

SERFF Tracking Number: PSEN-126548733 State: Arkansas  
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 46517  
 Company Tracking Number: FLA-RDUL-10  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Rapid Decision Universal Life  
 Project Name/Number: /

## Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: Rapid Decision Universal Life SERFF Tr Num: PSEN-126548733 State: Arkansas  
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 46517  
 Adjustable Life Closed  
 Sub-TOI: L09I.001 Single Life Co Tr Num: FLA-RDUL-10 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Barbara Ritzke, Deb Disposition Date: 08/20/2010  
 However, Gary Newman  
 Date Submitted: 08/17/2010 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 08/20/2010 Explanation for Other Group Market Type:  
 State Status Changed: 08/20/2010  
 Deemer Date: Created By: Deb Howver  
 Submitted By: Deb Howver Corresponding Filing Tracking Number:

Filing Description:  
 This filing consists of a rapid decision universal life policy form, the application used to issue the policy and two optional riders that may be used with the UL policy form. The product name is Rapid Decision Universal Life. All of the forms that make up this filing are new and not intended to replace any forms that are currently on file with the department.

Form 5600, is a flexible premium adjustable universal life insurance policy which offers coverage to maturity at attained age 121. "Age" is defined as the insured's age nearest birthday as of the policy date (for "issue age") and policy

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anniversary (for "attained age"). Beyond maturity, coverage can be extended under the Continuation of Coverage provision. If this provision is elected, the death benefit option is converted to Type 1 (level death benefit), no more premiums are payable, any riders still in force are terminated, no monthly deductions for policy charges or cost of insurance are made, and the death benefit will at least equal the surrender value. All other provisions of the policy continue to apply, including payment of interest on the Account Value. At maturity or beyond, the then current surrender value of the policy is payable upon surrender.

Issue Ages and Face Amounts: Issue ages may be offered from ages 0 thru 90, subject to reinsurance and market requirements. Minimum and maximum face amounts will be subject to reinsurance and company market requirements. Minimum face amounts after issue due to a change in face amount or partial withdrawal will be fixed at issue and may have lower minimums than those for new issues.

Account Value: The Account Value is a monthly accumulation of premiums paid less premium loads, plus interest, less monthly deductions of the policy charges, cost of insurance charges (for base coverage and any riders), withdrawals, withdrawal charges, and fees for various optional transactions (e.g., policy loans or inforce illustrations beyond one per year).

Death Benefits: The death benefit is determined on each Monthly Processing Date. Two death benefit options are available. Under Death Benefit Option 1, the death benefit equals the face amount, but not less than the Minimum Death Benefit. Under Death Benefit Option 2, the death benefit equals the face amount plus the current Account Value, but not less than the Minimum Death Benefit. The Minimum Death Benefit equals the Account Value multiplied by the appropriate Minimum Death Benefit Factor as shown in the policy schedule. The Minimum Death Benefit Factors are set to comply with the Cash Value Accumulation Test under Section 7702 of the Internal Revenue Code (CVAT).

Surrender Value: The Surrender Value equals the Account Value less a Surrender Charge during the first 19 policy years. The table of Surrender Charges are shown in an attached Appendix. The policy may be surrendered at any time for the Net Surrender Value which is equal to the Surrender Value less any unpaid policy loan balance.

Form 1231, is the application form that will be used with the new UL policy form.

Form 3022, is an optional rider that provides benefits for the Eligible Dependent Children of the base plan insured. Eligible Dependent Children of the insured are between the ages of 15 days and 25 years old while this rider is in force and who also meet the other eligibility requirements defined in the contract. The rider provides level death benefit term insurance on the Eligible Dependent Children to the earlier of each Eligible Dependent Child's 25th birthday, or to the expiry of this rider if sooner. Term insurance benefits become paid-up upon the death of the base plan insured. Cash values are provided for these paid-up benefits. The rider also provides a conversion option for each eligible child to a

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permanent plan offered by the company for conversion. The conversion amount is up to five times the term insurance amount. The conversion option can be for up to 10 times the term insurance amount if the child is gainfully employed as defined in the rider. The conversion must occur within 30 days of the earlier of each child's 25th birthday, or the expiry of this rider, if sooner.

Coverage is provided in exchange for the deduction of level guaranteed monthly cost of insurance charges payable while this rider is in force. A single monthly cost of insurance charge covers all Eligible Dependent Children. Issue ages are (base insured ages) 18 to 60 and benefits expire at the insured's attained age 65 anniversary. Current face amounts offered are between \$5,000 and \$25,000, but may be higher or lower due to marketing and any reinsurance considerations.

Form 3030, is an optional rider that provides an accidental death benefit on the insured covered under the base universal life policy while this rider is in force. The rider pays an accidental death benefit if the insured dies as a result of an accident. The accidental death benefit will decrease by 50% on the insured's age 70 anniversary.

This rider provides additional guaranteed coverage in addition to the basic accidental death benefit. The rider pays an additional Auto Safety Benefit (currently equal to 10% of the base accidental death benefit) if an insured dies due to an accident while operating or riding as a passenger in a private passenger automobile. The rider pays an additional Travel Benefit (currently equal to 100% of the base accidental death benefit) if the death was the result of an injury received while the insured was a passenger or in public conveyance and if that conveyance was being operated by a common carrier to transport passengers for hire.

Accidental death is defined in the contract as death resulting independently from accidental bodily injury where death occurs within 90 days after the injury. Deaths as a result of suicide, war, military service, aviation, natural causes, illegal drug use, driving while intoxicated, speed contest, or committing a felony are excluded. Detailed definitions of these exclusions are provided in the contract.

Coverage is provided in exchange for the deduction of a level guaranteed monthly cost of insurance charge payable while this rider is in force.

This rider is available at issue ages 20 thru 65 and benefits expire at the insured's attained age 80 anniversary. The current minimum accidental death benefit is the lesser of \$25,000 or the face amount of the base coverage. The current maximum accidental death benefit is the lesser of \$250,000 or the face amount of the base universal life policy. Higher or lower amounts may be offered due to marketing and any reinsurance considerations.

## Company and Contact

### Filing Contact Information

Debbie Howver,

deb@myactuary.com

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 Adjustable Life  
 Product Name: Rapid Decision Universal Life

Project Name/Number: /  
 35W841 Burr Oak Lane 224-402-2156 [Phone]  
 West Dundee, IL 60118 847-551-1795 [FAX]

**Filing Company Information**

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

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois  
 1211 West 22nd Street Suite 209 Oak Brook, IL 60523  
 (630) 533-0392 ext. [Phone]  
 Group Code: Company Type:  
 Group Name: State ID Number:  
 FEIN Number: 36-1068685

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? Yes  
 Fee Explanation: \$50/form x 4 = \$200.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$200.00	08/17/2010	38819041

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/20/2010	08/20/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/19/2010	08/19/2010	Deb Howver	08/19/2010	08/19/2010

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## Disposition

Disposition Date: 08/20/2010

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification of Compliance with Bulletin 11-83		Yes
Supporting Document	Actuarial Support - Bulletin 11-83		Yes
Form	RDUL Policy		Yes
Form	Application		Yes
Form	Dependent Child Rider		Yes
Form	Accidental Death Benefit Rider		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/19/2010  
Submitted Date 08/19/2010  
Respond By Date 09/20/2010

Dear Debbie Howver,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/19/2010  
Submitted Date 08/19/2010

Dear Linda Bird,

### Comments:

Thank you for your letter dated August 19, 2010.

### Response 1

Comments: Please accept this as assurance that the company is in compliance with Regulation 34 and Bulletin 11-83. We have attached additional actuarial supporting documentation and a certification signed by an officer of the company.

### Related Objection 1

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your attention to our submission.

Sincerely,

Barbara Ritzke, Deb Howver, Gary Newman

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## Form Schedule

### Lead Form Number: F5600

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	F5600	Policy/Cont RDUL Policy ract/Fratern al Certificate	Initial		46.900	FLA_RDUL_F 5600_100405 _final.pdf
	F1231	Application/ Enrollment Form	Initial		44.300	FLA_RDUL_F 1231_Applicat ion_Std John Doe_100402_ Final.pdf
	F3022	Policy/Cont Dependent Child ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.100	FLA_RDUL_F 3022_Depend ent Child Rider_100402 _Final.pdf
	F3030	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.400	FLA_RDUL_F 3030_ Individual ADB Rider_100407 _final.pdf

# **FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY**

## **This is a Non-Participating Policy**

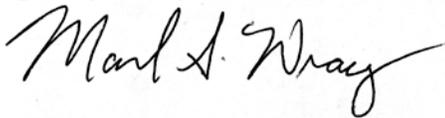
Fidelity Life Association will pay the Death Benefit of this Policy if the Insured dies while the Policy is in force. The death benefit will be paid to the Beneficiary when due proof of the Insured's death is received at Our Home Office. The Company will also require the completion of its claims forms. We have issued this Policy in consideration of the application and the payment of premium. All benefits are subject to the terms and conditions of this Policy.

For service or information on this Policy, contact the agent who sold the Policy or Our Home Office.

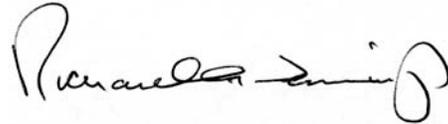
**Right to Examine Policy:** We want you to be satisfied with your Policy. The Policyowner may, within **30** days after it is delivered, return the Policy to Our Home Office or to the agent who sold the Policy and receive a full refund of any premiums that have been paid. Once returned, the Policy will be void from its beginning.

**Read this Policy carefully.** This Policy is a legal contract between the Policyowner and Us. The entire contract consists of this Policy, and any attached riders or endorsements, schedules, the attached written application, and any attached supplemental written applications.

Issued and signed by Fidelity Life Association at its Home Office.



