

SERFF Tracking Number: GPML-126706279 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 46453
Company Tracking Number: 59Q SEB10
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Secure Estate Builder 2010
Project Name/Number: Secure Estate Builder 2010/Secure Estate Builder 2010

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: Secure Estate Builder 2010 SERFF Tr Num: GPML-126706279 State: Arkansas
TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 46453

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: 59Q SEB10 State Status: Approved-Closed
Premium - Single Life
Filing Type: Form

Reviewer(s): Linda Bird
Authors: Linda Boydston, Norma Castillo Disposition Date: 08/12/2010
Date Submitted: 08/10/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Secure Estate Builder 2010
Project Number: Secure Estate Builder 2010
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 06/21/2010
Domicile Status Comments: Approved in the state of Texas.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/12/2010

Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/12/2010
Created By: Norma Castillo
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Linda Boydston
Filing Description:

Form 59Q SEB10, described below, will be used with the state approved Guaranteed Insurability Option Rider (series 58Z GIO08).

59Q SEB10-Secure Estate Builder-This product is a level premium, increasing death benefit whole life plan to age 121.

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The death benefit automatically doubles at attained age 18 without an increase in premium. Issue ages 0(14 days) through age 17. Premiums are paid to age 100 and vary by age, sex and face amount. At age 100, the cash value equals the face value amount of the policy. After age 100, the cash value and death benefit grow by 3.00% per year. Cash values are calculated using the 2001 CSO, ultimate, unismoker, sex distinct, ALB mortality table, curtate at 4.00% interest. They are calculated on the Standard Nonforfeiture Law. Reserves are calculated using the 2001 CSO, ultimate, unismoker, sex distinct, ALB mortality table, continuous, using CRVM. The valuation rate used is the maximum allowable valuation interest rate in the Standard Nonforfeiture Law. The current maximum allowable valuation interest rate is 4.00%.

Form will not be illustrated.

SEB10-Life Application

Actuarial memorandum is included in this filing. Appropriate information regarding (1) effective date, (2) amount of policy, (3) premium, and (4) termination date will be printed by computer on Page 3 (Schedule Page). Specimen Schedule Pages are enclosed. Forms are a new submission. They have not previously been disapproved. They are not intended to supersede a form previously submitted but not yet approved.

These forms are in final print format; however, we reserve the right to change the format of the forms due to technological advances.

Company and Contact

Filing Contact Information

Norma Castillo, Regulatory Filing Assistant anc@gpmlife.com
2211 N.E. Loop 410 800-938-4765 [Phone] 2724 [Ext]
P.O. Box 659567 210-357-6722 [FAX]
San Antonio, TX 78217

Filing Company Information

Government Personnel Mutual Life Insurance Company CoCode: 63967 State of Domicile: Texas
2211 N.E. Loop 410 Group Code: Company Type: LAH
P.O. Box 659567 Group Name: State ID Number:
San Antonio, TX 78217 FEIN Number: 74-0651020
(800) 938-4765 ext. 2814[Phone]

SERFF Tracking Number: GPML-126706279 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 46453
Company
Company Tracking Number: 59Q SEB10
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single
Life
Product Name: Secure Estate Builder 2010
Project Name/Number: Secure Estate Builder 2010/Secure Estate Builder 2010

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: \$50.00 per form x2 forms= \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$100.00	08/10/2010	38659926

SERFF Tracking Number: GPML-126706279 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single
Life
Product Name: Secure Estate Builder 2010
Project Name/Number: Secure Estate Builder 2010/Secure Estate Builder 2010

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/12/2010	08/12/2010

SERFF Tracking Number: GPML-126706279 *State:* Arkansas
Filing Company: Government Personnel Mutual Life Insurance *State Tracking Number:* 46453
Company
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Life
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Project Name/Number: Secure Estate Builder 2010/Secure Estate Builder 2010

Disposition

Disposition Date: 08/12/2010

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
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Specimen with GIO		Yes
Supporting Document	Sample SPCB		Yes
Form	Secure Estate Builder		Yes
Form	Life Application		Yes

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Form Schedule

Lead Form Number: 59Q SEB10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	59Q SEB10	Policy/Contract/Fraternal Certificate	Secure Estate Builder	Initial		58.600	59Q SEB10-AR-70810.pdf
	SEB10	Application/Enrollment Form	Life Application	Initial		58.600	SEB10-estateAP.pdf

Government Personnel Mutual Life Insurance Company

San Antonio, Texas
(CALLED "GPM" IN THIS POLICY)



GPM will pay the benefits provided in this policy subject to its terms and conditions.

30 DAY RIGHT TO EXAMINE POLICY. It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return the Policy to Our Home Office or to Your agent within 30 days after You receive it. We will refund all the premium You have paid. The Policy will be deemed void from the Policy Date.

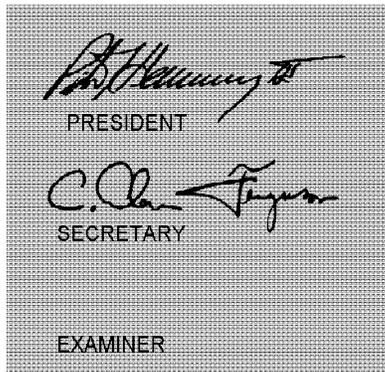
SIGNED BY GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY at its Home Office at 2211 NE Loop 410, San Antonio, Texas 78217 as of the Policy Date.

PLEASE EXAMINE THIS POLICY CAREFULLY.

This is a legal contract between You and GPM Life.

For Policyowner Service or Claim Information Call:

1-800-929-4765



PRESIDENT

SECRETARY

EXAMINER

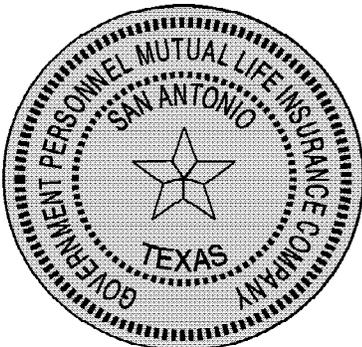
Whole Life Policy.

Automatic Increase of Initial Sum Insured on the Policy Anniversary when the Insured Becomes Age 18.

Premiums Payable to Age 100, as Shown on the Schedule Page.

Proceeds Payable at Insured's Death.

Pays Dividends Annually from Second Year.



POLICY NUMBER:

[000000001]

POLICY DATE:

[January 1, 2010]

NAME OF INSURED:

[John Doe]

INITIAL SUM INSURED:

[\$ 5,000]

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A copy of the Application and any Endorsements or Riders follows page 15.

