46       |
| 22        | 26.44     | 17.40                  | 15.67                  | 14.25                  | 13.92                  | 11.53                  | 9.83       |
| 23        | 26.80     | 17.74                  | 16.03                  | 14.80                  | 14.44                  | 11.95                  | 10.20      |
| 24        | 27.16     | 18.08                  | 16.39                  | 15.35                  | 14.96                  | 12.37                  | 10.57      |
| 25        | 27.52     | 18.44                  | 16.77                  | 15.89                  | 15.48                  | 12.80                  | 10.94      |
| 26        | 27.99     | 19.00                  | 17.40                  | 16.50                  | 15.97                  | 13.37                  | 11.51      |
| 27        | 28.46     | 19.56                  | 18.03                  | 17.11                  | 16.46                  | 13.94                  | 12.08      |
| 28        | 28.93     | 20.12                  | 18.66                  | 17.72                  | 16.95                  | 14.51                  | 12.65      |
| 29        | 29.40     | 20.68                  | 19.29                  | 18.33                  | 17.44                  | 15.08                  | 13.22      |
| 30        | 29.86     | 21.25                  | 19.92                  | 18.96                  | 17.93                  | 15.63                  | 13.79      |
| 31        | 30.78     | 22.29                  | 20.84                  | 19.65                  | 18.39                  | 16.18                  | 14.34      |
| 32        | 31.70     | 23.33                  | 21.76                  | 20.34                  | 18.85                  | 16.73                  | 14.89      |
| 33        | 32.62     | 24.37                  | 22.68                  | 21.03                  | 19.31                  | 17.28                  | 15.44      |
| 34        | 33.54     | 25.41                  | 23.60                  | 21.72                  | 19.77                  | 17.83                  | 15.99      |
| 35        | 34.46     | 26.43                  | 24.51                  | 22.41                  | 20.23                  | 18.39                  | 16.55      |
| 36        | 35.61     | 27.58                  | 25.58                  | 23.56                  | 21.24                  | 19.26                  | 17.54      |
| 37        | 36.76     | 28.73                  | 26.65                  | 24.71                  | 22.25                  | 20.13                  | 18.53      |
| 38        | 37.91     | 29.88                  | 27.72                  | 25.86                  | 23.26                  | 21.00                  | 19.52      |
| 39        | 39.06     | 31.03                  | 28.79                  | 27.01                  | 24.27                  | 21.87                  | 20.51      |
| 40        | 40.21     | 32.17                  | 29.88                  | 28.16                  | 25.28                  | 22.76                  | 21.49      |
| 41        | 41.36     | 33.32                  | 31.11                  | 29.42                  | 26.48                  | 23.82                  | 22.53      |
| 42        | 42.51     | 34.47                  | 32.34                  | 30.68                  | 27.68                  | 24.88                  | 23.57      |
| 43        | 43.66     | 35.62                  | 33.57                  | 31.94                  | 28.88                  | 25.94                  | 24.61      |
| 44        | 44.81     | 36.77                  | 34.80                  | 33.20                  | 30.08                  | 27.00                  | 25.65      |
| 45        | 45.95     | 37.92                  | 36.01                  | 34.48                  | 31.26                  | 28.04                  | 26.67      |
| 46        | 47.56     | 39.53                  | 37.54                  | 35.97                  | 32.64                  | 29.47                  | 28.00      |
| 47        | 49.17     | 41.14                  | 39.07                  | 37.46                  | 34.02                  | 30.90                  | 29.33      |
| 48        | 50.78     | 42.75                  | 40.60                  | 38.95                  | 35.40                  | 32.33                  | 30.66      |
| 49        | 52.39     | 44.36                  | 42.13                  | 40.44                  | 36.78                  | 33.76                  | 31.99      |
| 50        | 54.00     | 45.97                  | 43.67                  | 41.95                  | 38.16                  | 35.17                  | 33.33      |
| 51        | 55.84     | 47.69                  | 45.36                  | 43.67                  | 39.72                  | 37.01                  | 35.05      |
| 52        | 57.68     | 49.41                  | 47.05                  | 45.39                  | 41.28                  | 38.85                  | 36.77      |
| 53        | 59.52     | 51.13                  | 48.74                  | 47.11                  | 42.84                  | 40.69                  | 38.49      |
| 54        | 61.36     | 52.85                  | 50.43                  | 48.83                  | 44.40                  | 42.53                  | 40.21      |
| 55        | 63.20     | 54.59                  | 52.10                  | 50.57                  | 45.97                  | 44.37                  | 41.95      |