*Secretary*



*President*

## **Flexible Premium Adjustable Universal Life Insurance** **The Policy provides:**

- **Death benefit to the Maturity Date shown on page 3.**
- **Flexible premiums are payable until the Maturity Date shown on page 3.**
- **This Policy is not eligible for annual dividends.**

Fidelity Life Association, A Legal Reserve Life Insurance Company  
[1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523]  
[Tel 800.369.3990 Or Fax 866.375.8175]

**Address for correspondence**  
Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60522-9269]

To file a claim or to ask a question you may contact the agent who sold you this Policy or you may contact Our Policyowner Service department at the address or numbers given above or on the Web at:

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

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Any Riders, Endorsements, and a copy of the application for the Policy and for any riders, follow Page 11.

## POLICY SCHEDULE

<b>Policy Number:</b> [123456789]	<b>Face Amount:</b> [\$100,000]
<b>Insured:</b> [John Franklin Butterfield]	<b>Gender and Age:</b> [Male 35]
<b>Policyowner:</b> [John Franklin Butterfield]	<b>Policy Date:</b> [September 12, 2010]
<b>Issue Date:</b> [September 10, 2010]	<b>Maturity Date:</b> [September 12, 2096]

**Policy Description:** Flexible Premium Adjustable Universal Life Insurance

**Beneficiary:** As stated in the application or as subsequently changed.

**Minimum Premium:** [\$60.56 per month]

**Minimum Premium Period:** [240 months]

**Premium Class:** [Select Non-Nicotine]

### Coverage Information

Benefit Description	Rating Factor	Coverage Amount	Maturity or Expiry Date	Monthly Cost of Insurance Rate
Flexible Premium Adjustable Universal Life	[100% *]	[\$100,000]	[September 12, 2096]	See Page 3C
[Dependent Child Rider	100%	\$20,000	September 12, 2040	See Rider Schedule]
[Accidental Death Benefit Rider	100%	\$100,000	September 12, 2055	See Rider Schedule]

[(\*) Cost of insurance rates equal [150% for 5 years] [plus \$0.50 extra per \$1,000 for 3 years] of the rates shown on page 3C]

**IT IS POSSIBLE THAT COVERAGE WILL EXPIRE PRIOR TO THE MATURITY DATE SHOWN, WHERE EITHER NO PREMIUMS ARE PAID FOLLOWING THE INITIAL PREMIUM, OR SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE TO SUCH DATE.**

### Death Benefit Factors

Death Benefit Option: [Option 1 – Level Death Benefit]

Minimum Death Benefit Factors: See Table of Minimum Death Benefit Factors

Minimum Face Amount After Change: [\$50,000]

Minimum Face Amount Change: [\$5,000]

### Annual Interest Rates

Guaranteed Minimum Interest Rate: [2.50% (credited monthly in arrears)]

Guaranteed Policy Loan Interest Rate: [8.00% (charged monthly in arrears)]

Reinstatement Interest Rate: [6.00% (payable upon reinstatement)]

## **POLICY SCHEDULE (continued)**

### **Guaranteed Maximum Expense and Transaction Fees**

Premium Charge:	[10.00% of each premium paid]
Monthly Policy Charge:	[\$5.00 each month]
Per \$1,000 of Face Amount Charge:	[\$0.10 per \$1,000 of Face Amount per month]
Withdrawal Transaction Fee:	[\$25.00 for first policy withdrawal in any policy year] [\$50.00 for subsequent policy withdrawals in any policy year]
Policy Loan Transaction Fee:	No charge for first policy loan in any policy year [\$25.00 for subsequent policy loans in any policy year]
Inforce Requested Illustration Fee:	No charge for first requested illustration in any policy year [\$25.00 for subsequent requested illustrations in any policy year]

### **Policy Loan and Partial Withdrawal Limits**

Minimum Policy Loan:	[\$100]
Minimum Policy Loan Repayment:	[\$100]
Maximum Policy Loan Amount:	See Policy Loan Provision
Maximum Number of Loans Per Year:	[12]
Minimum Partial Withdrawal Amount:	[\$100]
Maximum Partial Withdrawal Amount:	See Partial Withdrawal Provision
Maximum Number of Partial Withdrawals Per Year:	[12]

### **Basis of Values**

Minimum required cash values and net single premiums for Reduced Paid-Up Insurance benefits are determined using [2001 CSO ultimate, age nearest birthday, sex distinct, smoker distinct, mortality table] and a [2.50%] annual nonforfeiture interest rate.

**POLICY SCHEDULE (continued)**

**Table of Surrender Charges**

<u>Year</u>	<u>Surrender Charge</u>	<u>Year</u>	<u>Surrender Charge</u>
1	[\$ 2,164.00 ]	11	[\$ 1,948.00 ]
2	[\$ 2,164.00 ]	12	[\$ 1,731.00 ]
3	[\$ 2,164.00 ]	13	[\$ 1,515.00 ]
4	[\$ 2,164.00 ]	14	[\$ 1,298.00 ]
5	[\$ 2,164.00 ]	15	[\$ 1,082.00 ]
6	[\$ 2,164.00 ]	16	[\$ 866.00 ]
7	[\$ 2,164.00 ]	17	[\$ 649.00 ]
8	[\$ 2,164.00 ]	18	[\$ 433.00 ]
9	[\$ 2,164.00 ]	19	[\$ 216.00 ]
10	[\$ 2,164.00 ]	20+	[\$ - ]

**POLICY SCHEDULE (continued)**  
**TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES**

Attained Age	Male Non-Nicotine	Male Nicotine	Female Non-Nicotine	Female Nicotine	Attained Age	Male Non-Nicotine	Male Nicotine	Female Non-Nicotine	Female Nicotine
18	0.07667	0.09251	0.03500	0.04167	70	2.01237	3.16750	1.40363	2.49119
19	0.07834	0.10084	0.03750	0.04500	71	2.20987	3.40992	1.53736	2.70982
20	0.07917	0.10584	0.03750	0.04834	72	2.46942	3.73977	1.68701	2.95118
21	0.07917	0.11085	0.03833	0.05084	73	2.74334	4.07151	1.84925	3.21111
22	0.07917	0.11668	0.04000	0.05417	74	3.03166	4.40683	2.02744	3.49635
23	0.08001	0.12168	0.04000	0.05584	75	3.34700	4.79707	2.22494	3.78343
24	0.08084	0.12835	0.04167	0.06000	76	3.69107	5.21287	2.44178	4.09671
25	0.08167	0.13585	0.04167	0.06417	77	4.09083	5.69390	2.68050	4.43374
26	0.08501	0.14252	0.04417	0.06750	78	4.55818	6.25049	2.94448	4.79707
27	0.08917	0.15086	0.04750	0.07251	79	5.09836	6.88457	3.22956	5.19013
28	0.08751	0.15169	0.04834	0.07667	80	5.68800	7.56260	3.54838	5.61384
29	0.08584	0.15086	0.05167	0.08251	81	6.36020	8.32286	3.98162	6.21084
30	0.08501	0.15002	0.05334	0.08584	82	7.06118	9.09107	4.47073	6.86007
31	0.08417	0.15002	0.05667	0.09334	83	7.81815	9.89784	4.95863	7.49323
32	0.08417	0.15169	0.06000	0.09918	84	8.65764	10.77656	5.49840	8.17462
33	0.08667	0.15586	0.06334	0.10668	85	9.59706	11.81206	6.10707	8.86201
34	0.08834	0.16169	0.06834	0.11585	86	10.64036	12.94801	6.65989	9.43570
35	0.09084	0.16669	0.07417	0.12752	87	11.78220	14.17221	7.49323	10.34679
36	0.09584	0.17586	0.07917	0.13752	88	13.00872	15.46210	8.36523	11.25783
37	0.10001	0.18587	0.08584	0.14919	89	14.30594	16.80008	9.29646	12.17563
38	0.10751	0.20004	0.08917	0.15669	90	15.66322	18.16837	10.15628	12.91894
39	0.11418	0.21421	0.09418	0.16669	91	16.94312	19.40523	10.59184	13.08056
40	0.12168	0.23089	0.10001	0.17670	92	18.28068	20.67027	11.44961	13.74126
41	0.13168	0.25256	0.10584	0.18837	93	19.69542	21.98111	12.72489	14.80774
42	0.14419	0.27758	0.11251	0.20254	94	21.19403	23.34419	14.33938	16.17152
43	0.15836	0.30759	0.12085	0.21921	95	22.77289	24.85705	16.33935	18.24094
44	0.17503	0.34345	0.13085	0.23839	96	24.22200	26.19622	18.24612	20.14012
45	0.19420	0.38098	0.14252	0.26090	97	25.77166	27.61193	20.21644	22.05510
46	0.21255	0.41601	0.15586	0.28592	98	27.43069	29.11098	20.55482	22.14738
47	0.23255	0.45521	0.17253	0.31760	99	29.20718	30.69938	21.68875	23.08506
48	0.24423	0.47689	0.19087	0.35679	100	31.11386	32.38239	23.49431	24.70128
49	0.25757	0.50192	0.21088	0.40099	101	32.63203	33.66029	25.42630	26.43322
50	0.27674	0.53779	0.23422	0.44937	102	34.25451	35.01097	27.58993	28.34637
51	0.29926	0.58034	0.26007	0.50192	103	35.98673	36.43322	29.95805	30.40644
52	0.33011	0.63874	0.28925	0.55948	104	37.83604	37.93389	32.57783	32.64981
53	0.36347	0.70466	0.32094	0.62038	105	39.78296	39.87487	35.42535	35.49326
54	0.40600	0.78729	0.35429	0.68714	106	41.86111	41.94705	38.36050	38.42340
55	0.45854	0.88078	0.39015	0.75724	107	44.07929	44.16014	41.38462	41.44337
56	0.51193	0.97595	0.43185	0.83236	108	46.44744	46.52136	44.44460	44.49915
57	0.56949	1.07699	0.47523	0.91250	109	48.97489	49.04367	47.65064	47.70095
58	0.61872	1.15634	0.52194	0.99015	110	51.67124	51.73391	50.95006	50.99608
59	0.67546	1.24822	0.56866	1.07616	111	54.55012	54.60665	54.14066	54.18326
60	0.74389	1.35935	0.61705	1.16552	112	57.62282	57.67409	57.25382	57.29201
61	0.82735	1.49724	0.66961	1.25825	113	60.90571	60.94980	60.10438	60.13810
62	0.92920	1.66360	0.72720	1.36269	114	64.41012	64.44883	64.14865	64.17791
63	1.04359	1.84841	0.78645	1.46715	115	68.15449	68.18682	67.93870	67.96341
64	1.16385	2.03748	0.85072	1.57748	116	72.15515	72.18101	71.89944	71.91859
65	1.29083	2.22410	0.92168	1.69788	117	76.43109	76.45137	76.27566	76.29014
66	1.41951	2.40410	1.00017	1.82583	118	81.00512	81.01778	80.34528	80.35500
67	1.54990	2.57913	1.08618	1.96971	119	85.89620	85.90308	84.51146	84.51636
68	1.69035	2.76345	1.18223	2.12785	120	90.90909	90.90909	90.90909	90.90909
69	1.83586	2.94615	1.28749	2.29944					

Monthly Cost of Insurance Rates per \$1,000 Net Amount At Risk, which are based on the [2001 CSO ultimate, age nearest birthday, sex distinct, smoker distinct, mortality table], are adjusted by Rating Factor shown on page 3. See page 3 for your premium class.

