

SERFF Tracking Number: AFLC-126760382 State: Arkansas  
Filing Company: Americo Financial Life and Annuity Insurance Company State Tracking Number: 46469  
Company Tracking Number: 1253: 299, 5119  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: 1253: 299, 5119  
Project Name/Number: 1253: 299, 5119/1253: 299, 5119

## Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 1253: 299, 5119

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: AFLC-126760382 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num: 46469

Co Tr Num: 1253: 299, 5119

Author: Ronni Jones

Date Submitted: 08/11/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/13/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: 1253: 299, 5119

Project Number: 1253: 299, 5119

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/13/2010

Deemer Date:

Submitted By: Ronni Jones

Filing Description:

Enclosed, for review and approval, is an individual 30 Year Level Term Accidental Death Benefit Insurance Life Insurance Policy and an individual Application for Simplified Issue Individual Term Accidental Death Benefit Insurance. These forms are new and do not replace any previously approved forms. These forms will be marketed in the individual life insurance market by our licensed independent agents. In addition, these forms contain no unusual or controversial elements. To the best of our knowledge and belief, this filing is complete and complies with the applicable laws and regulations in your jurisdiction.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Texas is our domicile state.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/13/2010

Created By: Ronni Jones

Corresponding Filing Tracking Number:

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Policy AAA299 is an individual 30 Year Level Term Accidental Death Benefit Life Insurance Policy. This policy provides term coverage payable at the death of an Insured if the death results from accidental causes and occurs prior to the end of the 30 year term when the policy terminates. An additional death benefit is payable if the death results from accidental causes sustained in a common carrier accident. The premiums for the policy are guaranteed level for the entire 30 year term period. This product will not be illustrated; therefore, only guarantees are shown.

Application ABB5119 is an Application for Simplified Issue Individual Term Accidental Death Benefit Insurance that will be used to apply for Policy Series 299.

Application Series 5118, which was approved in your jurisdiction on 08/04/2010, under SERFF AFLC-126748984, may also be used to apply for the policy contained in this filing and other individual life insurance products approved for use in your jurisdiction.

Waiver of Premium Rider, AAA2158, and Involuntary Unemployment Waiver of Premium Rider, AAA2140, will be used with Policy Series 299. The Waiver of Premium Rider was approved in your jurisdiction on 01/22/2009, under SERFF AFLC-125988249, The Involuntary Unemployment Waiver of Premium Rider was approved in your jurisdiction on 01/21/2003, under SERFF USPH-5HUS59864.

## Company and Contact

### Filing Contact Information

Ronni Jones, Associate Compliance Analyst ronni.jones@americo.com  
300 W. 11th Street 816-512-2831 [Phone]  
Kansas City, MO 64105 816-391-2083 [FAX]

### Filing Company Information

Americo Financial Life and Annuity Insurance CoCode: 61999 State of Domicile: Texas  
Company  
300 West 11th Street Group Code: 449 Company Type:  
Kansas City, MO 64105 Group Name: State ID Number:  
(800) 231-0801 ext. [Phone] FEIN Number: 35-0810610

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes

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Fee Explanation: \$50.00 x 2 forms = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Americo Financial Life and Annuity Insurance Company	\$100.00	08/11/2010	38707435

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/13/2010	08/13/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability - 5119	Ronni Jones	08/12/2010	08/12/2010

*SERFF Tracking Number:* AFLC-126760382      *State:* Arkansas  
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*Product Name:* 1253: 299, 5119  
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## **Disposition**

Disposition Date: 08/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Sample Statement of Policy Cost & Benefit Information	Yes	Yes
Supporting Document	Certification of Compliance	Yes	Yes
Supporting Document	Statement of Variability - 5119	Yes	Yes
Form	30 Year Level Term Accidental Death Benefit Life Insurance Policy	Yes	Yes
Form	Application for Simplified Issue Individual Term Accidental Death Benefit Insurance	Yes	Yes

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**Amendment Letter**

Submitted Date: 08/12/2010

**Comments:**

Post-submission, we discovered that we did not attach the Statement of Variability for form series 5119. This document has been attached under the supporting documentation tab.

Your continued review of this filing is appreciated.

Thank you,  
Ronni Jones  
Compliance Analyst

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability - 5119**

Comment:

Statement of Variability - SERIES 5119.pdf

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## Form Schedule

Lead Form Number: AAA299

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AAA299	Policy/Cont 30 Year Level Term ract/Fraternal Benefit Life Certificate Insurance Policy	Initial		50.500	AAA299 [FILING FORM 2010- 08-05].pdf
	ABB5119	Application/ Application for Enrollment Simplified Issue Form Individual Term Accidental Death Benefit Insurance	Initial		52.200	ABB5119 [Filing Final 2010 08.11].pdf



**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY**

A STOCK COMPANY

**Home Office:**

[Dallas, Texas]

**Administrative Office:**

[300 W. 11<sup>th</sup> Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called the "Company," "We," "Us," or "Our")

**READ YOUR POLICY CAREFULLY**

The Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by the Policy subject to its terms and conditions.

**NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE THE POLICY**

**This Policy may be cancelled by delivering or mailing the Policy to Amerigo Financial Life and Annuity Insurance Company or to the insurance agent through whom it was effected before midnight of the thirtieth (30<sup>th</sup>) day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy within ten (10) days after it receives notice of cancellation and the returned Policy.**

**COMPLAINT NOTICE**

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Amerigo Financial Life and Annuity Insurance Company, Attention: Customer Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at [customer.service@amerigo.com.]