SCHEDULE PAGE

PLAN	COVERAGE DESCRIPTION	SUM INSURED	POLICY CLASS	ANNUAL PREMIUM*	BENEFIT CEASES
[SEB10	Sum Insured [Payable at Death]	**	100%	\$51.65	2131]
<p>* Premiums are payable to age 100.</p> <p>** Attained Age 0-17 Whole Life Sum Insured: [\$5,000] Attained Age 18-100 Whole Life Sum Insured: [\$10,000] Attained Age 101-121 Whole Life Sum Insured: This amount will be the Attained Age 18-100 Whole Life Sum Insured Amount Increased with interest compounded annually at 3.00%.</p>					
<p>DIVIDENDS ARE BASED ON THE COMPANY'S CURRENT DIVIDEND SCALE AND ARE NOT GUARANTEED.</p>					
<p>CASH VALUE INTEREST RATE: 4.00 PERCENT PAID-UP INSURANCE INTEREST RATE: 4.00 PERCENT INTEREST RATE FOR RESERVES: 4.00 PERCENT (ALL YEARS) VALUATION METHOD: COMMISSIONER'S RESERVE MORTALITY TABLE: 2001 CSO Ultimate, Unismoker, Mortality Table, Age Last Birthday, Male/Female</p>					

POLICY NUMBER:

[000000001]

POLICY DATE:

[January 1, 2010]

NAME OF INSURED:

[John Doe]

AGE AT ISSUE/SEX:

[0 Male]

ANNUAL PREMIUM*:

[\$51.65]

OWNER:

[John Doe Sr.]

The owner and beneficiary are as stated in the application unless later changed. If the Owner is erroneously listed above, the application shall control.

TABLE OF CASH, LOAN AND NONFORFEITURE VALUES

PER [\$ 5,000] INITIAL SUM INSURED

END OF POLICY YEAR	ATTAINED AGE OF INSURED	POLICY ANNIVERSARY IN YEAR	TABULAR CASH OR LOAN VALUE	PAID-UP LIFE INSURANCE	PAID-UP TERM INSURANCE YEARS	DAYS
[1	[1	[2011	[\$ 0	[\$ -	[0	[0
2	2	2012	0	-	0	0
3	3	2013	0	-	0	0
4	4	2014	25	350	15	66
5	5	2015	50	670	19	23
6	6	2016	80	1,035	24	53
7	7	2017	115	1,430	31	114
8	8	2018	145	1,740	35	324
9	9	2019	180	2,080	39	228
10	10	2020	215	2,395	42	176
11	11	2021	255	2,735	44	337
12	12	2022	290	3,000	46	59
13	13	2023	330	3,290	47	152
14	14	2024	370	3,560	48	103
15	15	2025	415	3,855	49	40
16	16	2026	455	4,090	49	155
17	17	2027	500	4,345	49	295
18	18	2028	545	4,585	50	13
19	19	2029	585	4,765	50	41
20	20	2030	630	4,965	50	95
65	65	2075	5,080	9,380	26	234
100	100	2110	10,000	10,000	0	0
121]	121]	2121]	18,603]	18,603]	0]	0]

NONFORFEITURE FACTOR PER \$1,000 INITIAL SUM INSURED

POLICY YEARS 1+ [5.65138]

See paragraph 8.01 for a statement of the Basis for Calculation of Tabular Cash Values and Nonforfeiture Values.

For Loan Value, the value shown is used in the first step of the Loan Value calculation. See Paragraph 5.01. Interest Rate is 7.40% per annum, payable in advance.

GENERAL PROVISIONS

Definitions.

1.01 When We use the following words, We mean:

Age - means the Insured's Age on the Policy Date plus the number of Policy Years completed. Age is sometimes called Attained Age.

Cash Value - That amount of cash that We will give You if You surrender the Policy to Us before the death of the Insured. The Cash Value at the end of any Policy Year is that amount shown in the Table of Cash, Loan and Nonforfeiture Values Table, plus any Dividend Credits and less any Indebtedness. On or after the Policy Anniversary upon which the Insured is Age 100 the Cash Value will be the Cash Value at Age 100 plus interest compounded annually at 3.00%.

Dividend Credits - The value of any earned dividends You have not cashed or used to pay premiums.

He, His, Him - Will be taken to mean persons of either sex.

Home Office - The main office of GPM in San Antonio, Texas.

Indebtedness - Any debt due Us under this Policy.

Insured - The person whose life is Insured under this Policy. Usually, the Insured is the Owner of the Policy, but not always.

Nonforfeiture Options - Those choices You have if You stop paying premiums before they are scheduled to cease at the time shown in the Policy Schedule. It involves applying or taking the Cash Value.

Policy - means this Policy.

Policy Anniversary - means the same day and month as the Policy Date, for each succeeding years this Policy remains in force.

Policy Date - means the first instant of the date this Policy begins. This is the date from which Policy anniversaries, Policy Years, Policy months, and premium due dates are determined. The Policy Date is shown on the Schedule Page.

Policy Year - means the period from the Policy Date to the last instant of the day before the first Policy Anniversary, and the period from each Policy Anniversary to the last instant of the day before the next Policy Anniversary.

Proceeds - The amount We must pay under this Policy's terms when it matures, or when the Insured dies.

Sum Insured - The amount of death benefit described or shown on the Schedule Page of this Policy. It applies only while the Policy is in full force. Terms, conditions and amount of death benefit may be changed if a Nonforfeiture Option has been exercised.

Until the Policy Anniversary after the Insured becomes Age 18, the Sum Insured is the Attained Age 0-17 Whole Life Sum Insured amount shown on the Schedule Page. Upon the Policy Anniversary when the Insured becomes Age 18 and thereafter, and until the Policy Anniversary on which the Insured becomes Age 101, the Sum Insured is the Attained Age 18-100 Whole Life Sum Insured amount shown on the Schedule Page. Upon the Policy Anniversary when the Insured becomes Age 101 and thereafter, the Sum Insured amount will be the Attained Age 18-100 Whole Life Sum Insured amount increased with interest compounded annually at 3.00%.

We, Us, Our - Government Personnel Mutual Life Insurance Company (GPM).

You, Your - The Owner of this Policy.

GENERAL PROVISIONS - Continued

Consideration for this Policy.

1.02 We insure the life of the Insured, in consideration of (a) the application and (b) premiums paid during the Insured's life as the Policy directs.

Entire Contract.

1.03 This Policy, including a copy of Your written application, is the entire contract between You and Us. In the absence of fraud, all statements made in Your applications will be considered representations and not warranties. Only statements made in the application can be used to void this Policy or defend against a claim.

Can this Policy Be Changed?

1.04 Your Policy cannot be changed unless You agree to it. The change must be written. Only the President, a Vice President, the Secretary, an Assistant Secretary, the Actuary, or the Treasurer can make or change this Policy or waive anything in it.

Owner.

1.05 The person named in the application is the Owner, unless later changed.

What Are the Owner's Rights?

1.06 You may use and enjoy every right, privilege, option, and benefit granted by this

Policy or by Us. If the Insured is a minor, is not the Owner, and the Owner dies, ownership shall pass to the contingent Owner if any. If no contingent Owner is named, ownership shall pass in this order:

1. The custodial parent or parents, if living, with right of survivorship;
2. If not, the legal guardian of the estate of the Insured.