**POLICY SCHEDULE (continued)**  
**[TABLE OF MINIMUM DEATH BENEFIT FACTORS]**

Attained Age	Male Non-Nicotine	Male Nicotine	Female Non-Nicotine	Female Nicotine	Attained Age	Male Non-Nicotine	Male Nicotine	Female Non-Nicotine	Female Nicotine
18	8.85	7.11	10.31	8.20	70	1.67	1.55	1.86	1.66
19	8.56	6.88	9.95	7.91	71	1.63	1.52	1.82	1.62
20	8.29	6.66	9.61	7.63	72	1.60	1.49	1.77	1.59
21	8.03	6.45	9.27	7.37	73	1.56	1.47	1.73	1.56
22	7.77	6.25	8.95	7.11	74	1.53	1.44	1.69	1.53
23	7.51	6.05	8.63	6.86	75	1.49	1.41	1.65	1.50
24	7.27	5.86	8.33	6.62	76	1.46	1.39	1.61	1.47
25	7.03	5.67	8.04	6.39	77	1.43	1.37	1.57	1.45
26	6.80	5.50	7.76	6.17	78	1.40	1.34	1.54	1.42
27	6.57	5.32	7.48	5.96	79	1.38	1.32	1.51	1.40
28	6.36	5.16	7.22	5.75	80	1.35	1.30	1.48	1.38
29	6.15	5.00	6.97	5.56	81	1.33	1.29	1.45	1.36
30	5.94	4.84	6.72	5.36	82	1.31	1.27	1.42	1.34
31	5.74	4.68	6.49	5.18	83	1.29	1.25	1.39	1.32
32	5.54	4.53	6.26	5.00	84	1.27	1.24	1.37	1.30
33	5.35	4.38	6.04	4.83	85	1.25	1.22	1.34	1.28
34	5.17	4.24	5.83	4.67	86	1.24	1.21	1.32	1.27
35	4.99	4.10	5.63	4.51	87	1.22	1.20	1.30	1.26
36	4.82	3.97	5.43	4.36	88	1.21	1.19	1.28	1.24
37	4.66	3.84	5.25	4.22	89	1.19	1.18	1.26	1.23
38	4.50	3.71	5.07	4.08	90	1.18	1.17	1.25	1.22
39	4.34	3.59	4.89	3.94	91	1.17	1.16	1.23	1.21
40	4.19	3.48	4.72	3.81	92	1.16	1.15	1.22	1.20
41	4.05	3.36	4.56	3.69	93	1.15	1.14	1.20	1.19
42	3.91	3.26	4.40	3.56	94	1.15	1.14	1.19	1.17
43	3.78	3.15	4.25	3.45	95	1.14	1.13	1.17	1.16
44	3.65	3.06	4.11	3.34	96	1.13	1.12	1.16	1.15
45	3.53	2.96	3.97	3.23	97	1.13	1.12	1.15	1.15
46	3.41	2.87	3.84	3.12	98	1.12	1.11	1.15	1.14
47	3.30	2.79	3.71	3.03	99	1.11	1.11	1.14	1.14
48	3.20	2.71	3.58	2.93	100	1.11	1.11	1.13	1.13
49	3.09	2.63	3.46	2.84	101	1.10	1.10	1.12	1.12
50	2.99	2.55	3.35	2.75	102	1.10	1.10	1.12	1.11
51	2.89	2.47	3.24	2.67	103	1.10	1.10	1.11	1.11
52	2.80	2.40	3.14	2.59	104	1.09	1.09	1.10	1.10
53	2.71	2.33	3.04	2.52	105	1.09	1.09	1.09	1.09
54	2.63	2.27	2.95	2.45	106	1.08	1.08	1.09	1.09
55	2.54	2.20	2.85	2.38	107	1.08	1.08	1.08	1.08
56	2.47	2.15	2.77	2.32	108	1.08	1.08	1.08	1.08
57	2.39	2.09	2.68	2.26	109	1.07	1.07	1.08	1.08
58	2.32	2.04	2.60	2.20	110	1.07	1.07	1.07	1.07
59	2.25	1.98	2.53	2.14	111	1.07	1.07	1.07	1.07
60	2.19	1.93	2.46	2.09	112	1.06	1.06	1.07	1.07
61	2.12	1.89	2.39	2.04	113	1.06	1.06	1.06	1.06
62	2.06	1.84	2.32	1.99	114	1.06	1.06	1.06	1.06
63	2.01	1.80	2.25	1.94	115	1.06	1.06	1.06	1.06
64	1.95	1.76	2.19	1.90	116	1.05	1.05	1.05	1.05
65	1.90	1.72	2.13	1.85	117	1.05	1.05	1.05	1.05
66	1.85	1.69	2.07	1.81	118	1.05	1.05	1.05	1.05
67	1.80	1.65	2.02	1.77	119	1.05	1.05	1.05	1.05
68	1.76	1.62	1.96	1.73	120	1.04	1.05	1.05	1.04
69	1.72	1.58	1.91	1.69					

Minimum Death Benefit Factors are applied to your Account Value to determine your minimum death benefit. See the Minimum Death Benefit provision. See page 3 for your premium class.]

## ACCIDENTAL DEATH BENEFIT RIDER SCHEDULE

**Policy Number:** [123456789] **Effective Date:** [September 12, 2010]

**Insured:** [John Franklin Butterfield] **Expiry Date:** [September 12, 2055]

**Basic Initial Benefit\*:** [\$100,000] **Premium Class:** [Select Non-Nicotine]

**Auto Safety Benefit:** [\$10,000]

**Travel Benefit:** [\$100,000]

**Monthly Cost of Insurance Charge:** [\$0.09] per \$1,000 of Basic Benefit

The Monthly Cost of Insurance rates per \$1,000 face amount are adjusted by Rating Factor shown on page 3.

\*On the Policy Anniversary following the Primary Insured's 70<sup>th</sup> Birthday, the Basic Initial Benefit will decrease by 50%.

## DEPENDENT CHILD RIDER SCHEDULE

**Policy Number:** [123456789] **Effective Date:** [September 12, 2010]

**Insured:** [John Franklin Butterfield] **Expiry Date:** [September 12, 2040]

**Death Benefit:** [\$20,000] **Premium Class:** [Select Non-Nicotine]

**Monthly Cost of Insurance Charge:** [\$0.70] per \$1,000 of Death Benefit

**Insured Child:** As defined in the **Dependent Child** section of the rider.

The Monthly Cost of Insurance rates per \$1,000 face amount are adjusted by Rating Factor shown on page 3.

**DEFINITIONS**

**We, Our, the Company or Us** refers to Fidelity Life Association, a Legal Reserve Life Insurance Company.

**You or Your** refers to the Policyowner of this Policy. The Policyowner may be someone other than the Insured.

**Account Value** is the sum of net premiums paid plus credited interest; minus any partial withdrawals; and minus the monthly deductions as explained in the Account Value provision of the Policy. The Account Value is used to determine the Surrender Value of the Policy.

**Age** means the Insured's age on the birthday nearest a Policy Anniversary.

**Issue Age** means the Age of the Insured on the Policy Date as shown in the Policy Schedule

**Attained Age** means the Age of the insured on the most recent Policy Anniversary.

**Minimum Death Benefit** is the minimum amount of insurance necessary for this Policy to qualify as a life insurance contract under applicable Internal Revenue Code at the time this Policy is issued. The Minimum Death Benefit is explained in the Minimum Death Benefit provision.

**Monthly Processing Date** is the date each month on which the monthly deductions from the Account Value are deducted. The first Monthly Processing Date will be the Policy Date. Subsequent Monthly Processing Dates will be the same day of the month as the Policy Date each month thereafter. If the Policy Date is the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> day of the month, the Monthly Processing Date will be the earlier of that day or the last day of the calendar month.

**Net Account Value** is the amount of the Account Value minus any Policy Loan Balance.

**Net Premium** is the premium amount paid minus the premium charges, if any, shown on the Policy Schedule.

**Partial Withdrawal** is the withdrawal of a portion of your Net Surrender Value from the Policy. The partial withdrawal may reduce the amount of Death Benefit in force.

**Policy Loan** is an amount you borrow from your Policy. Policy Loans are explained in the Policy Loan section.

**Policy Loan Balance** is the sum of Policy Loan amounts you have borrowed from your Policy, increased by any unpaid Policy Loan Interest and reduced by any Policy Loan Repayments.

**Planned Premium** is the premium amount that you specify on the application as the amount you intend to pay at fixed intervals over a specified period of time. The Planned Premium is described in the Planned Premium provision of this Policy.