Signed for the Company at its Administrative Office:

President

Secretary

**30 YEAR LEVEL TERM LIFE INSURANCE**

**ACCIDENTAL DEATH BENEFIT ONLY**

**THIS POLICY HAS NO CASH VALUE OR LOAN VALUE**

**THIS POLICY CONTAINS A WAR RISK EXCLUSION**

INSURANCE PAYABLE AT DEATH OF INSURED CAUSED BY ACCIDENTAL INJURY

AS SHOWN ON A POLICY DATA PAGE

PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL THE POLICY EXPIRY DATE

NONPARTICIPATING - NO DIVIDENDS

## INDEX

POLICY DATA PAGE .....	[ 3 ]	Assignment .....	[8 ]
Premium Schedule .....	[ 3 ]	BENEFICIARY.....	[ 9 ]
Schedule of Modal Factors .....	[ 4 ]	General.....	[ 9 ]
DEFINITIONS .....	[ 5 ]	Change of Beneficiary.....	[ 9 ]
THE CONTRACT.....	[ 6 ]	PREMIUM PAYMENTS.....	[ 9 ]
General .....	[ 6 ]	General.....	[ 9 ]
Entire Contract.....	[ 6 ]	Grace Period .....	[ 9 ]
Change of Contract Terms.....	[ 7 ]	Reinstatement .....	[ 9 ]
GENERAL PROVISIONS.....	[ 7 ]	ACCIDENTAL DEATH BENEFIT .....	[ 10 ]
Nonparticipating.....	[ 7 ]	COMMON CARRIER ACCIDENTAL DEATH	
Misstatement of Age .....	[ 7 ]	BENEFIT .....	[ 10 ]
Termination .....	[ 7 ]	EXCLUSIONS AND LIMITATIONS .....	[ 10 ]
Incontestability .....	[ 7 ]	PAYMENT OF DEATH BENEFIT PROVISIONS..	[ 11 ]
Tax Status .....	[ 8 ]	Death Benefit Payable .....	[ 11 ]
Conformity to State Laws .....	[ 8 ]	Interest on Death Benefit .....	[ 11 ]
CONTROL OF THE POLICY .....	[8 ]	Examination and Autopsy .....	[ 11 ]
Owner.....	[8 ]	SETTLEMENT OPTIONS PROVISIONS .....	[ 12 ]
Rights of Ownership .....	[8 ]		
Change of Ownership .....	[8 ]		

## OPTIONAL BENEFITS

If you have purchased any optional benefits, they will be listed in the Premium Schedule section on a Policy Data Page, and the Rider/Endorsement will be inserted in the Policy.

**POLICY DATA PAGE**

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE, 35]  
POLICY NUMBER: [1234567ABC] PREMIUM CLASS: STANDARD  
POLICY DATE: [FEBRUARY 24, 2010] ISSUE DATE: [FEBRUARY 24, 2010]  
MODAL PREMIUM: [\$117.50] MODE: [ANNUAL]  
FACE AMOUNT: [\$25,000.00]

**PREMIUM SCHEDULE**

<b>TYPE OF COVERAGE</b>	<b>FACE AMOUNT</b>	<b>TOTAL ANNUAL PREMIUM</b>	<b>EXPIRY DATE</b>	<b>TERM</b>
Term Life Insurance Policy		[\$117.50]	[02/24/2040]	30 YEARS
Accidental Death Benefit	[\$ 25,000]			
Common Carrier Accidental Death Benefit	[\$ 25,000]			

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY  
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

**POLICY DATA PAGE**

(continued)

INSURED: [JOHN DOE]                      ISSUE AGE AND SEX: [MALE, 35]  
POLICY NUMBER: [1234567ABC]              PREMIUM CLASS: STANDARD

**SCHEDULE OF MODAL FACTORS**

The annual Premium amounts set forth in the Policy, and any riders, are based on the annual premium payment Mode. If Premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual Premium for the base Policy, and any riders, multiplied by the applicable Modal Factor below:

<u>Mode</u>	<u>Modal Factor</u>
Quarterly Direct Bill	0.30
Semiannually	0.52
Monthly (automatic bank draft)	0.095

**IMPORTANT NOTE:** The total amount of Premium paid each year will be higher if the Premiums are paid by any Mode other than the annual Mode.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY  
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

## DEFINITIONS

In this Policy:

**Accidental Death Benefit** is the amount We are required to pay under the terms of the Accidental Death Benefit provisions of this Policy.

**Accidental Injury** means an accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause, which occurs while the Policy is in force.

**Act of War** means any act particular to military, naval or air operations in time of War.

**Attained Age** means the Insured's age on the most recent Policy Anniversary.

**Common Carrier** means a public passenger conveyance operated by a duly licensed common carrier for regular passenger service by land, water, or air with definite schedules of departures and arrivals.

**Common Carrier Accident** means an accident where the Insured sustains an Accidental Injury while riding as a fare-paying passenger in a Common Carrier.

**Common Carrier Accidental Death Benefit** is the amount We are required to pay under the terms of the Common Carrier Accidental Death Benefit provisions of this Policy.

**Death Benefit** is the amount We are required to pay, under the terms of the Policy, if the Insured dies while the Policy is in force.

**Due Proof of Death** means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit.

**Evidence of Insurability** is information about a person which We may require to approve, change, or reinstate a Policy or Rider.

**Expiry Date** means the date all rights and options provided by the Policy end, except those granted under the terms of the Grace Period. The Expiry Date is shown on a Policy Data Page.

**In force** means "in effect" or "not terminated."

**In writing** means in a written form satisfactory to Us and filed at Our Administrative Office in [Kansas City, Missouri].

**Insured** refers to the person, named on a Policy Data Page, whose life is insured under the Policy.

**Issue Date** means the date We issued the Policy. The Issue Date is shown on a Policy Data Page.

**Home Area** means the fifty (50) states of the United States and its territories, the District of Columbia and Canada.

## DEFINITIONS

(continued)

**Premium** means an amount paid to Us as consideration for the benefits provided by the Policy and additional benefits provided by rider, if any. The Premium is shown on a Policy Data Page, or a Rider Data Page, if any.