Male Nicotine

| Issue Age | < \$9,999 | \$10,000 -<br>\$14,999 | \$15,000 -<br>\$19,999 | \$20,000 -<br>\$24,999 | \$25,000 -<br>\$49,999 | \$50,000 -<br>\$99,999 | \$100,000+ |
|-----------|-----------|------------------------|------------------------|------------------------|------------------------|------------------------|------------|
| 56        | 65.96     | 56.77                  | 54.25                  | 52.52                  | 48.27                  | 46.62                  | 44.18      |
| 57        | 68.72     | 58.95                  | 56.40                  | 54.47                  | 50.57                  | 48.87                  | 46.41      |
| 58        | 71.48     | 61.13                  | 58.55                  | 56.42                  | 52.87                  | 51.12                  | 48.64      |
| 59        | 74.24     | 63.31                  | 60.70                  | 58.37                  | 55.17                  | 53.37                  | 50.87      |
| 60        | 76.99     | 65.51                  | 62.83                  | 60.34                  | 57.47                  | 55.63                  | 53.10      |
| 61        | 81.13     | 68.96                  | 66.05                  | 63.44                  | 60.60                  | 58.76                  | 56.13      |
| 62        | 85.27     | 72.41                  | 69.27                  | 66.54                  | 63.73                  | 61.89                  | 59.16      |
| 63        | 89.41     | 75.86                  | 72.49                  | 69.64                  | 66.86                  | 65.02                  | 62.19      |
| 64        | 93.55     | 79.31                  | 75.71                  | 72.74                  | 69.99                  | 68.15                  | 65.22      |
| 65        | 97.68     | 82.75                  | 78.92                  | 75.86                  | 73.10                  | 71.26                  | 68.27      |
| 66        | 102.05    | 88.04                  | 83.82                  | 80.57                  | 77.79                  | 76.00                  | 72.96      |
| 67        | 106.42    | 93.33                  | 88.72                  | 85.28                  | 82.48                  | 80.74                  | 77.65      |
| 68        | 110.79    | 98.62                  | 93.62                  | 89.99                  | 87.17                  | 85.48                  | 82.34      |
| 69        | 115.16    | 103.91                 | 98.52                  | 94.70                  | 91.86                  | 90.22                  | 87.03      |
| 70        | 119.52    | 109.18                 | 103.44                 | 99.42                  | 96.55                  | 94.94                  | 91.72      |
| 71        | 125.96    | 115.62                 | 109.57                 | 105.74                 | 103.17                 | 101.70                 | 98.20      |
| 72        | 132.40    | 122.06                 | 115.70                 | 112.06                 | 109.79                 | 108.46                 | 104.68     |
| 73        | 138.84    | 128.50                 | 121.83                 | 118.38                 | 116.41                 | 115.22                 | 111.16     |
| 74        | 145.28    | 134.94                 | 127.96                 | 124.70                 | 123.03                 | 121.98                 | 117.64     |
| 75        | 151.70    | 141.37                 | 134.09                 | 131.03                 | 129.65                 | 128.73                 | 124.14     |
| 76        | 161.82    | 152.17                 | 144.05                 | 141.03                 | 139.58                 | 138.62                 | 133.79     |
| 77        | 171.94    | 162.97                 | 154.01                 | 151.03                 | 149.51                 | 148.51                 | 143.44     |
| 78        | 182.06    | 173.77                 | 163.97                 | 161.03                 | 159.44                 | 158.40                 | 153.09     |
| 79        | 192.18    | 184.57                 | 173.93                 | 171.03                 | 169.37                 | 168.29                 | 162.74     |
| 80        | 202.28    | 195.39                 | 183.90                 | 181.03                 | 179.31                 | 178.16                 | 172.41     |