**Minimum Premium** is the smallest cumulative premium that must be paid in order to guarantee that the Policy remains in force during the Minimum Premium Period. The Minimum Premium is shown in the Policy Schedule. The Minimum Premium is explained in the Minimum Premium provision.

**Minimum Premium Period** is the number of months that the Minimum Premium provision applies. The Minimum Premium Period is shown in the Policy Schedule. The Minimum Premium Period is explained in the Minimum Premium provision.

**Insured** is the person whose life is insured under this Policy. The Insured is shown in the Policy Schedule.

**Beneficiary** is the person, persons or entity designated to receive the Death Benefit of this Policy.

Any Beneficiary may be named an Irrevocable Beneficiary. An irrevocable Beneficiary is one whose consent is needed to change that Beneficiary. Also, an Irrevocable Beneficiary must consent to the exercise of certain rights under the Policy. See Policyowner's Rights for exceptions.

**Policy Date** is the date which 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 in the Policy Schedule.

**Policy Anniversary** is the month and day each year after the Policy Date with the same month and day as the Policy Date. If the Policy Date is the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> day of the month, the Policy Anniversary will be the earlier of that day or the last day of the calendar month.

**Policy Month** is the period from one Monthly Processing Date to the next Monthly Processing Date. A Policy Month does not include the Monthly Processing Date at the end of the Policy Month.

**Policy Year** is the period from the Policy Date to the first Policy Anniversary or from one Policy Anniversary to the next. A Policy Year does not include the Policy Anniversary at the end of the Policy year.

**Death Benefit** is the amount payable to the Beneficiary. The Death Benefit calculations are explained in the Death Benefit section.

**Face Amount** is the amount on which Death Benefits are based. The Face Amount is shown on the Policy Schedule.

**Policyowner** is the person who owns this Policy, as shown in Our records. The Policyowner may be someone other than the Insured.

**Issue Date** is used to determine the start of the Suicide and Contestability periods. The Issue Date is shown on the Policy Schedule.

**Lapse** means the Policy is not in force because either the Surrender Value is insufficient to pay the monthly deductions and the Minimum Premium Period does not apply, or the Policy Loan Balance exceeds the Surrender Value.

**Surrender Charge** is the amount, if any, deducted from the Account Value to determine the Surrender Value. The Table of Surrender Charges is shown in the Policy Schedule.

**Surrender Value** is the cash value of the Policy as explained in the Surrender Value provision of the Policy.

**Net Surrender Value** is the Surrender Value of this Policy less any Policy Loan Balance.

## POLICY PROVISIONS

### Entire Contract

This Policy is a legal contract between the Policyowner and Us. The entire contract consists of this Policy, and any attached riders or endorsements, schedules, the attached application, applications for modifications in the Policy and any attached supplemental applications. We have issued this Policy in return for the application and the payment of premiums. All statements made by or for the Insured in the application are in the absence of fraud, considered to be representations and not warranties. We can contest the validity of this Policy for any material misrepresentation of a fact. To do so however, the misrepresentation must have been made in the application and a copy of the application must have been attached to this Policy when issued. Any change or waiver of its terms must be in writing and signed by Our President, Vice President, Secretary or an Assistant Secretary and endorsed on this Policy to be effective.

### Contestability

Except for failure to pay premiums, We will not contest the validity of this Policy after it has been in force for two years from its Issue Date, or after it has been in force for two years from the last Reinstatement Date, if any.

Except for failure to pay premiums, We will not contest the validity of any increase or addition in benefits after it has been in force for two years from the effective date of such increase, or after it has been in force for two years from the last Reinstatement Date, if any. Contestability of any such increase or addition in benefits that is beyond the contestability date of this Policy will be limited to the amount of the increase or addition in benefits. Contestability of any increase or addition in benefits shall be based solely on any application used to effect such increase.

### Misstatement of Age or Gender

If the Insured's age or gender has been misstated, the Death Benefit will be adjusted whether or not the Contestable Period has ended. The Death Benefit will equal Your Account Value plus an adjusted Net Amount at Risk on the last Monthly Processing Date prior to the death of the Insured. The adjusted Net Amount at Risk will equal the amount that would have been purchased by the Monthly Cost of Insurance charge deducted at the Monthly Cost of Insurance Rate for the Insured's correct age and gender.

### Suicide Exclusion

If the Insured commits suicide, while sane or insane, within two years from the Issue Date, and while this Policy is in force, the Death Benefit will be limited to the amount of premiums paid for this Policy.

If the Insured commits suicide, while sane or insane, within two years from the effective date of any increase or addition in benefits, and while this Policy is in force, the Death Benefit for the increase or addition in benefits will be limited to the Cost of Insurance charges and any other applicable charges deducted for such increase or addition.

**Policyowner's Rights**

While the Insured is living, the Policyowner may exercise all rights given by this Policy or allowed by Us. These rights include assigning this Policy, changing Beneficiaries, changing ownership, enjoying all Policy benefits and exercising all Policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any Policy right except the right to:

- a. Change the frequency of premium payments, or;
- b. Reinstate this Policy after lapse.

**Assignment**

You may assign this Policy. For any assignment to be binding on Us, We must receive the original Assignment, or a signed certified copy at Our Home Office and it must be recorded by Us. Once We receive the original Assignment, or a signed certified copy, the rights of the Policyowner and the interest of any Beneficiary or any other person will be subject to the assignment. We will not be responsible for the validity of any assignment. We are not liable for any payment made by Us before We record the assignment.

**Change of Policyowner or Beneficiary**

The Policyowner or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, a written request, satisfactory to Us, must be received at Our Home Office. The change will take effect as of the date the request is signed, even if the Insured dies before We receive it. Each change will be subject to any payment We made or other action We took before receiving the request.

**Death of Beneficiary in Common Disaster**

If any Beneficiary dies with the Insured in a common disaster, death benefits will be paid as if the Beneficiary predeceased the Insured.

**Requested Changes in Benefits**

You may request an increase or decrease to the Face Amount or other benefit of this Policy. You may request to change the Death Benefit Option. Any increase in Face Amount, Death Benefit Option Change from Option 1 to Option 2, or addition of other benefits are subject to Our underwriting guidelines in effect at the time the change request is made, unless provided otherwise by a Rider issued by Us. No decrease in Face Amount is allowed during the first Policy Year. Increases or decreases in Face Amount may not be for an amount less than the Minimum Face Amount Change shown in the Policy Schedule. No decrease in Face Amount is allowed that will reduce the Face Amount below the Minimum Face Amount After Change shown in the Policy Schedule. No Decrease in Face Amount will be allowed that will reduce the Face Amount below the Minimum Death Benefit. Any change in Face Amount may result in a change in the Surrender Charges, Minimum Premium, and Minimum Premium Period shown in the Policy Schedule per Our rules at the time of the change.

The effective date of the change will be the Monthly Processing Date immediately following the date Your written application or request is approved by Us. After any change to the Face Amount or Face Amount Option, or other change in benefits, you will receive an amended Policy Schedule reflecting the change.

**Qualification as Life Insurance Under Internal Revenue Code**

This policy is designed to qualify as a life insurance contract under the Internal Revenue Code. All terms and provisions of the policy shall be interpreted in a manner consistent with that design. The base death benefit in force at any time shall not be less than the amount of insurance necessary to achieve such qualification under the applicable provisions of the Internal Revenue Code in existence at the time the policy is issued. We reserve the right to amend the policy or adjust the amount of insurance when required to maintain this tax qualification. We will send you a copy of any policy amendment.

**Reports and Illustrations**

We will send you at least once each year, a report that shows the current Account Value, net cash surrender value and premiums paid since the last report. The report will include any other information that may be currently required in the state or other jurisdiction where this Policy is delivered.

Upon written request We will send you a hypothetical illustration of future death benefits and Account Values. This illustration will include the information as required by the laws or regulations where this Policy is delivered. If you request more than one illustration during a Policy year, We reserve the right to charge a reasonable fee for each additional illustration. The maximum amount of this fee is shown in the Policy Schedule.

## PREMIUM PAYMENTS

### Planned Premiums

The Planned Premium may be paid while this Policy is in force prior to the Maturity Date shown in the Policy Schedule. Your initial Planned Premium is the amount you elected in your application. You may increase or decrease the amount of the Planned Premium, subject to limits We may set under the Premium Limitation provision. Under conditions provided in the Grace Period provision, you may be required to make premium payments to keep the Policy in force.

### Unplanned Premiums

You may make Unplanned Premium payments at any time the Policy is in force prior to the Maturity Date shown in the Policy Schedule, subject to the Premium Limitation provision.

### Premium Limitation

We will refuse or return any premium that causes your Policy not to qualify as a life insurance policy under Internal Revenue Code. We reserve the right to limit or return Unplanned Premiums or increases to the Planned Premiums that would cause the death benefit to increase due to the Minimum Death Benefit provision. No premium may be paid after the death of the insured. No premium may be paid after the Maturity Date shown in the Policy Schedule,

### Net Premium

Net premium equals the premium paid minus any premium charge. Each time We receive a premium We determine the premium charge by multiplying the applicable premium charge percentage shown in the Policy Schedule times the premium received.

### Minimum Premium

This Policy will not Lapse during the Minimum Premium Period, except when the Policy Loan Balance exceeds the Surrender Value, so long as the premiums paid to date, minus any partial withdrawals made to date, equal or exceed the accumulated Minimum Premium. The accumulated Minimum Premium equals the Minimum Premium multiplied by the number of Policy Months from the Policy Date up to and including the current Policy Month. The Minimum Premium and Minimum Premium Period are shown in the Policy Schedule.

The Minimum Premium Period also ends when any Minimum Premium due remains unpaid for 90 days, except as may be provided under the Reinstatement provision. Notice of the amount of the premium payment required to retain your Minimum Premium Period will be mailed to you and any assignee at the last known address at least 30 days before the end of the 90 day period.