**Policy** means the legal contract between the Company and the Owner.

**Policy Date** refers to the date the Policy was first put in force. The Policy Date is shown on a Policy Data Page.

**Policy Anniversary** occurs once each year on the same month and day as the Policy Date.

**Policy Year** is a one year period beginning on the Policy Date, or a Policy Anniversary, and ending on the day before the next Policy Anniversary.

**Policy Month** is a one month period beginning on the same day of the month as the Policy Date.

**War** means including, but not limited to, declared war and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

**"We," "Us," "Our"** or the **"Company"** means Americo Financial Life and Annuity Insurance Company.

**"You"** or **"Your"** means the Owner of the Policy.

## THE CONTRACT

### General

We have issued the Policy in consideration of Your application and the payment of Premiums. The Policy is guaranteed annually renewable to the Expiry Date.

### Entire Contract

The Entire Contract consists of:

- 1) The Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application;
- 4) Any attached riders and endorsements; and
- 5) Any attached application for reinstatement.

In the absence of fraud, We will consider all statements, made by or for the Insured, to be representations and not warranties. We can use no such statement to void the Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

## THE CONTRACT

(continued)

### Change of Contract Terms

Only Our President, or one of Our Vice Presidents, can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

## GENERAL PROVISIONS

### Nonparticipating

This Policy is nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

### Misstatement of Age

If the age of the Insured is shown incorrectly on a Policy Data Page, We will adjust the face amount of the Death Benefit Payable, subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent Premium paid would have purchased, based on the Insured's correct age. If the correct age is outside the issue age range for this Policy, the Premium and Death Benefit Payable will be extrapolated.

### Termination

The Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The end of the Grace Period if a past due Premium remains unpaid; or
- 4) The Policy Expiry Date as shown on a Policy Data Page.

### Incontestability

We cannot contest the Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of premium or in case of fraud.

If there is a change in coverage which requires underwriting, the Policy will become incontestable after the change in coverage has been in force for two (2) years from the date of the change and during the Insured's lifetime. Contestability will be limited to the change and the statement provided for the change.

Reinstated coverage will become incontestable after it has been reinstated for two (2) years from the date of reinstatement and during the Insured's lifetime, except for fraud in the procurement of the reinstated Policy.

Policy contests will be limited to material misstatements in the application. Contests of reinstated coverage will be limited to material misstatements in the application for such reinstatement.

This provision does not apply to any rider providing disability benefits.

## **GENERAL PROVISIONS**

(continued)

### **Tax Status**

The Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this Policy or any other insurance policy. Please consult Your tax advisor for individual assistance.

### **Conformity to State Laws**

Any terms of this policy which, on the policy date, conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirements of such laws.

## **CONTROL OF THE POLICY**

### **Owner**

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

### **Rights of Ownership**

While the Insured is living, You, as Owner, may exercise any right provided to You by the Policy. If the Policy is assigned, Your rights are subject to the rights of any assignee.

If You die before the Insured, Ownership passes to Your estate.

### **Change of Ownership**

While the Insured is living and the Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

### **Assignment**

This Policy may be assigned. The assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of such notice. No assignment will be recognized by Us unless a copy is filed with Us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

## **BENEFICIARY**

### **General**

The Beneficiary receives the Death Benefit of the Policy upon the death of the Insured. The Beneficiary of the Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate, will be named as the Beneficiary.

### **Change of Beneficiary**

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If the irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

## **PREMIUM PAYMENTS**

### **General**

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in [Kansas City, Missouri]; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Premium Schedule for this Policy, and any attached riders, is shown on a Policy Data Page.

### **Grace Period**

We will allow a Grace Period of thirty-one (31) days after the due date for payment of each Premium after the first. The Policy will continue in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct from the Death Benefit the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy Month. If a Premium is not paid by the end of the Grace Period, the Policy will terminate.

Any payment sent by U.S. mail shall be postmarked within the Grace Period.

### **Reinstatement**

If the Policy terminates under the terms of the Grace Period provision, We will reinstate the Policy if:

- 1) You request reinstatement in writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability; and
- 3) You pay all past due Premiums plus 6% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement.

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

## ACCIDENTAL DEATH BENEFIT

If the Insured dies of an Accidental Injury, the Company will pay the Accidental Death Benefit, shown on a Policy Data Page payable under the Policy, if the Insured's death:

- (a) Was caused directly by an Accidental Injury, independent of all other causes;
- (b) Occurred within 180 days from the date of the Accidental Injury;
- (c) Occurred prior to the Policy Expiry Date shown on a Policy Data Page; and
- (d) Is not excluded or limited as listed in the **Exclusions and Limitations** provision.

## COMMON CARRIER ACCIDENTAL DEATH BENEFIT

If the Insured dies of an Accidental Injury sustained in a Common Carrier Accident, subject to the same exclusions and limitations applicable to the Accidental Death Benefit, the Company will pay the Common Carrier Accidental Death Benefit shown on a Policy Data Page. The Company will pay such benefit in addition to the Accidental Death Benefit payable under the Policy.

Death resulting from Accidental Injury, as a result of a Common Carrier Accident, must occur within 180 days of the date of the Common Carrier Accidental Injury.