If the Owner dies after the Insured has reached the Age of majority, ownership will pass to the Insured if no contingent Owner was named.

Can Ownership Be Transferred?

1.07 You may transfer this Policy to a new Owner in a written form satisfactory to Us. Change of ownership is not good until We receive the written request at Our Home Office. The date of change will be the date the request was signed, even if the Insured is dead when We receive the request. But such change will be subject to any payment made or action taken by Us before We receive the request.

Can You Assign this Policy?

1.08 Your rights and the beneficiary's may be controlled by any assignment You make that We receive. We are not responsible for the assignment being valid or for its effect. But if a claim is made under the assignment, there must be proof of interest and the extent of the interest.

Payments by the Company.

1.09 All payments by Us under this Policy are payable at Our Home Office in U.S. Dollars.

BENEFIT PROVISIONS

Payment of Policy Proceeds.

2.01 We promise to pay the Proceeds of this Policy to the beneficiary, if We receive due proof of the Insured's death while the Policy is in force, and due proof of the right of the claimant to the Proceeds of the Policy.

2.02 You will be required to give Us this Policy when settlement is made.

What Amount is Payable?

2.03 When We receive proof of the Insured's death, We will pay the Sum Insured with certain additions and deductions. We will add any dividend additions, accumulated dividends, unpaid dividends, Premium Deposit Funds, or any other death benefits payable. We will deduct any Indebtedness due Us.

Interest Will Be Added if Payments Delayed.

2.04 If payment of the death benefit has not been made within thirty(30) days from the date We receive due proof of the Insured's death and due proof of the right of the claimant to the Proceeds, We will pay interest on the death benefit at a rate of 8.0% per year. We will compute the interest from the date of the Insured's death to the date the Proceeds are paid.

Who Will Receive Policy Proceeds?

2.05 The original beneficiary is named in the application. When the Insured dies, We will pay the Proceeds to the latest beneficiary named according to the terms of this Policy. If no beneficiary survives the Insured, then the beneficiary will be the Owner if living. If not, We will pay the Owner's estate.

2.06 Unless this Policy provides otherwise, while the Insured is living, the beneficiary, may be changed by filing with Us, a signed written request in a form satisfactory to Us. If an irrevocable beneficiary has been named and is still living, that person's written consent will be needed for any beneficiary change. Any change will not take effect until recorded by Us at Our Home Office. Once recorded, the change will be effective as of the date the request was signed, but this change will be subject to any payment or action We took before recording it.

Policy Proceeds Payable at Benefit Cease Date.

2.07 If the Insured is alive on the Benefit Cease Date, We will pay the Cash Value to the Owner. Payment will terminate this Policy. We may require that the Policy be returned to Us before We make any payment.

Can We Contest this Policy?

2.08 We cannot contest this Policy after it has been in force during the lifetime of the Insured for two(2) years from the Policy Date, except for fraud, when permitted by applicable law in the state where the Policy is delivered, and/or non-payment of premiums.

If this Policy is reinstated, We cannot contest the reinstatement after this Policy is again in force for two(2) years from the effective date of reinstatement while the Insured is alive, except for fraud, when permitted by applicable law in the state where the Policy is delivered, and/or non-payment of premiums. We will rely on material representations made in the reinstatement application.

BENEFIT PROVISIONS - Continued

Does Suicide Make a Difference?

2.09 If the Insured commits suicide within two(2) years from the Policy Date, while sane or insane, We will pay in one sum only the total of premiums paid less Indebtedness. When the laws of the state in which this Policy is delivered require less than this two (2) year period, the period will be as stated by such laws.

What if Incorrect Age or Sex of Insured is Given?

2.10 We can adjust the amount payable if the Age or sex of the Insured is misstated. The amount will be that which the premiums would have bought at the correct Age or sex at the Policy Date.

PREMIUM PROVISIONS

How Can Premiums Be Paid?

3.01 All premiums must be paid in advance to Us at Our Home Office or to Our authorized agent. You may pay premiums annually, semi-annually or by an automated monthly mode. The premium for the mode You selected is shown on the Schedule Page. Premiums shall neither be due nor accepted after Age 100.

Upon request of the person paying premiums on this Policy, We will give a receipt signed by one of the GPM Officers listed in Paragraph 1.04 for each premium paid.

What if a Payment is Late?

3.02 A premium not paid on or before its due date is in default. But You have a grace period of thirty-one(31) days within which to remit payment after the first one. Any payments sent by U.S. mail shall be postmarked within the grace period. During that period, the Policy will remain in force. If You do not pay within that period, the Policy will be void, unless the Policy provides otherwise.

Can This Policy Be Reinstated?

3.03 If this Policy has not been surrendered for cash, You may reinstate it within five(5) years of the premium payment default. The Insured must be alive at that time. You may do so in two ways;

1. You may reinstate within thirty-one (31) days after the grace period has expired by paying the premium in default. Also, You must pay or reinstate any Indebtedness and pay interest on it at the rate of 6% per annum.

2. Thereafter, but within five (5) years of premium default, You may reinstate by doing the following:

- a. Write Us asking to reinstate the Policy.
- b. Give Us evidence of insurability as We require.
- c. Pay or reinstate any Indebtedness.
- d. Pay all past premiums.
- e. Pay interest on (c) and (d) at the rate of 6% per annum.

Premiums Will Be Adjusted at Death.

3.04 If the Insured dies while someone is still paying premiums, We need premiums only through the month of death. We will refund any paid beyond that month.

Will a Premium Be Loaned Automatically?

3.05 In the application or later in writing You may elect to add the Automatic Premium Loan option. If You write, We must receive it before any grace period of the premium in default has expired. You may later revoke the option by writing the Home Office. The change will go into effect when received.

3.06 If the option is in effect, We will automatically pay by loan any premium past due. Each loan will reduce the Policy's Loan Value. We will do so only if the loan, plus interest, plus Indebtedness

PREMIUM PROVISIONS - Continued

does not exceed the Policy's Loan Value at the next premium due date. If the values are too small, We will automatically pay by loan as much of the premium past due as the Policy's Loan Value will cover. We will do this for as long as the total Indebtedness does not exceed the Loan Value.

Advance Premiums Will Be Placed in a Premium Deposit Fund.

3.07 You may pay premiums in advance. You must pay them to Our Home Office. The fund of advance premiums will draw interest at a rate that We will set (2.0% or more per year). We will not accept more than the amount which will pay all future premiums.

3.08 We will charge any premiums not paid at the end of the grace period against the Premium Deposit Fund. If the fund is not enough to pay the

full premiums, then a lesser amount will be paid. If the Automatic Premium Loan option is in effect, We will pay the premium in another way. First We will draw from the Premium Deposit Fund. If there is not enough to pay the premium, We will pay by loan and the rest from the Loan Value of the Policy.