### Grace Period

On any Monthly Processing Date, the Policy will enter into a 61-day Grace Period if:

1. The Monthly Deduction exceeds the Surrender Value and the Minimum Premium provision is not satisfied; or
2. The Policy Loan Balance exceeds the Surrender Value after monthly deductions have been taken.

If the Policy enters the Grace Period due to 1 above, You must make a required premium payment during the Grace Period to keep the Policy in force. The required premium payment will equal the amount expected to be needed to keep the Policy in force until the end of the Grace Period. If We receive at least the required premium payment during the Grace Period, We will apply the net premium payment to the Policy and make deductions for the past due amounts. If the amount required is not received in full by the end of the Grace Period, the Policy will Lapse.

If the Policy enters the Grace Period due to 2 above, You must make a required Loan Repayment during the Grace Period to keep the Policy in force. The required Loan Repayment will equal the amount expected to be needed to keep the Policy in force until the end of the Grace Period. If We receive at least the required Loan Repayment during the Grace Period, We will apply the Loan Repayment to the Policy. If the amount required is not received in full by the end of the Grace Period, the Policy will Lapse.

Notice of the amount of the required premium payment or Loan Repayment will be mailed to you and any assignee at the last known address at least 30 days before the end of the Grace Period.

If the death of the Insured occurs during the Grace Period, We will deduct any overdue Monthly Deductions from the Death Benefit of the Policy.

**Termination**

All coverage provided by this Policy will end as of the earliest of:

- a) The date the Policy is surrendered;
- b) The date of the Insured's death; or
- c) The date the Grace Period ends without payment of the required premium; or
- d) The date the Grace Period ends without payment of the required Loan Repayment.

**Reinstatement**

This Policy and its riders may be reinstated, while the Insured is alive, at any time within three years after the Lapse date. However, the Policy cannot be reinstated on or after the Maturity Date or if you have surrendered the Policy for cash.

If the required premium or Loan Repayment due under the Grace Period provision is not paid by the end of the Grace Period, Reinstatement will be subject to evidence of insurability satisfactory to Us that the Policy can be reinstated at the rate class in effect at the Lapse date. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be at the Policy Reinstatement Rate shown on the Policy Schedule, compounded annually to the date of Reinstatement. We may reinstate any Policy Loan Balance which existed on the Lapse date, with accrued interest to the end of the Grace Period.

**THE DEATH BENEFIT**

Subject to a written claim form, as furnished by Us and surrender of the Policy We will pay the Death Benefit within 30 days of when We receive due proof at Our Home Office that the Insured died while the Policy was in force. If payment is delayed for 30 days or more, We will pay you interest at a rate of at least 2.5% a year on the amount We owe you.

**Minimum Death Benefit**

In any Policy Month the Minimum Death Benefit equals the Account Value at the beginning of the Policy Month after all net premiums are added and Monthly Deductions are charged, multiplied by the Minimum Death Benefit Factor. The Table of Minimum Death Benefit Factors is shown in the Policy Schedule

**Death Benefit Calculations**

The Death Benefit will be determined, at any time, as follows:

Option 1: Under Option 1, the Death Benefit is the greater of:

- (a) the Face Amount; or
- (b) the Minimum Death Benefit.

Option 2: Under Option 2, the Death Benefit is the greater of:

- (a) the Face Amount plus the Account Value; or
- (b) the Minimum Death Benefit.

The Face Amount and the Death Benefit option are shown in the Policy Schedule.

Payment of Death Benefit Proceeds equal the Death Benefit in a and b above; minus

- (c) any Policy Loan Balance under the Policy; minus
- (d) any unpaid Monthly Deductions due at the date of death; plus
- (e) any benefits provided by rider, if any; plus
- (f) interest, not less than required by law, from the date proof of death is received by Us to the date the claim is paid

The proceeds are also subject to any adjustments provided in the Misstatement of Age or Gender, Incontestability and Suicide provisions.

**Continuation of Coverage Beyond the Maturity Date**

If the Policy is in force on the Maturity Date, the Policy may be continued beyond the Maturity Date as follows.

On the Maturity date:

- (a) All riders, if any, attached to the Policy will terminate;
- (b) If the Death Benefit Option in force on the Policy is Option 2, the Policy will be converted to Death Benefit Option 1.

After the Maturity Date:

- (c) No further changes will be allowed to the Death Benefit Option. The Death Benefit will equal the greater of the Surrender Value or the Face Amount.
- (d) No further premiums will be accepted
- (e) No Monthly Deductions or transaction fees will be charged
- (f) Policy Loans and Withdrawals continue to be available per their respective provisions.
- (g) Any existing Policy Loan Balance will continue. Repayments of any Policy Loan Balance will be accepted. The Policy will enter the Grace Period and Lapse if the Net Surrender Value is zero or less.

**There may be tax consequences associated with extending coverage beyond the Maturity Date. Consult Your tax advisor for guidance.**

**Death of Beneficiary**

If any beneficiary predeceases the Insured the portion of the proceeds that would have gone to that beneficiary shall be paid to the Estate of the Insured.

**Multiple Beneficiaries**

If there is more than one beneficiary, proceeds shall be divided equally among the beneficiaries unless the beneficiary designation specifies the amount to be paid to each beneficiary.

## POLICY LOANS

**Policy Loans**

The Policyowner may, by written request, borrow, on the sole security of the Policy, the available Surrender Value of this Policy. The Minimum Policy Loan amount you may request is shown in the Policy Schedule. We have the right to postpone payment of a requested Policy Loan for up to 6 months.

You may obtain a Policy Loan on or after the first Monthly Processing Date. The maximum amount you may borrow at any time equals:

- (a) The Net Surrender Value on the date of the Policy Loan request; minus
- (b) Accrued but unpaid Loan Interest to the next Policy Anniversary; minus
- (c) The sum of the expected Monthly Deductions to the next Policy Anniversary or, if You take a Policy Loan after the last Monthly Processing Date in any Policy Year, the Expected Monthly Deductions for the next Policy Year.

Policy Loans are a first lien on your Policy and are added to Your Policy Loan Balance.

**Loan Interest**

The annual Policy Loan Interest Rates are shown in the Policy Schedule. If a loan is made, annual loan interest is added to Your Policy Loan Balance in arrears on each Policy Anniversary Date. Loan Interest is due and payable at the end of each Policy Year Or upon termination of Your Policy, if earlier. Loan interest not paid when due, continues to accumulate in your Policy Loan Balance. The portion of the Account Value equal to the Policy Loan Balance may earn interest credits at a lower interest rate than for the remaining Account Value.

If the unpaid Policy Loan Balance exceeds the Surrender Value on any Monthly Processing Date, the Policy enters the Grace Period and may Lapse per the Grace Period provision.

**Loan Repayment**

If this Policy is in force the Policy Loan Balance may be repaid in full or in part at any time while the Insured is alive. The Policy Loan Balance may also be repaid within 60 days after the Insured's death, if We have not paid any of the benefits under this Policy. Any loan repayment, other than the balance due, must meet the Minimum Loan Repayment amount shown in the Policy Schedule.

**PARTIAL WITHDRAWALS**

You may request a Partial Withdrawal from Your Account Value on any date after the first Policy Anniversary. The Minimum Partial Withdrawal amount you may request is shown in the Policy Schedule. The amount of the Partial Withdrawal plus a Partial Withdrawal Transaction Fee is deducted from your Account Value. The amount of the Partial Withdrawal Transaction Fee is shown in the Policy Schedule. We may limit the number of Partial Withdrawals in a Policy Year. This limit is shown in the Policy Schedule.

For a Policy with an Option 1 Death Benefit, the Face Amount of the Policy is reduced by the amount of the Partial Withdrawal and Partial Withdrawal Transaction Fee. Any reduction in Face Amount or Account Value will occur as of the date the Partial Withdrawal occurs.

The Maximum Partial Withdrawal may not exceed the amount which reduces the Face Amount to the Minimum Face Amount After Change shown in the Policy Schedule. The Maximum Partial Withdrawal may not exceed that amount which would reduce the Net Surrender Value below the sum of the expected Monthly Deductions to the next Policy Anniversary, or if the Partial Withdrawal is requested after the last Monthly Processing Date in any Policy Year, the Expected Monthly Deductions for the next Policy Year.

We will send you a new Policy Schedule to reflect the effect of the Partial Withdrawal if there is any change to the Face Amount. The Partial Withdrawal and the reductions in Face Amount will be effective as of the Monthly Processing Date that first follows the date we receive your request. We have the right to postpone payment of any Partial Withdrawal for up to 6 months.

**POLICY VALUES****Basis of Values**

The Surrender Values under this Policy are not less than the minimums required as of the Policy Date by the state or jurisdiction in which Your Policy was delivered. A detailed statement of the method of computing Policy Values under the Policy has been filed with the insurance department of the state or jurisdiction in which the Policy was delivered, if required. Minimum Surrender Values, Net Single Premiums for Reduced Paid Up Values were calculated using the mortality table and nonforfeiture interest rate shown in the Policy Schedule.

**Account Value**

The Account Value is equal to:

- a) premiums paid; minus
- b) premium charges, if any; minus
- c) Partial Withdrawals taken, if any; minus
- d) Monthly Deductions; minus
- e) Transaction Fees or Charges, if any; plus
- f) Interest Credited.

Your Net Account Value is equal to your Account Value minus any Policy Loan Balance.

The Monthly Deduction is equal to:

- a) The Cost of Insurance charges for this Policy; plus
- b) The monthly Rider charges, if any; plus
- c) The Policy Charges shown in the Policy Schedule.

After the Maturity Date, no further Monthly Deductions will be made.

**Cost of Insurance**

The Cost of Insurance for the Policy is the Cost of Insurance Rate for the Premium Class multiplied by the Net Amount At Risk determined on a monthly basis. The Premium Class is shown in the Policy Schedule.