AAA LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY  
Form 5501WL – WHOLE LIFE INSURANCE POLICY/APPLICATION  
POLICY SCHEDULE PAGE AND PREMIUMS

The Policy Schedule Page and Premiums includes pages 3, 3a, which appear in every Policy issued. Variable information is shown as bracketed, and includes the following:

1. Policy Information
  - a. Policy Number
  - b. Name of Owner
  - c. Name of Insured
  - d. Issue Age
  - e. Specified Amount – This amount may vary, based on requested increases or decreases.
  - f. Total Annual Premium
  - g. Premiums Payable To
  - h. Effective Date
  - i. Issue Date
  - j. Issue State
  - k. Gender
  - l. Rate Class
  - m. Initial Mode Premium
  - n. Billing Frequency
  - o. State DOI Phone Number
  - p. Base Annual Premium
  - q. Payment Options (Annual, Semi-Annual, Quarterly or Monthly, Monthly Direct Bill)
2. Additional Riders and Endorsement – The optional riders are listed in variable brackets, and include the following information:
  - a. Accelerated Death Benefit Endorsement – Offered at no cost. Allows the Owner to request up to 50% of the death benefit if the Insured is terminally ill with a life expectancy of 12 months or less.
  - b. Disability Waiver of Premium Rider – This optional rider will waive the lesser of the specified premium and the premium waiver limit for the policy while the insured is disabled. The rider is issued to ages 15 – 55. The rider terminates at age 65.
  - c. Child Term Insurance Rider – This optional rider covers an Insured's eligible child or children as defined in the rider.; expiration date (Insured's age 100)
  - d. Accidental Death Benefit Rider – Optional Accidental Death Benefit Amount, cost based on amount and age, and expiration date (Insured's Age 65.)
  - e. Travel Accident Rider – This optional rider is offered to the Policy Owner. This rider increases the death benefit if the Insured dies due to a covered travel accident
  - f. Daily Benefit Rider – This optional rider covers the named Insured for a specified daily benefit for an inpatient hospital stay that is the result of a covered accident as defined in the rider.
3. Application
  - a. How to apply
  - b. Advertising message
  - c. Please Reply by date
  - d. Face Amount
  - e. Send No Money Now – For testing purposes
  - f. Payment Methods
  - g. Billing Modes
  - h. Toll Free Number

With respect to all Policy Schedule Pages, only those items enclosed within brackets are variable, as explained above. No other items are variable in nature. Any changes to the non-bracketed items will be filed with the State prior to being issued.



Victoria Windham  
Compliance Specialist

17900 N. Laurel Park Drive  
Livonia, Michigan 48152  
Phone: 734-779-2075  
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vwindham@aaalife.com

July 9, 2010

**Arkansas Department of Insurance**

**AAA Life Insurance Company  
NAIC No. 71854; FEIN: 52-0891929  
Whole Life Insurance Policy, et al**

|                   |                                       |
|-------------------|---------------------------------------|
| RE: 5501WL        | Whole Life Insurance Policy           |
| 5501-2010APPA(AR) | Agent Sold Application                |
| 5501-2010APPD(AR) | Direct Sold Application               |
| 5502XDB           | Accelerated Death Benefit Endorsement |
| 5503DWP           | Disability Waiver of Premium Rider    |
| 5504TAR           | Travel Accident Rider                 |
| 5505DBR           | Daily Benefit Rider                   |
| 5506ADB           | Accidental Death Benefit Rider        |
| 5507CTR           | Child Term Rider                      |

Dear Reviewer:

We are submitting the above forms for your review and approval. They are being submitted in final printed format, and we reserve the right to change fonts, layouts, or company logo/address. However, we certify that the font size will never be less than the minimum 10-point as required by your state. Once approved, these forms will be marketed on a general basis in your state through both our American Automobile Association Clubs and by independent agents. No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

Form 5501WL is a Whole Life Insurance Policy issued on a smoker-distinct basis. This form will be issued to individuals from age 0 to age 80, with issue ages 0-14 issued as Standard Non-Nicotine. This product matures at age 100 and endows at age 120. The form has achieved a Flesch readability score of 50.3. We have attached an Actuarial Memorandum that further explains the features, costs, and surrender values of the product, as well as other items required by the State of Arkansas. We are also attaching a Readability Certification certifying the Flesch Reading Ease Test scores for the endorsement and all riders that will be solicited with this policy.