3.09 You may take money from the Premium Deposit Fund at any time, We will pay You if:

1. You surrender this Policy for its Cash Value;
2. Any Nonforfeiture Option comes in effect; or
3. A Policy Loan is granted.

3.10 The rules of the jurisdiction in which We delivered this Policy shall overrule any of the above fund provisions, if in conflict.

DIVIDEND PROVISIONS

When Are Dividends Paid?

4.01 We decide each year if We have a divisible surplus and how much Your share will be. Your share, if any, called a dividend, will be credited to Your Policy. This dividend will reflect Our mortality, expense and investment experience and will be affected by any Policy debt during the Policy Year.

How May Dividends Be Used?

4.02 You may use Your dividends in several ways:

1. **Cash** - We pay You in cash.
2. **Reduce Premiums** - You may use the dividends to reduce Your premiums.
3. **Paid-Up Additional Insurance** - You may buy paid-up insurance on the life of the Insured. The rate shall be the net single premium at the Attained Age of the Insured. Its Cash Value will equal the reserve and will never be less than the dividends so applied. This insurance shall also be eligible for dividends.

4. **Accumulation** - You may leave Your dividends with Us to accumulate interest. We will set the rate each year, but it will never be less than 2.0%. You get the dividends plus interest on written request, or You can get them when the Policy terminates.

4.03 Unless You tell Us otherwise, We will use the dividends to buy paid-up additional insurance.

Can Dividends Pay-up or Mature this Policy Early?

4.04 You may elect to pay-up this Policy under certain conditions. If the Dividend Credits plus the Tabular Cash Value equals the net single premium, You may do so. The premium rate will be that of the Insured's Attained Age. You must do this within thirty-one (31) days of the premium due date.

4.05 By written consent, You may mature this Policy as an endowment. You may do so when the Dividend Credits plus the Tabular Cash Value equals or exceeds the Sum Insured.

LOAN PROVISIONS

Can You Borrow Against this Policy?

5.01 You may borrow money from Us against this Policy, on the sole security of the Policy, if the loan does not exceed the Loan Value. The Loan Value for any Policy Year will be figured in these steps:

1. Start with the Tabular Cash Value shown in the table on Schedule Page. We will furnish values for years not shown.
2. Add any Dividend Credits You have not used.
3. Deduct premiums not paid to the end of the year.
4. Deduct any Indebtedness You already have on this Policy.
5. Deduct interest on the net amount (the result of steps 1 through 4 above) to the end of the year.

5.02 You may not borrow money against this Policy if it is not in force, or if there is no Loan Value.

Interest Is Charged on the Loan.

5.03 Loan shall bear interest at the rate

of 7.4%. You must pay the interest in advance each year, except at the time the loan was made. At that time, the interest to the next Policy Anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

What if Indebtedness Exceeds Loan Value?

5.04 Whenever the Indebtedness exceeds the Loan Value, We will notify You or the last Assignee by mail at the last known address. If You do not pay off the excess debt in thirty-one (31) days after We mail the notice, the Policy will be void.

Can You Repay the Loan?

5.05 You may pay any part or all of the loan against this Policy at any time while this Policy is in force. We will refund any unearned interest or credit it to the Policy as of the payment date.

We Can Defer Granting a Loan.

5.06 Except for a loan to pay premiums, We may defer granting a loan for a period not to exceed six (6) months from receipt of the loan application.

NONFORFEITURE PROVISIONS

When Can You Elect a Nonforfeiture Option?

6.01 When this Policy has a Cash Value and prior to the Policy Anniversary after the Insured becomes Age 100, You may take or apply such value if You choose not to continue under the original terms of this Policy.

Choice When Premium Payments Are Stopped.

6.02 If a premium has been in default less than sixty (60) days, and if the Policy has a Cash Value at the time of default, the Owner has several options.

Option 1. Paid-Up Term Insurance.

6.03 If paid-up term insurance values are shown in the Table of Cash, Loan and Nonforfeiture Values, You may continue this Policy from the due date of a premium in default as non-participating term insurance. The amount will be for the Sum Insured plus any dividend additions and less any Indebtedness. The period for the paid-up term insurance will be that which the Cash Value will buy as a net single premium at the Attained Age of the Insured.

NONFORFEITURE PROVISIONS - Continued

Any value more than that needed to buy such insurance will be paid to You in cash. Such insurance will have Cash Values, but no Loan Value.

Exception: If the Insured is in a risk class which requires that an extra premium be charged, as shown in the Schedule Page, the paid-up term insurance option is not available.

Option 2. Paid-Up Life Insurance for a Reduced Amount.

6.04 You may continue this Policy as paid-up life insurance for a lesser amount from the due date of the premium in default. This amount will be paid on the death of the Insured. The paid-up amount will be that which the Cash Value will buy as a net single premium at the Attained Age of the Insured. The Policy as paid-up life insurance will have Cash and Loan Values. We will credit it with its share of any dividends that We declare.

Option 3. Surrender for Cash.

6.05 You may surrender this Policy to Us for its Cash Value. If You surrender it within sixty (60) days after the due date of a premium in default, the surrender value will not be less than the Cash

Value on that due date. We may defer payment of the Cash Value on surrender for not more than six (6) months after You apply for surrender. If you surrender this Policy to Us for its Cash Value, any unearned premiums paid for any period beyond the end of the month in which this Policy is surrendered will be returned to You.

What Option Takes Effect if You Do Not Choose?

6.06 If paid-up term insurance values are shown on the Table of Cash, Loan and Nonforfeiture Values, We will use the Cash Value of this Policy to buy paid-up term insurance when the grace period for a premium in default expires. The only exceptions will be these:

- (1) If within sixty (60) days after the due date of the premium in default and while the Insured is alive, You apply to Us for paid-up life insurance in writing.
- (2) You surrender this Policy to Us for cash.

6.07 If paid-up term insurance is not available under this Policy, then We will use the Cash Value to buy paid-up life insurance when the grace period for a premium in default expires.

SETTLEMENT PROVISIONS

When Can Settlement Options Be Used?

7.01 We will pay all or part of the Proceeds of this Policy under any of the Settlement Options below. However, payment is subject to any assignment You made of the Proceeds. You may elect or change any one of these options at any time while the Insured is alive. But You must tell Us at Our Home Office of the choice or change in writing.

7.02 At the time of the Insured's death, the beneficiary can elect one of the Settlement Options if You have not done so.

A Settlement Agreement is Required.

7.03 When the Proceeds become payable, We may require that You send Us this Policy. We will

prepare a Settlement Agreement and send it to the Payee. It will set forth the rights and the benefits of the Payee under this Policy.

Who May Receive Settlement Payments?

7.04 The person(s) who will benefit under an option will be the Payee(s). Normally a Payee must be a natural person taking in His own right. Exceptions must have Our consent to be named Payees.