The Net Amount At Risk is (a) minus (b) where:

- a) is the sum of the Death Benefit as of the Monthly Processing Date after the Monthly Deductions (other than Cost of Insurance Charges for the Death Benefit and any riders), discounted for one month of interest at the Guaranteed Minimum Interest Rate shown on the Policy Schedule; and
- b) is your Account Value as of the Monthly Processing Date after the Monthly Deductions (other than the Cost of Insurance Charges for the Death Benefit and any riders).

The Cost of Insurance Rate will be determined by Us from time to time. Any change in rates will apply to all Policies of the same Premium Class and Face Amount and whose policies have been in effect for the same length of time. The rates will never exceed those rates shown in the Table of Guaranteed Maximum Cost of Insurance Rates shown in the Policy Schedule.

**Interest Credits**

Interest will be added to the Account Value at the end of each Policy Month on the Monthly Processing Date. The interest rate used will be determined by Us from time to time. Any change in interest rates will apply to all Policies of the same Premium Class and Face Amount and whose policies have been in effect for the same length of time. The interest rate used for that portion of the Account Value equal to the Policy Loan Balance may be lower than the interest rate used for the remainder of the Account Value. The interest rate used will never be less than the Guaranteed Minimum Interest Rate shown in the Policy Schedule.

**Surrender Value**

The Surrender Value equals the Account Value less the Surrender Charge, if any, shown in the Policy Schedule. The Net Surrender Value equals the Surrender value minus the Policy Loan Balance, if any. The Surrender Value under the Policy is not less than the minimum required by the state or jurisdiction in which your Policy was delivered. A detailed statement of the method of computation of Policy Values under the Policy has been filed with the insurance department of the state or jurisdiction where the Policy was delivered, if required.

**Full Surrender**

During the lifetime of the Insured, the Policyowner may request that the Policy be surrendered for the Net Surrender Value. This will terminate the Policy and it may not be reinstated. The Policyowner must make such request in writing and must return the Policy to Us. We have the right to postpone payment of the Net Surrender Value for up to 6 months. If payment is delayed for 30 days or more, We will pay you interest at a rate of at least 2.5% a year on the amount We owe you.

You may surrender this Policy to Us and We will send you its Net Surrender Value.

We will compute the Net Surrender Value as of the next Monthly Processing Date after We receive both your request and the Policy. This Policy will be canceled as of the date We receive your request, and there will be no further benefits under this Policy.

**Reduced Paid-Up Insurance**

After the first Policy Year, you may choose convert this Policy to a Reduced Paid-Up Insurance non-forfeiture benefit, provided there is sufficient Net Surrender Value to purchase at least \$1,000 of level death benefit based on the Insured's age at the time this option is elected.

This Reduced Paid-Up Insurance benefit will be calculated by using the Policy's Net Surrender Value to purchase the Reduced Paid-Up Benefit using the Net Single Premium rate described in the Basis of Values provision. No further premiums will be payable on the new paid-up Policy. If there are any riders on the current Policy, they will terminate if this option is elected.

## **FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY**

### **The Policy provides:**

- **Death benefit to the Maturity Date shown in page 3.**
- **Flexible premiums are payable until the Maturity Date shown on page 3.**
- **This Policy is not eligible for annual dividends.**

Fidelity Life Association, A Legal Reserve Life Insurance Company  
[1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523  
Tel 800.369.3990 or Fax 866.375.8175]

### **Address for correspondence**

Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60522-9269]

To file a claim or to ask a question you may contact the agent who sold you this Policy or you may contact Our Policyowner Service department at the address or numbers given above or on the Web at:

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

# Application for Universal Life Insurance

Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

PROPOSED INSURED	Full Legal Name of the Proposed Insured: <u>John D. Doe</u> Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: <u>01-01-75</u> Age: <u>35</u> Place of Birth: <u>Anytown, IL</u> Social Security Number: <u>123-45-6789</u>
	Legal Residence Address: <u>11 Main Street, Anytown, IL 99999</u> Years <u>15</u>
	Best Time to Call (if needed): <u>6:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Preferred #: <u>(222)555-1212</u> Alternate #: <u>(222)555-3939</u>
	Are you a United States citizen or do you have Permanent Resident Status (a Green Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Driver's License Number: <u>D100-9876-5432</u> State of Issue: <u>Illinois</u>
	Occupation: <u>Manager</u> Years in this occupation: <u>10</u>
Employer or Business Name: <u>The Best Company, Inc.</u> Annual Income: \$ <u>\$50,000</u>	

COVERAGE	Plan: <u>RDUL</u> Face Amount: \$ <u>100,000</u>
	Death Benefit Option (choose only one): <input checked="" type="checkbox"/> 1. Level (Face Amount Only) <input type="checkbox"/> 2. Increasing (Face Amount Plus Account Value)
	<input checked="" type="checkbox"/> Waiver of Premium Rider <u>\$10,000</u> <input type="checkbox"/> Level Term Rider _____ <input type="checkbox"/> Other Insured Rider _____
	<input checked="" type="checkbox"/> Child Rider <u>\$10,000</u> <input type="checkbox"/> Accidental Death Benefit Rider _____
	Initial Planned Premium: <u>\$200.00/month</u> Mode of Payment (Monthly mode only allowed on credit card or EFT): <u>monthly</u> Billing Method: <u>EFT</u> Amount Paid With Application: \$ <u>\$200.00</u>
<b>Not all Products or Riders are available in all States. Refer to Product Guide for details.</b>	

OTHER COVERAGE	Do you have any life insurance in force or is any application for life insurance, or reinstatement, now pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this policy is issued, will any other life insurance or annuity be cancelled, terminated, lapsed or not renewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

POLICY OWNER	Policyowner <i>(The Policyowner will be the Proposed Insured unless otherwise indicated)</i>		
	Name of Policyowner: <u>same as proposed insured</u>	Relationship to Insured: <u>self</u>	SSN/Tax ID: _____
	Billing Address: <u>see above</u>		
	Secondary Addressee <i>(Optional. This person will receive copies of your overdue premium and lapse notices)</i> Name: _____ Mailing Address: _____		

BENEFICIARY	Beneficiary <i>(Complex beneficiary designations should be dealt with within the context of a Will)</i>			
	Primary: <u>Jane A. Doe</u>	Percent of Proceeds <u>100%</u>	Relationship to Insured: <u>wife</u>	SSN/Tax ID: <u>987-65-5432</u>
	Contingent: _____	Percent of Proceeds _____	Relationship to Insured: _____	SSN/Tax ID: _____
If more space is needed attach a separate, signed and dated sheet of paper.				

A - QUESTIONS OF THE PROPOSED INSURED

1. Do you have a regular physician?  Yes  No If Yes, give information below. If No, show the last physician seen.  
 Name of physician: Dr. John Johnson Date last seen: 6/15/09  
 Address: 11 Eagle Drive, Anytown, IL 99999 Telephone: 222-555-6666
2. Your Height: 6'0" ft/in Your Weight: 190 lbs. 2b. Have you lost weight in the past year?  Yes \_\_\_\_\_ lbs  No
3. Have you, within the past 10 years, been treated by a physician for or been diagnosed as having:
- a. a heart disorder, including a heart attack (myocardial infarction), angina, irregular heart beat or abnormal heart rhythm (arrhythmia), heart murmur, any blockage or narrowing of the arteries, any aneurysm, stroke, or transient ischemic attack (TIA or mini-stroke)? .....  Yes  No
  - b. diabetes, high blood sugar, sugar in the urine, anemia, blood or platelet disorders, liver disease, kidney disease (other than kidney stones), Crohn's disease, ulcerative colitis, other intestinal disease or pancreatitis? .....  Yes  No
  - c. internal cancer or tumor, melanoma, lymphoma, leukemia,? .....  Yes  No
  - d. Alzheimer's disease (dementia), memory loss, seizures, mental retardation (including Down's syndrome), Multiple Sclerosis (MS), Muscular Dystrophy, Parkinson's disease, Amyotrophic Lateral Sclerosis (ALS), cerebral palsy or any form of muscular atrophy? .....  Yes  No
  - e. sleep apnea, cystic fibrosis, emphysema or chronic obstructive lung disease (COLD), rheumatoid arthritis, paralysis, connective tissue disorder (lupus or scleroderma)? .....  Yes  No
  - f. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? .....  Yes  No
  - g. enlarged prostate or elevated prostate specific antigen (PSA) or any disorder of the breast?.....  Yes  No
  - h. hypertension (high blood pressure), elevated cholesterol, asthma or other respiratory disorder? .....  Yes  No
  - i. anxiety, depression, eating disorders or any other psychological or emotional disorders? .....  Yes  No
4. Have you, within the past 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Other than as already disclosed above, are you currently taking any medication (by prescription or over the counter), or receiving medical or mental health treatment of any kind? .....  Yes  No
6. Was the reason you last consulted your physician for any reason other than as already disclosed above? .....  Yes  No
7. Have you, within the past 5 years:
- a. been a patient in any hospital, clinic, dependency program, halfway house or other medical facility? .....  Yes  No
  - b. used controlled substances such as cocaine, heroin, amphetamines, barbiturates or hallucinogens?.....  Yes  No
  - c. been treated by or been advised by a physician to seek treatment for drug or alcohol use?.....  Yes  No
  - d. been advised to have any test (except HIV tests), treatment, surgery, hospitalization or consultation with a medical professional which has yet to be completed?.....  Yes  No
  - e. had an application for life or health insurance rated up, postponed, declined or denied reinstatement? .....  Yes  No
8. Has more than one natural parent or sibling died of cancer or heart disease prior to age 60? .....  Yes  No
9. Have you, within the past 24 months, used any form of tobacco or nicotine product, including cigarettes, cigars, pipes, chewing tobacco, snuff, nicotine patches or nicotine gum? .....  Yes  No  
 If yes, have you, within the past 12 months, used any form of tobacco or nicotine product? .....  Yes  No
10. Have you, within the past 2 years, engaged in or, in the next 2 years do you plan to engage in:
- a. any aviation activity other than as a fare-paying passenger on commercial airlines? .....  Yes  No
  - b. any form of scuba diving, hang-gliding, cave exploration, parachuting, mountain, rock or ice climbing, bungee jumping or organized motor racing? .....  Yes  No
11. Have you, within the past 2 years, had a driver's license suspended, revoked or had more than 3 moving violations? .....  Yes  No
12. Have you, within the past 5 years, been convicted of driving while under the influence of alcohol or drugs? .....  Yes  No
13. Are you currently on probation or have you, within the past 5 years, been convicted of a felony?.....  Yes  No
14. Do you intend to travel, live, or work outside the United States or Canada? .....  Yes  No

PROVIDE DETAILS OF ANY YES ANSWERS ON PAGE 3

Name of Proposed Insured: John D. Doe

B - DEPENDENT CHILD RIDER

**LIST ALL DEPENDENT CHILDREN TO BE INSURED**

If more space is needed, list full information on all additional dependent children on a separate, signed sheet.