## EXCLUSIONS AND LIMITATIONS

The Company will not pay an Accidental Death Benefit if the Insured's death results from, or is materially contributed to by, any of the following:

- (a) Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- (b) Infection not occurring as a direct result or consequence of the Accidental Injury;
- (c) Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (d) Travel in or descent from an aircraft if the Insured acted in a capacity other than as a passenger;
- (e) Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
- (f) Insured's incarceration;
- (g) Insured's voluntary participation in a riot, insurrection or terrorist activity;
- (h) Insured's committing or attempting to commit a felony;
- (i) Voluntary intake or use by any means of:
  - 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instruction, or
  - 2. Poison, gas or fumes, unless a direct result of an occupational accident;
- (j) Insured's intoxication as defined by the jurisdiction where the accident occurred;
- (k) Riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- (l) Participating in an illegal occupation or activity;
- (m) Rock or mountain climbing, bungee jumping; and/or,
- (n) Aeronautics (hand-gliding, skydiving, parachuting, ultralight soaring, ballooning and parasailing).
- (o) "War" or "Act of War" within two (2) years from the Issue Date of the Policy, while the Insured is not serving in such forces or units, if the cause of death occurs while the Insured is outside the Home Area, provided the death occurs outside the Home Area or within six (6) months of the Insured's return to the Home Area.

## PAYMENT OF DEATH BENEFIT PROVISIONS

### Death Benefit Payable

If the Insured dies while the Policy is in force or during the Grace Period, We will pay the Death Benefit when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The face amount shown on a Policy Data Page; plus
- 2) The Death Benefit of riders on the life of the Insured, if any; plus
- 3) Any part of the Premium paid which applies to the unexpired term of the Policy beyond the Policy Month of the Insured's death; minus
- 4) Any past due Premiums; plus
- 5) Interest as provided in the Interest on Death Benefit provision below.

The Death Benefit Payable will be subject to the terms of the **Exclusions and Limitations**, the **Misstatement of Age**, and the **Incontestability** provisions.

### Interest on Death Benefit

We will pay interest on the Death Benefit paid as follows:

- (a) Interest shall accrue and be payable from the date of death;
- (b) Interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- (c) Interest shall accrue at the effective annual rate determined in item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (i), (ii), and (iii) to the date the claim is paid, where it is:
  - (i) The date that Due Proof of Death is received by Us;
  - (ii) The date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit; and
  - (iii) The date that legal impediments to Payment of Death Benefit that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of a Death Benefit 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.

### Examination and Autopsy

We may have the Insured's body examined and an autopsy performed at Our expense.

## SETTLEMENT OPTIONS PROVISIONS

### **Election of Settlement Option**

Any amount payable at the death of the Insured, or any other termination of the Policy, will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any Settlement Option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person, may be elected only with the consent of the Company.

Any election must be made in writing to the Company. The Company may require the Policy for endorsement.

### **Election by Owner**

During the lifetime of the Insured, the Owner may elect to have the proceeds paid under one of the Settlement Options contained in this section.

### **Election by Beneficiary**

At the time proceeds are payable, the Beneficiary may elect one of the Settlement Options if proceeds are available to the Beneficiary in one sum. The Beneficiary has twelve (12) months after payment becomes due to elect one of the Settlement Options contained in this section.

### **Payments**

Payments will be made monthly unless otherwise elected. The Company has the right to change the frequency of payments in order to make a periodic payment of at least \$50.

The option date under Options 1, 2 and 3 is the date the proceeds are payable, or the date of election, whichever is later. Interest under Options 4 and 5 will accrue from such date.

Under Option 3, proof of age of the payee will be required at the time the first payment is due. The Company reserves the right to require proof that the payee is alive at the time of each payment.

### **Claims of Creditors**

To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

### **Assignment of Proceeds**

The proceeds payable under one of these Settlement Options may not be assigned.

### **Additional Interest**

Additional interest, if any, paid over the guaranteed 1.5%, will be in an amount and by a method determined by the Company.

## SETTLEMENT OPTIONS PROVISIONS

(continued)

### Change in Payments

Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 1.5% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than 1.5% compounded annually.

The minimum proceeds that may be applied under Option 4 or 5 is \$1,000. The payee does not have the right to withdraw any portion of the proceeds under Option 4.

The minimum proceeds that may be applied or may remain after a withdrawal under Option 5 is \$1,000. The minimum amount that may be withdrawn is \$1,000. Proceeds less than this amount will be paid in one sum to the payee.

### Option 1 - Equal Payments for a Guaranteed Period

Equal monthly payments for the number of years elected, not to exceed twenty-five (25) years. Payments will begin on the option date.

### Guaranteed Minimum Monthly Payment for Each \$1,000 of Net Proceeds

#### Guaranteed Minimum Monthly Payment for Each \$1,000 of Net Proceeds

Years	Income	Years	Income
1	\$83.90	14	\$6.59
2	42.26	15	6.20
3	28.39	16	5.85
4	21.45	17	5.55
5	17.28	18	5.27
6	14.51	19	5.03
7	12.53	20	4.81
8	11.04	21	4.62
9	9.89	22	4.44
10	8.96	23	4.28
11	8.21	24	4.13
12	7.58	25	3.99
13	7.05		

## SETTLEMENT OPTIONS PROVISIONS

(continued)

### **Option 2 - Equal Payments of a Specified Amount**

Equal monthly payments of at least \$50.00 per month. Payments will begin on the option date and will continue until the proceeds and interest, at the rate of 1.5% compounded annually, are exhausted.

### **Option 3 - Equal Payments for Life**

Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15), or twenty (20) years as elected and for life thereafter as shown in the tables contained in this section.

### **Option 4 - Proceeds Left at Interest - Withdrawals Not Allowed**

The proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the proceeds will be paid at the rate of 1.5% compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds:

- (1) Annually \$15.00
- (2) Semi-Annually \$7.47
- (3) Quarterly \$3.73
- (4) Monthly \$1.24

At the end of the period selected, the proceeds with accrued interest will be paid in one sum unless otherwise provided in the election.