Proof That Payee is Alive.

7.05 Before We make payment under any option, We may require proof that the Payee is alive. If We require proof, then no payment is due until proof is received in Our Home Office.

SETTLEMENT PROVISIONS - Continued

When Are Installments Paid?

7.06 We will make the first payment under Option 1, 2, 3, 5, or 6 just as soon as We have approved the claim for settlement. The rest of the installments will be paid according to the type of payment selected.

What if Payee Dies?

7.07 If the Payee (surviving Payee under Option 5 or 6) dies before He receives all guaranteed installments under Option 1, 2, 3, or 5, We will pay His estate in cash the commuted value of the unpaid installments. Any other type of payment must be approved by Us. In computing the value, We will use an interest rate of 2.0% compounded each year.

Is There Protection Against Creditors?

7.08 The Proceeds of payments due or to become due under an option may not be assigned. Unless provided in the election, the Proceeds may not be encumbered, alienated, anticipated, or commuted. They may not be withdrawn, except as provided in Option 4. To the extent allowed by law, the Proceeds not yet paid under an option will not be subject to the Payee's debts, Policy's or engagements. They will not be subject to any court process to levy upon or attach the Proceeds for their payments.

Excess Interest or Income Dividend.

7.09 Any amount held by Us under Option 3 or 4 shall earn interest at a rate set by Us (2.0% or more per year). Any guaranteed installment payments under Options 1, 2, 5, and 6 shall be increased by any Income Dividend that We declare.

What Options May Be Elected?

Option 1. Guaranteed Installments for a Fixed Period.

7.10 For each \$1,000 due, We will pay the Proceeds in equal monthly installments over a period of from 5 to 30 years. The installments will be as shown in the following table. The guaranteed interest rate is 2.0%.

Option 1. Table

Number Of Years Payable	Amount of Monthly Installments	Number Of Years Payable	Amount of Monthly Installments
5	\$17.49	20	\$5.05
6	14.72	21	4.85
7	12.74	22	4.67
8	11.25	23	4.51
9	10.10	24	4.36
10	9.18	25	4.22
11	8.42	26	4.10
12	7.80	27	3.98
13	7.26	28	3.87
14	6.81	29	3.77
15	6.42	30	3.68
16	6.07		
17	5.77		
18	5.50		
19	5.26		

Option 2. Life Income.

7.11 We will pay the Proceeds in equal monthly installments in any one of two ways:

1. We will pay during the life of the Payee (Life Annuity) if He is not less than Attained Age 50 when the payments begin.
2. We will pay over a period of 10 or 20 years certain. Then We will pay during the rest of the life of the Payee.

The amount of each installment depends on the Attained Age and sex of the Payee when the first installment is due. We will compute the installment for each \$1,000 due from the following table. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

SETTLEMENT PROVISIONS - Continued

Option 2. Table

MONTHLY INSTALLMENTS PAYABLE						
Life Annuity		10 Years Certain and Life		Age of Payee	20 Years Certain and Life	
Male	Female	Male	Female		Male	Female
(Not Available Under Age 50)		\$2.27	\$2.20	Under 15	\$2.26	\$2.20
		2.28	2.21	15	2.28	2.20
		2.30	2.23	16	2.29	2.23
		2.32	2.24	17	2.31	2.24
		2.33	2.26	18	2.33	2.26
		2.35	2.27	19	2.35	2.27
		2.37	2.29	20	2.37	2.29
		2.39	2.31	21	2.39	2.31
		2.41	2.33	22	2.41	2.32
		2.43	2.35	23	2.43	2.34
		2.45	2.36	24	2.45	2.36
		2.48	2.38	25	2.47	2.38
		2.50	2.40	26	2.49	2.40
		2.52	2.43	27	2.52	2.42
		2.55	2.45	28	2.54	2.44
		2.58	2.47	29	2.57	2.47
		2.60	2.50	30	2.60	2.49
		2.63	2.52	31	2.62	2.52
		2.66	2.55	32	2.65	2.54
		2.69	2.57	33	2.68	2.57
		2.73	2.60	34	2.71	2.59
		2.76	2.63	35	2.75	2.63
		2.80	2.66	36	2.78	2.65
		2.83	2.69	37	2.81	2.68
		2.87	2.72	38	2.85	2.71
		2.91	2.76	39	2.89	2.75
		2.95	2.80	40	2.93	2.78
		3.00	2.83	41	2.97	2.82
		3.04	2.87	42	3.01	2.85
		3.09	2.91	43	3.05	2.89
		3.14	2.96	44	3.10	2.93
		3.19	3.00	45	3.15	2.98
		3.25	3.05	46	3.19	3.20
		3.30	3.09	47	3.24	3.06
		3.36	3.15	48	3.30	3.11
		3.42	3.20	49	3.35	3.16
\$3.51	\$3.27	3.49	3.26	50	3.40	3.21
3.58	3.33	3.56	3.31	51	3.46	3.26
3.66	3.39	3.63	3.38	52	3.52	3.32
3.74	3.46	3.70	3.44	53	3.58	3.37
3.82	3.53	3.78	3.51	54	3.64	3.43
3.90	3.60	3.86	3.58	55	3.70	3.49
3.99	3.68	3.95	3.65	56	3.77	3.56
4.09	3.76	4.04	3.73	57	3.84	3.62
4.19	3.85	4.13	3.82	58	3.90	3.69
4.30	3.94	4.23	3.90	59	3.97	3.76
4.42	4.04	4.34	4.00	60	4.04	3.83
4.54	4.14	4.45	4.09	61	4.11	3.90
4.67	4.25	4.56	4.20	62	4.18	3.98
4.81	4.37	4.69	4.31	63	4.25	4.05
4.96	4.50	4.81	4.42	64	4.31	4.13
5.12	4.63	4.95	4.54	65	4.38	4.20
5.29	4.77	5.09	4.67	66	4.45	4.28
5.48	4.93	5.23	4.80	67	4.51	4.35
5.67	5.09	5.39	4.95	68	4.57	4.42
5.88	5.27	5.54	5.10	69	4.62	4.49
6.10	5.46	5.70	5.25	70	4.68	4.56

Option 2. Table - Continued

MONTHLY INSTALLMENTS PAYABLE						
Life Annuity		10 Years Certain and Life		Age of Payee	20 Years Certain and Life	
Male	Female	Male	Female		Male	Female
\$6.33	\$5.66	\$5.87	\$5.42	71	\$4.73	\$4.62
6.58	5.88	6.04	5.59	72	4.77	4.68
6.85	6.12	6.22	5.78	73	4.81	4.74
7.13	6.38	6.39	5.96	74	4.85	4.79
7.14	6.66	6.57	6.16	75	4.88	4.83
7.76	6.96	6.75	6.36	76	4.91	4.87
8.11	7.29	6.93	6.56	77	4.94	4.90
8.48	7.64	7.11	6.76	78	4.96	4.93
8.88	8.04	7.29	6.97	79	4.98	4.95
9.31	8.44	7.46	7.17	80	4.99	4.97

Option 3. Installments of a Set Amount.