- B1. Full Legal Name of Dependent Child: Jake Doe       Male    Female      Date of Birth: 3-3-05   Age: 5  
 Place of Birth: Anytown, IL      Relationship to the Proposed Insured: son
- B2. Full Legal Name of Dependent Child: \_\_\_\_\_       Male    Female      Date of Birth: \_\_\_\_\_   Age: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_      Relationship to the Proposed Insured: \_\_\_\_\_
- B3. Full Legal Name of Dependent Child: \_\_\_\_\_       Male    Female      Date of Birth: \_\_\_\_\_   Age: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_      Relationship to the Proposed Insured: \_\_\_\_\_
- B4. Full Legal Name of Dependent Child: \_\_\_\_\_       Male    Female      Date of Birth: \_\_\_\_\_   Age: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_      Relationship to the Proposed Insured: \_\_\_\_\_
- B5. Does any Child to be insured have any existing life insurance in force or is there an application for life insurance now pending on any Child to be insured? *(If yes, please provide name of company and policy number.)*.....       Yes    No  
 Name of Insurance Company: \_\_\_\_\_      Policy Number: \_\_\_\_\_
- B6. If this coverage is issued, will any life insurance or annuity on any Child to be insured be cancelled, terminated, lapsed or not renewed? *If Yes, give full details below.* .....       Yes    No
- B7. Does any Child to be insured have any physical disability, mental retardation or special need? .....       Yes    No
- B8. Has any Child to be insured been diagnosed with or treated by a physician for any disorder of the heart or has any surgery or hospitalization been suggested which has not yet been completed? .....       Yes    No

**PROVIDE DETAILS OF ANY YES ANSWERS BELOW.**

*Show question being answered, the condition(s), the name, address and phone number(s) of the physician(s) and the prescribed medication(s).*

DETAILS OF YES ANSWERS (IF ANY)

Question      Answer

# Application for Universal Life Insurance

Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

Name of Proposed Insured: John D. Doe

PREAUTHORIZED PAYMENT AUTHORIZATION

As a convenience to me, I authorize Fidelity Life Association to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated below. I understand that if a debit or withdrawal is not honored by the financial institution, Fidelity Life will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be redeposited by Fidelity Life at its sole discretion. This authorization will remain in effect until written notice by the depositor/card holder is received by Fidelity Life. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, Fidelity Life shall be under no liability whatsoever even though such dishonor results in the lapse of insurance.

### PRE-AUTHORIZED CHECK

I request that my premium payments be debited from my bank account as shown.  
Name of Bank: State Bank Transit Number: 39485730 Account Number: 78394857

### PRE-AUTHORIZED CREDIT CARD

I request that my premium payments be debited from the credit card shown below.  
 Visa  Amex  MasterCard  Discover Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

John D. Doe

John D. Doe

Printed Name (As it appears on file with the financial institution)

AUTHORIZED SIGNATURE

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I declare that each answer given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that the Company will rely on these answers, and the answers and statements I may give in any other form taken as a part of this application as representations and not warranties. I also understand that the Company reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers.

The coverage will be effective on its date of issue if the: (a) health; (b) habits; (c) occupation; and (d) any other condition relating to the Proposed Insured are as described in the application.

I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau (MIB), consumer reporting agency or employer to give to Fidelity Life Association any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition, my driving record, avocations, credit history, insurance history, occupation, character and hobbies, as applicable. To facilitate the rapid transmission of such information, I authorize all said sources, except the MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information.

I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization.

All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the Medical Information Bureau (MIB), to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies and as may be required by law.

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

Signed and Dated at: Anytown, IL 4/8/2010

John D. Doe

Signature of Policyowner, if other than the Insured

Signature of Proposed Insured

AGENT

To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of the Proposed Insured? (If Yes, complete appropriate State replacement forms)  Yes  No

Printed Name of Agent: Susan Smith Agent ID: 84574 General Agent ID: 49584

Email Address of Agent: ssmith@email.com Telephone Number of Agent: 222-555-8765

State License Number: 485 Susan Smith  
If required by law Signature of Licensed Agent

## DEPENDENT CHILD RIDER

*This rider is part of the policy to which it is attached.*

**RIDER PART OF POLICY:** This rider is attached to and made a part of this policy in return for the application and the payment of cost of insurance charges for this rider. Those charges are shown on the Dependent Child Rider Schedule page. All the provisions of this policy apply to this rider, except for those that are inconsistent with this rider.

**EFFECTIVE AND EXPIRY DATES:** The effective and expiry dates of this rider are shown on the Dependent Child Rider Schedule. This rider will not be in effect unless the policy to which it is attached becomes effective.

**DEPENDENT CHILD:** A Dependent Child is a child, stepchild or legally adopted child of the Insured who is:

- more than 15 days old and less than 25 years old; and
- either named in the application for this rider or born to or adopted before the age of 18 by the Insured after the date of the application for this rider.

**BENEFITS:** We will pay the beneficiary designated on the application for this benefit, or as subsequently changed, the Death Benefit amount shown on the Dependent Child Rider Schedule for each covered child who dies while this policy is in force. Each Dependent Child under this rider will be covered until the earlier of:

- the child's 25th birthday; or
- the Expiry Date.

**CONTESTABILITY:** This rider will not be contested after it has been in force, during the lifetime of the Insured, for a period of two years from the later of:

- the date of Issue of this policy; or
- the effective date of this rider; or
- the date of the last reinstatement, if any.

**MISSTATEMENT OF AGE OR GENDER:** If the age or gender of any Dependent Child was misstated, the benefits under this rider will be based on the correct age and gender.

**CONVERSION:** The conversion date for each Dependent child is the earlier of:

- the Expiry Date of this rider; or
- that child's 25th birthday.

Coverage on a Dependent Child may be converted as of the conversion date for that child to a new policy without evidence of insurability if;

- we receive the Policyowner's request to do so and the full premium for the new policy no later than 30 days after the conversion date for that child.
- this rider and the policy to which it is attached are in force on the conversion date for that child;
- the amount of coverage requested under the new policy does not exceed five (5) times the amount of coverage provided under this rider for that child; and
- the amount of coverage requested under the new policy is not less than the coverage provided under this rider for that child.

**EMPLOYED AT CONVERSION:** If the Dependent Child is gainfully employed at the time of conversion the amount of coverage which may be requested under the new policy may be up to ten (10) times the amount of coverage provided under this rider for that child if;

- the child is then gainfully employed at least 30 hours per week.
- proof of income is submitted.
- the child is not self employed or employed by a family member.

The new policy may be any permanent plan of insurance then offered as a conversion product by the Company. The policy date of the new policy will be the conversion date.

Premium or charges for the new policy will be based upon;

- our then current rates under the plan chosen;
- the gender of the dependent child;
- the age of the dependent child at conversion; and
- the use or non-use of tobacco products by the dependent child.

**PAID-UP INSURANCE:** We will convert each Dependent Child's coverage then in force to paid-up term insurance at the death of the Insured if:

- the Insured dies before the Expiry Date of this rider; and
- this policy and rider are in force.

The paid-up insurance shall be paid up to the earlier of:

- the Dependent Child's 25th birthday; or
- the Expiry Date of this rider.

The paid-up insurance will have a cash surrender value equal to the net single premium of any remaining term insurance at the time of surrender. The time of surrender will be construed to be the previous policy anniversary if surrender occurs within 30 days of such anniversary.

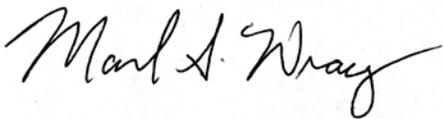
Information about the cash values of the paid-up insurance is available from us on request.

Paid-up insurance on any Dependent Child will not be contested after insurance has been in force, during the lifetime of that child, for two years. The two years includes the period that such Dependent Child's coverage was in force under this rider prior to the date the paid-up insurance becomes effective. The Dependent Child will be the Owner of the paid-up insurance if he or she has reached the age of majority at the death of the Insured. Otherwise, the legal guardian of the Dependent Child will be the Owner.

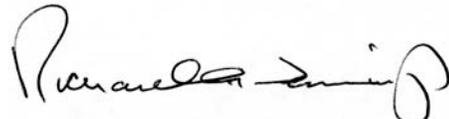
**EXPIRY DATE:** This rider will expire at the earliest of the following events:

- written Request by the Owner;
- the policy anniversary at which the Insured is aged 65;
- the date that the policy to which it is attached terminates except as provided under the Paid-Up Insurance provision.

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**



*Secretary*



*President*

**Fidelity Life Association, A Legal Reserve Life Insurance Company**

[1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523]

**Address for correspondence**

Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60522-9269]

# ACCIDENTAL DEATH BENEFIT RIDER

**RIDER PART OF POLICY:** This rider is attached to and made a part of this policy in return for the application and the payment of cost of insurance charges for this rider. Those charges are shown on the Policy Schedule Page. All the provisions of this policy apply to this rider, except for those that are inconsistent with this rider.