### **Option 5 - Proceeds Left at Interest - Withdrawals Allowed**

The proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the proceeds will be paid at the rate of 1.5% compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds:

- (1) Annually \$15.00
- (2) Semi-Annually \$7.47
- (3) Quarterly \$3.73
- (4) Monthly \$1.24

The payee may withdraw portions of the proceeds under this Option 5 by submitting a written request to the Company. At the end of the specified period, any remaining proceeds with accrued interest will be paid in one sum.

**SETTLEMENT OPTIONS PROVISIONS**

(continued)

**GUARANTEED BASIS – Annuity 2000 Table, Age Last Birthday with 1.50% Interest****Monthly Payments per \$1,000 of Net Proceeds****OPTION 3 - MALE RATES**

Age of Payee	Life Income Only	Life Income with Fixed Period Certain of:		Age of Payee	Life Income Only	Life Income with Fixed Period Certain of:	
		10 Years	20 Years			10 Years	20 Years
5	1.85	1.85	1.85	56	3.77	3.73	3.55
6	1.86	1.86	1.86	57	3.87	3.82	3.62
7	1.88	1.88	1.88	58	3.98	3.92	3.69
8	1.89	1.89	1.89	59	4.09	4.02	3.76
9	1.91	1.91	1.90	60	4.21	4.13	3.83
10	1.92	1.92	1.92	61	4.34	4.24	3.90
11	1.94	1.94	1.93	62	4.47	4.36	3.97
12	1.95	1.95	1.95	63	4.62	4.49	4.04
13	1.97	1.97	1.97	64	4.77	4.62	4.10
14	1.99	1.98	1.98	65	4.93	4.76	4.17
15	2.00	2.00	2.00	66	5.11	4.90	4.24
16	2.02	2.02	2.02	67	5.30	5.05	4.30
17	2.04	2.04	2.03	68	5.49	5.20	4.36
18	2.06	2.06	2.05	69	5.71	5.36	4.41
19	2.08	2.08	2.07	70	5.93	5.53	4.47
20	2.10	2.10	2.09	71	6.17	5.70	4.51
21	2.12	2.12	2.11	72	6.43	5.87	4.56
22	2.14	2.14	2.13	73	6.70	6.05	4.60
23	2.16	2.16	2.16	74	6.99	6.23	4.63
24	2.19	2.18	2.18	75	7.31	6.41	4.67
25	2.21	2.21	2.20	76	7.64	6.59	4.69
26	2.24	2.23	2.23	77	8.00	6.78	4.72
27	2.26	2.26	2.25	78	8.38	6.96	4.74
28	2.29	2.29	2.28	79	8.79	7.13	4.75
29	2.32	2.31	2.31	80	9.23	7.31	4.77
30	2.34	2.34	2.33	81	9.70	7.47	4.78
31	2.37	2.37	2.36	82	10.20	7.63	4.79
32	2.41	2.40	2.39	83	10.73	7.78	4.80
33	2.44	2.44	2.43	84	11.30	7.93	4.80
34	2.47	2.47	2.46	85	11.90	8.06	4.81
35	2.51	2.50	2.49	86	12.55	8.18	4.81
36	2.55	2.54	2.53	87	13.23	8.29	4.81
37	2.58	2.58	2.56	88	13.96	8.40	4.81
38	2.62	2.62	2.60	89	14.73	8.49	4.81
39	2.67	2.66	2.64	90	15.55	8.57	4.81
40	2.71	2.71	2.68	91	16.42	8.65	4.81
41	2.76	2.75	2.72	92	17.34	8.71	4.81
42	2.81	2.80	2.77	93	18.31	8.77	4.81
43	2.86	2.85	2.81	94	19.36	8.82	4.81
44	2.91	2.90	2.86	95	20.48	8.86	4.81
45	2.96	2.95	2.91	96	21.69	8.89	
46	3.02	3.01	2.96	97	23.03	8.91	
47	3.08	3.07	3.01	98	24.53	8.93	
48	3.14	3.13	3.06	99	26.22	8.95	
49	3.21	3.19	3.12	100	28.14	8.95	
50	3.28	3.26	3.17	101	30.35	8.96	
51	3.35	3.33	3.23	102	32.90	8.96	
52	3.43	3.40	3.29	103	35.85	8.96	
53	3.51	3.47	3.35	104	39.27	8.96	
54	3.59	3.55	3.42	105	43.25	8.96	
55	3.68	3.64	3.48				

**SETTLEMENT OPTIONS PROVISIONS**

(continued)