7.12 We will pay the Proceeds in equal or varied installments if You and We agree on the plan of payment. We will pay the installments until the Proceeds, with interest thereon, are consumed. We will compute the interest at the rate of 2.0% compounded each year.

Option 4. Proceeds Left at Interest with Right to Withdraw Deposit.

7.13 The Proceeds may be left on deposit with Us to earn interest, but the Payee may make withdrawals unless prohibited in the election. Any sum withdrawn must be at least \$50. The Payee may leave the interest that the deposit earns to accumulate, or He may withdraw it. The interest that each \$1,000 earns for each withdrawal period is shown in the table below. The first interest payment will be made at the end of the period elected. We will measure the period from the date We approve the claim.

Frequency Of Payment	Annual	Semi-Annual	Quarterly	Monthly
Amount Payable	\$20.00	\$9.93	\$4.95	\$1.65

7.14 When the Payee dies, any unpaid Proceeds under this option will be paid equally to the surviving members of the successive class of beneficiaries. If there are none, and You have not given Us other instructions, We will pay the rest of the Proceeds to the estate of the Payee.

7.15 Unless the right has been denied in the election, any Proceeds held under Option 4 may be applied under any other Settlement Option.

SETTLEMENT PROVISIONS - Continued

Option 5. Joint and Last Survivor Life Income.

7.16 The Proceeds may be paid in equal monthly installments jointly to two Payees. We will pay for a period of ten (10) years certain, and then will continue to pay the same amounts while both are alive. After the death of one Payee, We will continue to pay the survivor until He dies. If either of the Payee fails to survive the date when the payments are due to start, this option then becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

7.17 The following table shows guaranteed monthly payments under this option. The table assumes equal Age of both Payees. Values for other Age combinations may be obtained from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

Option 5. Table

JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.40	\$2.33	\$2.36
35	2.51	2.44	2.47
40	2.66	2.56	2.60
45	2.83	2.72	2.77
50	3.05	2.91	2.97
51	3.10	2.96	3.02
52	3.16	3.00	3.07
53	3.21	3.05	3.12
54	3.27	3.10	3.18
55	3.33	3.16	3.23
56	3.40	3.22	3.29
57	3.47	3.28	3.36
58	3.54	3.34	3.42
59	3.61	3.41	3.49
60	3.69	3.48	3.57
61	3.78	3.55	3.65
62	3.87	3.63	3.73
63	3.97	3.71	3.82
64	4.07	3.80	3.92
65	4.17	3.90	4.02
66	4.29	4.00	4.12
67	4.41	4.10	4.23
68	4.53	4.22	4.35
69	4.66	4.34	4.48
70	4.81	4.47	4.62
71	4.95	4.61	4.76
72	5.11	4.75	4.91
73	5.27	4.91	5.07
74	5.44	5.08	5.24
75	5.62	5.25	5.41
76	5.80	5.44	5.60
77	5.99	5.63	5.80
78	6.18	5.84	6.00
79	6.38	6.05	6.20
80	6.59	6.27	6.42

Option 5. Table - Continued

JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
81	\$6.79	\$6.49	\$6.63
82	6.99	6.72	6.85
83	7.20	6.95	7.07
84	7.39	7.17	7.28
85	7.59	7.39	7.49
86	7.77	7.60	7.68
87	7.95	7.80	7.87
88	8.11	7.98	8.05
89	8.27	8.16	8.21
90	8.41	8.31	8.36
91	8.54	8.46	8.50
92	8.66	8.58	8.62
93	8.77	8.70	8.73
94	8.86	8.80	8.83
95	8.94	8.89	8.92
96	9.00	8.97	8.99
97	9.06	9.03	9.05
98	9.10	9.08	9.09
99	9.13	9.12	9.13
100	9.15	9.15	9.15

Option 6. Joint Life Income with Two-Thirds to Survivor.

7.18 The Proceeds may be paid jointly to two Payees in equal installments while both are alive. After one dies, We will reduce the amount of income payment to two-thirds of the initial installment amount. Then We will send the survivor that amount for the rest of His life. If either of the Payees fails to survive the date when payments are due to start, this option becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

7.19 The following table shows guaranteed initial monthly payments per \$1,000 of Proceeds for two male or two female Payees, or for one of each sex. The table assumes Payees of the same Age. You may obtain values for other Age combinations from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

SETTLEMENT PROVISIONS - Continued

Option 6. Table

JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.53	\$2.44	\$2.48
35	2.68	2.56	2.62
40	2.85	2.72	2.78
45	3.07	2.90	2.98
50	3.35	3.14	3.24
51	3.40	3.19	3.29
52	3.47	3.25	3.35
53	3.54	3.31	3.42
54	3.62	3.37	3.49
55	3.69	3.44	3.56
56	3.77	3.51	3.63
57	3.86	3.58	3.71
58	3.95	3.66	3.80
59	4.05	3.74	3.88
60	4.15	3.83	3.98
61	4.26	3.92	4.08
62	4.37	4.02	4.18
63	4.49	4.13	4.30
64	4.63	4.24	4.42

Option 6. Table - Continued

JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
65	\$4.77	\$4.36	\$4.55
66	4.92	4.48	4.68
67	5.07	4.62	4.83
68	5.24	4.76	4.98
69	5.42	4.92	5.15
70	5.61	5.09	5.33
71	5.82	5.27	5.52
72	6.03	5.46	5.72
73	6.26	5.67	5.94
74	6.51	5.90	6.18
75	6.77	6.14	6.43

Option 7. Settlement as Agreed.

7.20 We will pay the amount due in any manner that You or the Payee and We can agree upon.

BASIS OF VALUES

8.01 Tabular Cash Values and the Nonforfeiture Values shown in the Table of Cash, Loan and Nonforfeiture Values are based on these assumptions:

- (1) This Policy has been in force and all premiums due have been paid to the end of the Policy Years shown;
- (2) There are no Dividend Credits; and
- (3) There is no Indebtedness.

Tabular Cash Values take into account the following:

- (1) time that has elapsed; and
- (2) premiums paid that were due.

Except that up to thirty-one(31) days after a Policy Anniversary it shall not be less than the Tabular Cash Value on that anniversary. We will give on request any values not shown in the table.

8.02 A detailed statement of the method of determining reserves and values under this Policy has been filed with the Insurance Supervisory Official of the state where the Policy is applied for. All such values are greater than or equal to the minimum required by law in that state.

**POLICY
DESCRIPTION**

Whole Life Policy.
Automatic Increase of Face Amount on the Policy Anniversary
When the Insured Becomes Age 18
Premiums Payable to Age 100, as Shown on the Schedule Page.
Proceeds Payable at Insured's Death.
Pays Dividends Annually from Second Year.