Form 5502XDB is an Accelerated Death Benefit Endorsement which is attached to the Policy at no cost, and which allows the Owner to request up to 50% of the death benefit if the Insured is terminally ill with a life expectancy of 12 months or less. This form has achieved a Flesch readability score of 50.5. We are attaching an Actuarial Memorandum that further explains the features of this endorsement. In addition, we are attaching two supporting documents in connection with this endorsement for your information:

- Form 5510XDBS, a Summary and Disclosure Statement, which is provided to the Owner at the time of application for the Policy.
- Form 5511XDBN, a Payment Notice that is provided to the Owner at the time an accelerated death benefit payment is made. This notice gives a numeric illustration of the affect of the payment of the benefit on the Policy.



INSURANCE MARKETPLACE  
STANDARDS ASSOCIATION

**AR Department of Insurance**

**AAA Life Insurance Company**  
**NAIC No. 71854; FEIN: 52-0891929**  
**Whole Life Insurance Policy, et al**

Form 5503DWP is a Disability Waiver of Premium Rider, which is an optional rider offered to the Policy Owner. Under this rider we will waive monthly premiums upon our receipt of acceptable proof of the Insured's total disability, as defined in the rider. It is issued to ages 15-55 and terminates at age 65. This Rider has achieved a Flesch readability score of 50.4. We have attached an Actuarial Memorandum that further explains the features and costs of the rider.

Form 5504TAR is a Travel Accident Rider, which is an optional rider offered to the Policy Owner. Under this rider we will double the death benefit by increasing it to 100% of the face amount of the policy if the Insured dies due to a covered travel accident. It is issued to ages 0-65 and terminates at age 80. This Rider has achieved a Flesch readability score of 50. We have attached an Actuarial Memorandum that further explains the features and costs of the rider.

Form 5505DBR is our optional Daily Benefit Rider. It covers the named Insured for a specified daily benefit for an inpatient hospital stay that is the result of a covered accident as defined in the rider. It is subject to exclusions listed in the rider. It is issued to ages 0-60. Coverage under this rider ends at age 65. This rider has achieved a Flesch readability score of 51.1.

We are also attaching an Actuarial Memorandum that further explains the costs of the rider.

Form 5506ADB is our optional Accidental Death Benefit Rider. It covers the named Insured in the event of an accidental death, subject to exclusions listed in the rider. It is issued to ages 15 days through age 55. Coverage under this rider ends at age 65. This rider has achieved a Flesch readability score of 55.8. We are also attaching an Actuarial Memorandum that further explains the costs of the rider.

Form 5507CTR is our optional Child Term Rider. This rider covers an Insured's eligible child or children as defined in the rider. This rider allows conversion of up to 5 times the amount of coverage under the rider. This rider has achieved a Flesch readability score of 55.6. We are attaching an Actuarial Memorandum that further explains the features and costs of the rider.

The Policy Schedule Page (pg. 3 of the Policy) also includes the option of Monthly Direct Bill. This direct billing option allows the policyholder to make monthly premium payments. A \$3.00 processing fee will be added to the policy's premium each month. This payment option is further explained in our advertising.

We are attaching a separate Statement of Variability for your use in reviewing these forms.

These forms are exempt from filing in Michigan, our state of domicile.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of the State of Arkansas. It includes nothing that has been previously objected to or disapproved by your Department.

Thank you for your time and consideration in regard to this filing. Should you have any questions, or require any additional information to complete your review, please contact me directly.