**GUARANTEED BASIS – Annuity 2000 Table, Age Last Birthday with 1.50% Interest**

**Monthly Payments per \$1,000 of Net Proceeds**

**OPTION 3 - FEMALE RATES**

Age of Payee	Life Income Only	Life Income with Fixed Period Certain of:		Age of Payee	Life Income Only	Life Income with Fixed Period Certain of:	
		10 Years	20 Years			10 Years	20 Years
5	1.79	1.79	1.79	56	3.46	3.43	3.34
6	1.81	1.81	1.81	57	3.54	3.51	3.40
7	1.82	1.82	1.82	58	3.63	3.60	3.47
8	1.83	1.83	1.83	59	3.73	3.69	3.54
9	1.84	1.84	1.84	60	3.83	3.78	3.62
10	1.86	1.86	1.86	61	3.93	3.89	3.69
11	1.87	1.87	1.87	62	4.05	3.99	3.77
12	1.89	1.89	1.88	63	4.17	4.10	3.84
13	1.90	1.90	1.90	64	4.30	4.22	3.92
14	1.92	1.91	1.91	65	4.44	4.35	4.00
15	1.93	1.93	1.93	66	4.58	4.48	4.07
16	1.95	1.95	1.94	67	4.74	4.62	4.15
17	1.96	1.96	1.96	68	4.91	4.76	4.22
18	1.98	1.98	1.98	69	5.09	4.92	4.29
19	2.00	2.00	1.99	70	5.29	5.08	4.36
20	2.02	2.01	2.01	71	5.50	5.25	4.42
21	2.03	2.03	2.03	72	5.73	5.43	4.48
22	2.05	2.05	2.05	73	5.98	5.62	4.53
23	2.07	2.07	2.07	74	6.24	5.81	4.58
24	2.09	2.09	2.09	75	6.53	6.01	4.62
25	2.11	2.11	2.11	76	6.84	6.21	4.65
26	2.14	2.14	2.13	77	7.18	6.41	4.69
27	2.16	2.16	2.15	78	7.55	6.62	4.71
28	2.18	2.18	2.18	79	7.94	6.83	4.74
29	2.21	2.21	2.20	80	8.37	7.03	4.75
30	2.23	2.23	2.23	81	8.84	7.23	4.77
31	2.26	2.26	2.25	82	9.34	7.42	4.78
32	2.29	2.28	2.28	83	9.88	7.60	4.79
33	2.31	2.31	2.31	84	10.47	7.77	4.80
34	2.34	2.34	2.34	85	11.10	7.93	4.80
35	2.37	2.37	2.37	86	11.78	8.08	4.81
36	2.41	2.40	2.40	87	12.51	8.21	4.81
37	2.44	2.44	2.43	88	13.28	8.32	4.81
38	2.47	2.47	2.46	89	14.10	8.43	4.81
39	2.51	2.51	2.50	90	14.95	8.52	4.81
40	2.55	2.54	2.53	91	15.84	8.60	4.81
41	2.59	2.58	2.57	92	16.77	8.67	4.81
42	2.63	2.62	2.61	93	17.74	8.73	4.81
43	2.67	2.67	2.65	94	18.75	8.79	4.81
44	2.71	2.71	2.69	95	19.81	8.83	4.81
45	2.76	2.76	2.73	96	20.94	8.87	
46	2.81	2.80	2.78	97	22.16	8.90	
47	2.86	2.85	2.83	98	23.52	8.92	
48	2.92	2.91	2.87	99	25.06	8.94	
49	2.97	2.96	2.92	100	26.82	8.95	
50	3.03	3.02	2.98	101	28.85	8.96	
51	3.09	3.08	3.03	102	31.22	8.96	
52	3.16	3.14	3.09	103	33.98	8.96	
53	3.23	3.21	3.15	104	37.22	8.96	
54	3.30	3.28	3.21	105	41.02	8.96	
55	3.38	3.35	3.27				

**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY**

**30 YEAR LEVEL TERM LIFE INSURANCE**

**ACCIDENTAL DEATH BENEFIT ONLY**

**THIS POLICY HAS NO CASH VALUE OR LOAN VALUE**

**THIS POLICY CONTAINS A WAR RISK EXCLUSION**

INSURANCE PAYABLE AT DEATH OF INSURED CAUSED BY ACCIDENTAL INJURY  
AS SHOWN ON A POLICY DATA PAGE  
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL THE POLICY EXPIRY DATE  
NONPARTICIPATING – NO DIVIDENDS

**1. PROPOSED INSURED INFORMATION**

a. Proposed Insured's Name <i>(Last, First, MI)</i>	b. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	c. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	d. Height "	e. Weight lbs.
f. Address <i>(Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)</i>				
g. Home Phone	h. Work Phone	i. Email Address		
j. How long at current address? _____ <i>If less than 5 years at current address, prior address is required.</i>				
k. Social Security Number	l. Date of Birth <i>(MM/DD/YYYY)</i>	m. Age	n. Place of Birth <i>(City, State, Country)</i>	
o. Is the Proposed Insured currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		p. Occupation	q. Annual Salary	
r. Provide description of job duties:				

**2. PRODUCT INFORMATION** *(Verify that the product is available in the state where the application is being signed.)*

a. Product <input type="checkbox"/> Term Accidental Death Benefit <input type="checkbox"/> Other _____	b. Riders <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Other _____
c. Payment Information Face Amount \$ _____ Mode Premium \$ _____ Mode: <input type="checkbox"/> Monthly Bank Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	d. Effective Date <i>(If not checked, will be "Issue Date". Date cannot be the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of the month.)</i> <input type="checkbox"/> Issue Date <input type="checkbox"/> Save Age of _____ <input type="checkbox"/> Specific Date _____

**3. BENEFICIARY INFORMATION** *(Include percentage shares. If shares are not given, they will be equal.)*

<i>If not specified, all beneficiaries will be Primary.</i>	Name	Social Security Number or Taxpayer ID	Relationship	Date of Birth	% of Share <i>(Must total 100%)</i>
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

**4. LIFE INSURANCE IN FORCE AND REPLACEMENT INFORMATION**

Yes No

- a. Does any Proposed Insured have life insurance or annuity applications pending with other companies? .....  Yes  No
- b. Is there any existing life insurance or annuity coverage on the life of any Proposed Insured? *(If Yes, provide information below.)* .....  Yes  No
- c. Will the life insurance applied for replace or otherwise reduce in value any existing life insurance or annuities now in force? .....  Yes  No  
*(If Yes, complete applicable replacement form(s) and submit with application. Application and replacement form(s) must be dated on the same date.)*
- d. Is this an internal replacement? *(If Yes, include a Surrender form or Absolute Assignment form for the life insurance or annuity being replaced.)* ...  Yes  No
- e. If current life insurance or annuity is being replaced, indicate the amount of surrender charges that will be assessed. .... \$ \_\_\_\_\_

Insured's Name <i>(Last, First, MI)</i>	Company	Owner	Amount	Accidental Death Benefit	Policy Date <i>(MM/DD/YYYY)</i>

**5. OWNER INFORMATION** (If different from the Proposed Insured.)

a. Owner's Name (Last, First, MI)	b. Relationship to Proposed Insured	c. SSN or Taxpayer ID
d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)		
e. How long at current address? _____ If less than 5 years at current address, prior address is required.		
f. Home Phone	g. Work Phone	h. Date of Birth (MM/DD/YYYY)
		i. Place of Birth (City, State, Country)

**6. PAYOR INFORMATION** (If different from the Proposed Insured and Owner.)

a. Payor's Name (Last, First, MI)	b. Relationship to Proposed Insured	c. SSN or Taxpayer ID
d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)		
e. How long at current address? _____ If less than 5 years at current address, prior address is required.		