This Policy is a legal contract. Read Your Policy carefully.

Policyholders' meeting held at Home Office annually on second Wednesday of April beginning at 9:00 A.M.

**FOR INFORMATION
OR TO MAKE A COMPLAINT,
CALL: 1-800-929-4765 OR 1-210-357-2222**

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
2211 N.E. Loop 410
San Antonio, Texas 78217**

**GPM LIFE BUILDING P.O. Box 659567
San Antonio, Texas 78285-9567**

SECURE ESTATE BUILDER/ESTATE BUILDER

1a. List each Proposed Insured Child to be insured (Ages 14 days to 14 years inclusive):

1b. Amount of Insurance: _____ (Each child must be insured for the same amount)

First Name, Middle Initial	Last Name	Sex	Date of Birth Month Day Year	Measured Height, Weight	Social Security Number

2. Owner (First Name, MI, Last Name): _____

Relationship to Child (Check One): Parent Grandparent Permanent Legal Guardian *(Attach legal guardianship papers)*

Social Security #: _____ Date of Birth: _____ Phone #: _____

Address: _____

3. Contingent Owner (First Name, MI, Last Name): _____

Social Security #: _____ Date of Birth: _____ Phone #: _____

Address: _____ Relationship to Child: _____

4. Beneficiary: You as the Owner will be the beneficiary unless you name someone else below:

Name (First, MI, Last): _____

Relationship to Child: _____

Circle all applicable items.

5. Has any Proposed Insured Child ever been diagnosed with or treated for heart disease or disorder, abnormal heartbeat, murmur, cancer, leukemia, tumor or polyp, epilepsy, convulsions, seizures, cerebral palsy, multiple sclerosis, mental or nervous disorder, behavior or cognitive disorder, attempted suicide, or premature birth? YES NO

6. In the past 10 years, has any Proposed Insured Child been treated for or given medical advice by a member of the medical profession for diabetes, sickle cell anemia, blood disorder, chronic respiratory disorder (excluding mild asthma with occasional inhaler use), cystic fibrosis, liver disease, intestinal disease or other disorder of the gastrointestinal system, kidney disease, bladder disease, or other disorder of the genitourinary system, muscular dystrophy, or any disorder of the back, spine, bones, joints, or muscles? YES NO

7. In the past 10 years, has any Proposed Insured Child been diagnosed by a member of the medical profession as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV disease, or tested positive for antibodies to the HIV virus? YES NO

8. To the best of your knowledge, has any Proposed Insured Child listed above in the past 24 months used illegal, restricted or controlled substance, except as prescribed by a medical professional; received counseling or treatment for alcohol or substance abuse; or been convicted of a felony, incarcerated, confined to a juvenile facility or been subject to probation? YES NO

9. In addition to any doctors or hospitals listed above, in the last 10 years, has any Proposed Insured:

(a) been treated, examined or observed in a hospital, clinic, or other medical facility? YES NO

(b) consulted with any other doctors? YES NO

(c) been treated for, diagnosed as having, or had an operation for any other cause(s) not listed above? YES NO

10. Give full details of all "Yes" answers above. Use, sign and date a separate sheet if necessary.

Name of Proposed Insured Child	Specific diagnosis, treatments, results	Date of Onset	Names and addresses of all doctors and hospitals

11. Is there any Life Insurance Policy or Annuity Contract in force on any of the proposed insured children? YES NO
 If YES, please list: **Use and sign separate sheet if necessary.**

Child's Name _____ Company _____

Child's Name _____ Company _____

Child's Name _____ Company _____

12. Will this policy replace any Life Insurance Policy or Annuity Contract already in force on the life of any of the proposed insured children? YES NO

For Home Office Endorsements:	Special Instructions/Requests:
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AGREEMENT: I am the parent or grandparent (if legal guardian please attach a copy of guardianship papers) of the Proposed Insured Child/Children. I have read this application and all statements and answers as they pertain to them. I understand the questions and my answers, and I represent that all of the information given in it is true, complete, and correctly written. I understand that any misstatements as to the health or physical condition of the Proposed Insured Child/Children that are material to the risk assumed may cause any policy issued to become void within the contestable period. It is agreed that:

- A. This application and any amendments or supplements to it will be relied on by GPM Life as the basis of any policy which may be issued. The signer(s) agree that a complete faxed copy of this document is equivalent to the original.
- B. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for "Home Office Endorsements." Written consent must be obtained for any change in the application, where required by law.
- C. Any policy issued by GPM Life or applied for shall not take effect until the full first premium is paid, the policy is delivered to the owner during the lifetime of each Proposed Insured Child, the effective date of the policy has arrived, and all the statements and answers given in the application continue to be true and complete. The Proposed Owner, Parent, and/or Legal Guardian must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.
- D. NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

BACKUP WITHHOLDING CERTIFICATION: (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the Application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION: I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, insurer, or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, or other insurance support organization having information as to the mental or physical health, other insurance, character, habits, or age of Proposed Insured Child/Children, to give such information to GPM Life or its reinsurer(s) at any time, including after any Proposed Insured Child's death. I further authorize all said sources, except MIB, to give such information to any agent or insurance support organization acting for GPM Life or its reinsurer(s). Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by GPM Life to its reinsurer(s), the MIB, or other persons or organizations performing business or legal services in connection with my child's application or claim, or as may be otherwise lawfully required. I agree that a photocopy of this form will be as valid as the original. I also agree that this form will be valid for (1) 24 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices" and "Medical Information Bureau, Inc." from GPM Life.

WARNING: Any person who knowingly and with the intent to defraud any insurance company, or other person, files an application for insurance or settlement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Owner's Signature X	Date	City & State Where Application Completed
------------------------	------	--

AGENT'S STATEMENT: I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of the Proposed Insured Child/Children which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices and the Medical Information Bureau, Inc. were given to the Owner, Parent, Legal Guardian. I further certify that I have interviewed the Owner, Parent, Legal Guardian face to face, seen all Proposed Insured Children face to face, and witnessed the above signature(s):

Photo ID verified Type of ID _____ (REQUIRED)

To the best of your knowledge:

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Do any Proposed Insured Children have an existing life insurance policy or annuity contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is the insurance applied for intended to replace or change any existing life insurance or annuity policy or contract? | <input type="checkbox"/> | <input type="checkbox"/> |
- If the answer to A or B is "Yes", attach completed replacement forms if required by your state.

X _____	_____	_____ / _____	_____
Writing Agent's Signature	Date	Agent's Name (Please Print)	State / License # GPM Life Agent #

RECEIPT FOR PAYMENT

Received from _____ Date _____
the sum of \$ _____. The payment is received subject to the conditions below. This receipt does not provide any insurance.

I certify that I have explained all of the terms of this receipt to the Owner.