Sincerely,



Victoria Windham  
Compliance Specialist



17900 N. Laurel Park Drive, Livonia, MI 48152  
(800) 624-1662  
www.aalife.com

## **ACCELERATED DEATH BENEFIT ENDORSEMENT SUMMARY AND DISCLOSURE STATEMENT**

### **IMPORTANT NOTICE**

**BENEFITS PROVIDED BY THE POLICY WILL BE REDUCED IF THE ACCELERATED DEATH BENEFIT IS PAID. THE DEATH BENEFIT AND OTHER POLICY VALUES SUCH AS ACCUMULATION VALUES, SURRENDER VALUES AND LOAN VALUES WILL BE PROPORTIONATELY REDUCED.**

**BENEFITS PAID UNDER THE ENDORSEMENT MAY BE TAXABLE. TAX LAWS RELATING TO ACCELERATION OF LIFE INSURANCE BENEFITS ARE COMPLEX. WE OR OUR AGENTS CANNOT PROVIDE TAX OR LEGAL ADVICE. YOU ARE ADVISED TO CONSULT WITH A QUALIFIED TAX ADVISOR ABOUT CIRCUMSTANCES UNDER WHICH YOU COULD RECEIVE ACCELERATION OF LIFE INSURANCE BENEFITS EXCLUDABLE FROM INCOME UNDER FEDERAL LAW.**

**RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT YOUR, YOUR SPOUSE'S OR YOUR FAMILY'S ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS SUCH AS MEDICAL ASSISTANCE (MEDICAID), AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), SUPPLEMENTARY SOCIAL SECURITY INCOME (SSI), AND DRUG ASSISTANCE PROGRAMS. YOU ARE ADVISED TO CONSULT WITH A QUALIFIED TAX ADVISOR AND WITH SOCIAL SERVICE AGENCIES CONCERNING HOW RECEIPT OF SUCH A PAYMENT WILL AFFECT YOU, YOUR SPOUSE'S AND YOUR FAMILY'S ELIGIBILITY FOR PUBLIC ASSISTANCE.**

### **ELECTION OF BENEFIT**

You may elect an Accelerated Death Benefit payment by Written Request. The Policy must be in force and cannot be in the Grace Period when You elect the Accelerated Death Benefit.

If We approve Your request for an Accelerated Death Benefit payment, We will make the payment in a lump sum, provided the Insured is living at the time payment is made.

### **GENERAL DESCRIPTION OF THE ACCELERATED BENEFIT**

You or Your legal representative may request payment of up to fifty percent (50%) of the Policy's death benefit as an Accelerated Death Benefit, subject to the following:

1. The total Accelerated Death Benefit payable under all policies issued by Us on the life of the Insured may not exceed \$500,000;
2. The minimum amount of the death benefit You may elect to accelerate is \$2,500; and
3. the remaining Death Benefit payable under this Policy and any Endorsements must be at least \$2,500.

Only one Accelerated Death Benefit payment can be made under the Endorsement.

Subject to any other provisions of the Policy, upon and after the payment of the Accelerated Death Benefit, the Policy Accumulation Value will be reduced by a percentage equal to the ratio of the amount of the Accelerated Death Benefit payment to the Policy's Specified Amount. The amount of the Accelerated Death Benefit payment will first be applied toward payment of any outstanding Debt.

Upon acceleration of the death benefit, the Insured will not be reclassified to a less favorable class.

**CONDITIONS**

The Accelerated Death Benefit is subject to the following conditions:

1. The Insured must be diagnosed by a Physician as having a Terminal Illness while the Policy and the Endorsement are in force.
2. During the lifetime of the Insured, We must receive due proof of Terminal Illness that is acceptable to Us. As part of this proof, We may, at Our own expense, require that You be examined by a Physician of Our choice. If there are conflicting opinions, eligibility will be determined by a third medical opinion provided, at Our expense, by a Physician that the Insured and Us mutually agree on.
3. Assignees and/or irrevocable beneficiaries of the Policy, if any, must give their written consent to Our payment of an Accelerated Death Benefit. If the Policy was assigned to secure a Policy Loan, Our consent as assignee will not be required.
4. In community property states, We may require Your Spouse’s written consent.
5. The Endorsement provides for the accelerated payment of a portion of Your Policy’s death benefit. It is not intended to permit creditors and government agencies to cause You to involuntarily access proceeds ultimately payable to Your Beneficiary. Therefore, You are not eligible for this benefit if You are required by law to use this benefit to: (a) satisfy the claims of creditors; or (b) apply for, obtain or retain government benefits.
6. We may request You to send Us Your Policy.