**PERSONAL HISTORY** (Provide details of all "Yes" answers in the Personal History Details section below.)

	Proposed Insured		Additional Proposed Insured	
	Yes	No	Yes	No
7. Has any Proposed Insured ever been declined, rated, or modified for life or health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past two (2) years, has any Proposed Insured:				
a. made any flights as a pilot, student pilot, or member of a flight crew? (If Yes, complete aviation questionnaire.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. engaged in the following hazardous sports: bungee or base jumping, parachuting, hang gliding; competitive skiing/snowboarding (such as heli-skiing or ski jumping); diving activities (such as scuba, cave diving, or underwater photography); canyoning, kayaking, or white water rafting; organized racing (such as automobiles, drag racers, or motorcycles); rock or mountain climbing, rodeo riding, or any other hazardous sport/activity? (If Yes, complete sports questionnaire.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the past seven (7) years, has any Proposed Insured been convicted of, pleaded guilty to, or entered a plea of no contest to any felony? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is any Proposed Insured currently on probation or been placed on probation within the last twelve (12) months? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Within the next two (2) years, does any Proposed Insured intend to work, travel, or reside outside of the United States for more than thirty (30) days? (If Yes, where? Provide details below.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Within the past five (5) years, has any Proposed Insured:				
a. pleaded guilty to or been convicted of three (3) or more moving violations? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. had a driver's license suspended or revoked, or are you currently under license suspension or revocation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. been convicted of reckless driving or driving under the influence of alcohol or drugs? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Driver's License Number(s) during the past five (5) years:				

Name of Proposed Insured(s) on Driver's License	Driver's License Number	State Issued

**PERSONAL HISTORY DETAILS**

Question #	Proposed Insured's Name	Dates	Details

**14. SPECIAL REQUESTS**

**AUTHORIZATION AND ACKNOWLEDGMENT**

I/We authorize any insurance or reinsurance company, employer, licensed medical physician, medical professional, hospital, medical facility, pharmacy or pharmacy benefit manager, records custodians, other medical or medically related facility, clearing house, consumer reporting agency, and/or the Medical Information Bureau that has any record of information about me/us or my/our minor children who are to be insured, to give Americo Financial Life and Annuity Insurance Company (Americo), its reinsurers or its authorized representatives, information about other insurance coverage, employment, age, general character, motor vehicle records, habits, court records, foreign travel, finances, participation in hazardous activities, medical care or advice about any physical or mental condition, including information about drugs and alcoholism Americo requires to determine insurability if used for determining claims eligibility, no longer than the duration of the claim.

Americo may release information obtained by this Authorization to its reinsurers, to the Medical Information Bureau, to other insurers with whom I/we have life insurance or to whom I/we may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me/us, or as may otherwise be lawfully required.

I/We have received a copy of the Notice of Insurance Information Practices. I/We, or my/our authorized representative, may obtain a copy of this Authorization on request. This Authorization will be valid for two (2) years from the date signed. It is Americo's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. A photographic copy shall be as valid as the original. I/We understand that a copy of this authorization will be provided, upon request, to me/us or a person authorized on my/our behalf. I/We understand that disclosure of information to Americo may subject the information to redisclosure in accordance with Americo's privacy policy and MIB, Inc. rules. This authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent Americo has taken action in reliance on this authorization. Notice of revocation may be sent, in writing, to Americo at its Administrative Office address.

**IN ACCORDANCE WITH STATE LAW, WE MUST PROVIDE YOU WITH THE FOLLOWING FRAUD NOTICE:** 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.

The **USA PATRIOT ACT** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

**Request for owner's taxpayer identification number and certification:** Under penalties of perjury, I as the Owner, certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

Any policy issued on this application will be deemed to be delivered in and governed by the laws of the jurisdiction in which this application was signed.

No agent or medical examiner can waive the answer to any question in this application nor decide on insurability nor waive any of the company's underwriting requirements nor make or change any contract. The company shall have no knowledge of statements made by or to the Agent or medical examiner unless such statements are shown on the application.

I/We have read this application and represent to Americo that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I/We agree that Americo can rely on these statements. I/We agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application. **I/WE AGREE THAT ALL ANSWERS TO THE PERSONAL HISTORY QUESTIONS ON PAGE 2 OF THIS APPLICATION, WHICH IS SIGNED AND DATED BELOW, ARE COMPLETE AND ACCURATE.**

Signed at (City and State) \_\_\_\_\_ on (Month/Day/Year) \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Owner (If different from the Proposed Insured)

\_\_\_\_\_  
Signature of Additional Proposed Insured

\_\_\_\_\_  
Signature of Witnessing Agent (Required)

**AGENT'S REPORT**

**Important Note: Agent's Report must be completed and submitted with all applications**

Proposed Insured's Name: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you related to the Proposed Insured(s)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide relationship: .....   |                          |                          |
| 2. How long have you known the Proposed Insured(s)? .....   |                          |                          |
| 3. Did the applicant approach you to purchase insurance? (If Yes, list their stated need for the insurance in the Agent Comments/Remarks section below.) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. At the time this application was taken, were all of the Proposed Insureds present and did you witness their signatures? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the Proposed Insured(s) directly respond to you regarding each application question? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was a government-issued picture ID requested, reviewed, and confirmed (by reviewing a second document such as a utility bill, tax return, etc.) for the Proposed Insured, Owner, and Payor (if different than the Proposed Insured)? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Provide details of all NO answers to questions 4-6 in the Agent Comments/Remarks section below.**