Signature of Writing Agent

ALL CHECKS MUST BE MADE PAYABLE TO GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

This receipt is not valid unless it is signed by an agent of GPM Life. This receipt is not valid unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment. Any policy issued by GPM Life or applied for shall not take effect until the full first premium is paid, the policy is delivered to the owner during the lifetime of each Proposed Insured Child, the effective date of the policy has arrived, and all the statements and answers given in the application continue to be true and complete. The Proposed Owner, Parent, and/or Legal Guardian must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.

NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

NOTICE OF INFORMATION PRACTICES AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.

WRITING AGENT: This special notice must be detached and given to the Proposed Owner.

PROPOSED OWNER: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

INFORMATION PRACTICES: In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY • San Antonio, Texas 78265

MEDICAL INFORMATION BUREAU, INC: Information regarding your child's insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your child's file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number (617) 426-3660. Information for consumers about MIB may be obtained on its website at www.mib.com. We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits is submitted.

SERFF Tracking Number: GPML-126706279 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 46453
 Company
 Company Tracking Number: 59Q SEB10
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Secure Estate Builder 2010
 Project Name/Number: Secure Estate Builder 2010/Secure Estate Builder 2010

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Regulation 19-signed.pdf
 Regulation 49-signed.pdf
 Readability Certification.pdf
 Bulletin 15-2009-signed.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Application SEB10 is attached under Form Schedule for approval.

Item Status: **Status Date:**

Satisfied - Item: Specimen with GIO

Comments:

Attachment:

Specimen with GIO.pdf

Item Status: **Status Date:**

Satisfied - Item: Sample SPCB

Comments:

Attachment:

Sample SPCB.pdf

AR certification1

ARKANSAS

SUBJECT -

Individual Life

X

Individual Annuity _____

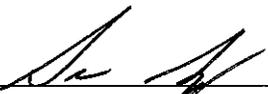
INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59Q SEB10

SEB10

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59Q SEB10
SEB10

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

FLESCH SCORE

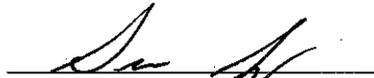
59Q SEB10

60.4

SEB10

57.8

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



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59Q SEB10
SEB10

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 15-2009 and the form complies with these guidelines.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

SCHEDULE PAGE

PLAN	COVERAGE DESCRIPTION	SUM INSURED	POLICY CLASS	ANNUAL PREMIUM*	BENEFIT CEASES
[SEB10	Sum Insured [Payable at Death]	**	100%	\$51.65	2131]
<p>* Premiums are payable to age 100.</p> <p>**Attained Age 0-17 Whole Life Sum Insured: [\$5,000] Attained Age 18-100 Whole Life Sum Insured: [\$10,000] Attained Age 101-121 Whole Life Sum Insured: This amount will be the Attained Age 18-100 Whole Life Sum Insured Amount Increased with interest compounded annually at 3.00%.</p>					
[GIO08	Guaranteed [Insurability Option Rider [Option to purchase \$5,000 Additional Insurance [in the following years 2035, 2038, 2041,2044,2047,2050	\$5,000	100%	\$3.95	2050]]]]

POLICY NUMBER:
[000000001]

POLICY DATE:
[January 1, 2010]

NAME OF INSURED:
[John Doe]

AGE AT ISSUE/SEX:
[0 MALE]

ANNUAL PREMIUM:
[\$55.60]

OWNER:
[John Doe Sr.]

The Owner and beneficiary are as stated in the application unless later changed. If the Owner is erroneously listed above, the application shall control.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - POLICY SUMMARY

Prepared for: [John Doe]
Initial Sum Insured: [\$5,000]
State: [TX]
Basic Annual Premium: [\$51.65]

Policy Number: [000000001]
Policy Date: [January 1, 2010]
Issue Age: [0]
Plan Code: [SEB10]
Risk Class: [100% Standard Non-Tobacco]
Form Number: 59Q SEB10

-----ANNIVERSARY-----					
<u>END OF YEAR</u>	<u>AT AGE</u>	<u>IN YEAR</u>	<u>ANNUAL PREMIUM</u>	<u>GUARANTEED CASH VALUE</u>	<u>DEATH BENEFIT AT START OF YEAR</u>
[1	[1	[2011	[\$ 51.65	[\$ 0	[\$ 5,000
2	2	2012	51.65	0	5,000
3	3	2013	51.65	0	5,000
4	4	2014	51.65	25	5,000
5	5	2015	51.65	50	5,000
6	6	2016	51.65	80	5,000
7	7	2017	51.65	115	5,000
8	8	2018	51.65	145	5,000
9	9	2019	51.65	180	5,000
10	10	2020	51.65	215	5,000
11	11	2021	51.65	255	5,000
12	12	2022	51.65	290	5,000
13	13	2023	51.65	330	5,000
14	14	2024	51.65	370	5,000
15	15	2025	51.65	415	5,000
16	16	2026	51.65	455	5,000
17	17	2027	51.65	500	5,000
18	18	2028	51.65	545	10,000
19	19	2029	51.65	585	10,000
20	20	2030	51.65	630	10,000
65	65	2075	51.65	5,080	10,000
100	100	2110	0	10,000	10,000
121]	121]	2131]	0]	18,603]	18,603]

Continued on back of page

THIS IS AN ILLUSTRATION ONLY. AN ILLUSTRATION IS NOT INTENDED TO PREDICT ACTUAL PERFORMANCE. INTEREST RATES, DIVIDENDS, AND VALUES SET FORTH IN THE ILLUSTRATION ARE NOT GUARANTEED EXCEPT FOR THOSE ITEMS CLEARLY LABELED AS GUARANTEED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - POLICY SUMMARY

	<u>INSURANCE COVERAGE</u>	<u>INSURED</u>	<u>AGE</u>	<u>INITIAL BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	
[SEB10	Secure Estate Builder	John Doe	0	\$5,000	\$51.65]

Life Insurance Interest Adjusted Cost Comparison Indexes per \$1,000 (Assumes that the time value of money is 5% per year):

	<u>Guaranteed</u>	
	<u>10 Year</u>	<u>20 Year</u>
Surrender Cost Comparison Index	[7.07	6.31
Net Payment Cost Comparison Index	10.33	9.73
Equivalent Level Annual Dividend	N/A	N/A]

An explanation of the intended use of these indexes is included in the Life Insurance Buyers Guide.

This summary assumes no policy loans. The fixed policy loan rate for all policy years is 7.40% payable in advance. This is an effective annual loan interest rate of 8.00%.

This statement provides general information about the basic plan identified on Page 1. For similar information about optional riders and benefits of the policy, refer to attached statements. Refer to provisions of the policy for answers to specific questions regarding premiums, benefits and options.

Agent:[John Dogwood
 123 Main Street
 Anytown, TX 12345]
 Phone:[123-456-7890]