You may qualify for the Accelerated Death Benefit only once.

**EFFECT OF BENEFIT PAYMENT ON POLICY**

Upon payment of an Accelerated Death Benefit, the Death Benefit payable under the Policy will be reduced by:

- a. the amount of the Accelerated Death Benefit payment;
- b. any additional Debt; and
- c. any accrued and unpaid interest on the Accelerated Death Benefit payment.

Where required by law, a Benefit Payment Notice will be sent to You and Your irrevocable beneficiary, if any, when We receive a request for acceleration. A Benefit Payment Notice will show the effect the Accelerated Benefit will have on Your Policy benefits.

**PREMIUM CHARGES**

There is no additional charge for this Endorsement.

**FEES AND INTEREST**

Upon payment of an Accelerated Death Benefit, We will charge:

- a. a processing fee of \$75.00. The processing fee will be deducted from the Accelerated Death Benefit payment; and
- b. interest at the rate of 8% per annum, in arrears, on the amount of the Accelerated Death Benefit payment. Any accrued and unpaid interest will be subtracted from the Policy’s death benefit.

**ACKNOWLEDGMENT**

I/We, the undersigned, hereby acknowledge that I/We have received and read this Summary and Disclosure Statement.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent License Number

\_\_\_\_\_  
Date



17900 N. Laurel Park Drive, Livonia, MI 48152  
(800) 624-1662  
www.aalife.com

## **ACCELERATED DEATH BENEFIT ENDORSEMENT PAYMENT NOTICE**

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### **ACCELERATED BENEFIT PAYMENT**

You have requested We pay You an Accelerated Benefit. Any such payment is subject to the eligibility and conditions outlined in the Endorsement

### **EFFECT OF ACCELERATED BENEFIT PAYMENT**

Upon payment of an Accelerated Death Benefit, the Death Benefit payable under the Policy will be reduced by:

- a. the amount of the Accelerated Death Benefit payment;
- b. any outstanding Debt; and
- c. any accrued and unpaid interest on the Accelerated Death Benefit payment.

**EFFECT OF REQUESTED ACCELERATED DEATH BENEFIT PAYMENT**

Prepared for Insured: [John Doe]  
Requested by Policy Owner: [John Doe]  
Date Prepared: [January 1, 2018]  
Policy Number: [123456789]

The following illustrates the effect Your requested payment for an Accelerated Death Benefit has on Your Policy.

**Before Accelerated Death Benefit Election**

|                                 |                |
|---------------------------------|----------------|
| Policy Death Benefit            | [\$100,000.00] |
| Policy Accumulation Value       | [\$50,000.00]  |
| Outstanding Policy Loan         | [\$1,500.00]   |
| Policy Death Proceeds Payable   | [\$98,500.00]  |
| Annual Planned Periodic Premium | [\$2,100.00]   |

**Accelerated Death Benefit Election**

|                                   |                |
|-----------------------------------|----------------|
| Policy Death Benefit              | [\$100,000.00] |
| [50%] Election                    | [\$50,000.00]  |
| Less Processing Fee               | [\$75.00]      |
| Less Outstanding Policy Loan      | [\$1,500.00]   |
| Accelerated Death Benefit Payable | [\$48,425.00]  |

**Immediately After Payment of the Accelerated Death Benefit**

|   |                |
|---|----------------|
| Policy Death Benefit                                    | [\$100,000.00] |
| Less Accelerated Death Benefit elected                  | [\$50,00.00]   |
| Less 8% Interest in Arrears for the Accelerated Benefit | [\$0.00]       |
| Less Outstanding Policy Loan                            | [\$0]          |
| Policy Death Proceeds Payable                           | [\$50,000.00]  |
| Policy Accumulation Value                               | [\$25,000.00]  |
| Annual Planned Periodic Premium                         | [\$2,100.00]   |

**ACKNOWLEDGMENT**

I / We, the undersigned, hereby acknowledge that I/We have received and read this Benefit Payment Notice.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date