**Replacement Information**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 7. Does the applicant have any existing life insurance or annuities on the life of any Proposed Insured? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will the life insurance applied for replace, or otherwise reduce in value, any life insurance or annuity now in force? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>(If Yes, complete applicable replacement form(s). Provide copies of replacement form(s) to the Owner and the Company. Leave copies of sales materials with Owner. If you used an electronic sales presentation, you must mail a copy to the Owner.)</i> |                          |                          |

Agent Comments/Remarks:

I hereby certify that I have personally asked each question on this application to the Proposed Insured(s), that I have truly and accurately recorded on the application the information supplied by him/her, and that I have no reason to believe that any of the information provided is inaccurate or incomplete. If not, I have set forth my reservations in the "Agent Comments/Remarks" section above.

Print Agent's Name	Agent's Signature	Americo Agent Number	% Split

Writing Agent's Phone Number	Writing Agent's Fax Number	Writing Agent's Email Address
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**Does Americo have your current contact information? If not, email: [licensing@americo.com](mailto:licensing@americo.com).**

SERFF Tracking Number: AFLC-126760382 State: Arkansas  
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 46469  
 Company  
 Company Tracking Number: 1253: 299, 5119  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
 Product Name: 1253: 299, 5119  
 Project Name/Number: 1253: 299, 5119/1253: 299, 5119

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Readability Certification [G].pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> See Form Schedule		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> AAA299 Statement of Variability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Sample Statement of Policy Cost & Benefit Information		
<b>Comments:</b>		
<b>Attachment:</b> 299 Sample Statement of Policy Cost and Benefit Information.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification of Compliance		

SERFF Tracking Number: AFLC-126760382 State: Arkansas  
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 46469  
Company  
Company Tracking Number: 1253: 299, 5119  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: 1253: 299, 5119  
Project Name/Number: 1253: 299, 5119/1253: 299, 5119

**Comments:**

**Attachment:**

Certification of Compliance [G].pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability - 5119

**Comments:**

**Attachment:**

Statement of Variability - SERIES 5119.pdf

**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY**

NAIC number: 0449-61999

FEIN number: 35-0810610

**Readability Certification**

I, Eric H. Petersen – FSA, MAAA hereby certify that the form(s) listed below have the following readability score(s) as calculated by the Flesch Reading Ease Test.

<u>Form Number(s)</u>	<u>Form Description(s)</u>	<u>Readability Score(s)</u>
AAA299	30 Year Level Term Accidental Death Benefit Life Insurance Policy	50.5
ABB5119	Application for Simplified Issue Individual Term Accidental Death Benefit Insurance	52.2

Eric H. Petersen – FSA, MAAA  
Assistant Vice President – Product Development

August 11, 2010  
Date

**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY  
STATEMENT OF VARIABILITY**

Policy AAA299

The following items vary according to specifications set by the Insured at the time of application and are not typically regulated variables. No explanation is needed for these items:

**ON POLICY DATA PAGES**

INSURED  
ISSUE AGE AND SEX  
FACE AMOUNT  
MODE

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The following items vary according to specifications set by Americo Financial Life and Annuity Insurance Company and are not typically regulated variables. No explanation (outside of the Actuarial Memorandum) is needed for these items:

**ON POLICY DATA PAGES**

POLICY DATE  
ISSUE DATE  
POLICY NUMBER  
EXPIRY DATE  
MODE PREMIUM

**IN FORM TEXT**

Company's Home Office and Administrative Office contact information (throughout form)  
Page numbers  
Officer Signatures

The following items vary according to specifications set by Americo Financial Life and Annuity Insurance Company and are typically regulated variables. All are fixed at issue but may vary for new issues only:

**ON POLICY DATA PAGES**

**MODAL FACTORS**

These fee factors may change to offset the Company's reasonable administrative costs.



**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY**

NAIC number: 0449-61999

FEIN number: 35-0810610

**Certification of Compliance**

I, Eric H. Petersen – FSA, MAAA hereby certify that, to the best of my knowledge and belief, that the form(s) listed below comply with the laws, rules, and regulations in your jurisdiction.

<u>Form Number(s)</u>	<u>Form Description(s)</u>
AAA299	30 Year Level Term Accidental Death Benefit Life Insurance Policy
ABB5119	Application for Simplified Issue Individual Term Accidental Death Benefit Insurance

\_\_\_\_\_  
Eric H. Petersen – FSA, MAAA  
Assistant Vice President – Product Development

August 11, 2010  
Date

# **AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY**

## **Statement of Variability for Form Series 5119**

### **PRODUCT INFORMATION. a. Product**

The product names are bracketed to facilitate the removal of products that are discontinued or to add products as they become approved for use in your jurisdiction without re-filing. We will never add a product for which we have not received authorization from your jurisdiction (if required) to use.

### **PRODUCT INFORMATION. b. Riders**

The rider names are bracketed to facilitate the removal of riders that are discontinued or to add riders as they become approved for use in your jurisdiction without re-filing. We will never add a rider for which we have not received authorization from your jurisdiction (if required) to use.

### **PRODUCT INFORMATION. c. Payment Information. Mode.**

The premium mode is bracketed to facilitate any change to availability of payment mode. If availability of a payment mode is eliminated, then it will be eliminated for all new applicants. Americo Financial Life and Annuity Insurance Company will never administer in a discriminatory manner.