**RIDER BENEFIT:** The benefit provided by this rider is a death benefit for the accidental death of the Insured. We will pay this death benefit if all the conditions of this rider are met and none of the exclusions discussed below apply. Any amount due under this rider will be added to the death benefit provided by this policy. The benefit amount for this Rider is shown on the Rider Schedule Page. Reduced benefits are paid after age 70.

## DEFINITIONS:

**ACCIDENT** means a detrimental event that occurs by chance, unforeseen and unintended.

**ACCIDENTAL DEATH** is a Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident.

**BENEFICIARY** is the person, persons, or entity designated to receive the death benefit of this rider.

**ACCIDENTAL DEATH BENEFIT:** If the Insured dies solely as a result of injuries We will pay the Accidental Death Benefit. The amount of the Accidental Death Benefit is shown as the Accidental Death Benefit Amount described on the Policy Schedule Page.

**EXPIRY DATE OF RIDER** is the date this rider will terminate, unless terminated earlier (because a premium was not paid), as is shown in the Policy Schedule.

Under this benefit, the term "injuries" mean bodily injuries due solely to an accident which results in the Insured's death within 90 days of the accident. The accident must occur while this rider is in force. Injuries do not include any accidental result from medical, surgical or dental treatment.

**PROOF OF ACCIDENTAL DEATH:** To pay any benefit under this rider, We require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- a. As a direct result of accidental bodily injury; and
- b. Within 90 days after the injury was received; and
- c. While this rider was in full force.

Unless prohibited by law, We have the right to examine the body and have an autopsy done during the period when the claim is pending.

**EXCLUSIONS:** No Accidental Death Benefit or Travel Benefit will be payable if the Insured's death results directly from any of these causes.

- a. Suicide: Suicide, while the Insured is sane or insane.
- b. War: War, declared or undeclared, or any act of war. War is defined as armed conflict between nations, or between factions in the same nation.
- c. Military Service: Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- d. Aviation: Travel in, or descent from or with, any kind of aircraft aboard which the Insured is a pilot or crew member or is giving or receiving any training. "Crew member" includes anyone who has any duty aboard the aircraft.
- e. Natural Causes: Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of

these.

- f. Drug: The taking or injection of any nonprescription drug, hypnotic or narcotic, accidentally or otherwise.
- g. Blood Alcohol: Death while the Insured is operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law.
- i. Speed Contest: Fatal injury which is incurred as the result of taking part in any speed contest.
- j.. Felony: Injury received while committing a felony.

## OTHER COVERAGES

**AUTO SAFETY BENEFIT:** If an Insured dies due to an accident while operating or riding as a passenger in a private passenger automobile, the Company will pay an additional Auto Safety Benefit provided that the Insured was wearing a properly fastened, original, factory installed seat belt at the time of the accident. The amount of the Auto Safety Benefit is shown in the Policy Schedule. Use of a seat belt must be verified by an official accident report or otherwise certified in writing by an official present at the scene of the accident.

**TRAVEL BENEFIT:** If the Basic Benefit is payable under this rider, Fidelity Life will also pay the Travel Benefit if death was the result of an injury received while the Insured:

- a. Was a passenger or in public conveyance; and
- b. That conveyance was being operated by a common carrier to transport passengers for hire.

The word "passenger" does not include the operator or any crew member of the public conveyance. It does not include anyone who is in or on the conveyance to give or receive any training. "Crew member" includes anyone who has any duty in or on the conveyance.

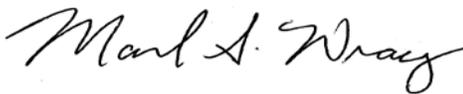
**CANCELLATION OF THIS RIDER:** This rider may be cancelled by a written request. Cancellation will take effect on the date We receive the written request at our Home Office. We will refund a pro rata part of any charges paid for this rider beyond that date.

### TERMINATION OF THIS Rider:

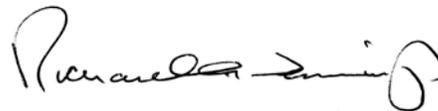
This rider will terminate on the earliest of:

- 1. the date We pay an Accidental Death Benefit;
- 2. the date you ask us to do so and send us the policy and / or rider;
- 3. the date the policy lapses;
- 4. the Expiry Date of this rider as shown on the Schedule Page.

## FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary



President

### Address for correspondence

Fidelity Life Association  
[P.O. Box 9269  
Oak Brook, IL 60522-9269]

SERFF Tracking Number: PSEN-126548733 State: Arkansas  
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 46517  
 Company Tracking Number: FLA-RDUL-10  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Rapid Decision Universal Life  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
FLA_RDUL_Readability Certification_signed.pdf		
AR_FLA_RDUL_Certification to Reg 49.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachments:</b>		
FLA_RDUL_F1231_Application_Statement of Variability.pdf		
FLA_RDUL_F3022_Dependent Child Rider_Statement of Variability_100407.pdf		
FLA_RDUL_F3030_Accidental Death Benefit Rider_Statement of Variability_100407.pdf		
FLA_RDUL_F5600_Base Policy_Statement of Variability_final_100422.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Third Party Authorization		
<b>Comments:</b>		
<b>Attachment:</b>		
FLA_ThirdPartyAuthorization_100225.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification of Compliance with Bulletin 11-83		
<b>Comments:</b>		
<b>Attachment:</b>		

*SERFF Tracking Number:* PSEN-126548733 *State:* Arkansas  
*Filing Company:* Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 46517  
*Insurance Company*  
*Company Tracking Number:* FLA-RDUL-10  
*TOI:* L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life  
*Adjustable Life*  
*Product Name:* Rapid Decision Universal Life  
*Project Name/Number:* /  
AR\_FLA\_NCAD\_Certification Bulletin 11-83.pdf

## READABILITY CERTIFICATION

Company Name: Fidelity Life Association

NAIC Number: 63290

FEIN Number: 36-1068685

Subject: Flexible Premium Adjustable Universal Life Insurance Policy, form F5600,  
Application for Universal Life Insurance, form F1231,  
Dependent Child Rider, form F3022, and  
Accidental Death Benefit Rider, form F3030.

As an officer of Fidelity Life Association, I hereby certify that the following forms achieve a Flesch score that meets or exceeds requirements as follows:

<u>Form Number(s)</u>	<u>Flesch Score</u>
<u>F5600</u>	<u>46.9</u>
<u>F1231</u>	<u>44.3</u>
<u>F3022</u>	<u>58.1</u>
<u>F3030</u>	<u>50.4</u>

The rider forms, when used and attached as part of the base policy form, meet or exceed the minimum readability requirements. If elected, the riders will always be used and attached to the base policy form.

\_\_\_\_\_  
Officer Name and Title

April 8, 2010

\_\_\_\_\_  
Date

ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President - Operations for Fidelity Life Association, do hereby attest and certify to the following:

- The Company has further reviewed its issuance procedures and is compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.
- This submission meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as all applicable requirements of the Arkansas Insurance Department.

FIDELITY LIFE ASSOCIATION



\_\_\_\_\_  
Ciaran Brady, Vice President - Operations

March 25, 2010

\_\_\_\_\_  
Date

## Statement of Variability

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F1231 Universal Life Application

Page #	[Variable Item]	Statement of Variability
All	Company Address	Changed if company home office location changes
All	All applicant blanks and checkboxes to be completed by applicant or agent.	All the policyowner specific contract data will be based upon each individual's information.

## Statement of Variability

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F3022 Rapid Decision Universal Life – Dependent Child Rider

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
2	Company Address/Correspondence Address/Officer Signatures	Changed if company home office location, correspondence address or officers change
3e (rider schedule)	Policy Number	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Insured	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Death Benefit	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Effective Date	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Expiry Date	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Premium Class	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Monthly Cost of Insurance Charge	We would like to retain the right to change between \$.40 and \$.70/1000. Any such change would be going forward for new issues only.

## Statement of Variability

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F3030 Rapid Decision Universal Life – Accidental Death Benefit Rider

Page #	[Variable Item]	Statement of Variability
1 & 2	Company Address/Correspondence Address/Officer Signatures	Changed if company home office location, correspondence address or officers change
3e (rider schedule)	Policy Number	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Insured	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Effective Date	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Expiry Date	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Premium Class	All the policyowner specific data will be based upon each individual's information.
3e (rider schedule)	Basic Initial Benefit	Benefit will change, based upon what applicant applies for, with a minimum benefit equal to the minimums defined in the filed actuarial memo to an unlimited maximum based upon company rules and retention/reinsurance requirements. Any such change would be going forward for new issues only.
3e (rider schedule)	Auto Safety Benefit	We would like to retain the right to change between 5% and 25% of the basic initial benefit. Any such change would be going forward for new issues only.
3e (rider schedule)	Travel Benefit	We would like to retain the right to change between 50% and 200% of the basic initial benefit. Any such change would be going forward for new issues only.

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
3e (rider schedule)	Monthly Cost of Insurance Charge	We would submit an informational filing for any changes to the charges in the rider. Any such change would be going forward for new issues only.

## Statement of Variability

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F5600 Rapid Decision – Flexible Premium Adjustable Universal Life Insurance Policy

Page #	[Variable Item]	Statement of Variability
1 and back page	Company Address/Correspondence Address/Officer Signatures/Phone & Fax Numbers	Changed if company home office location, correspondence address, phone or fax numbers or officers change.
3	Policy Number	All the policyowner specific contract data will be based upon each individual's information.
3	Insured	All the policyowner specific contract data will be based upon each individual's information.
3	Policyowner	All the policyowner specific contract data will be based upon each individual's information.
3	Issue Date	All the policyowner specific contract data will be based upon each individual's information.
3	Gender and Age	All the policyowner specific contract data will be based upon each individual's information.
3	Policy Date	All the policyowner specific contract data will be based upon each individual's information.
3	Maturity Date	All the policyowner specific contract data will be based upon each individual's information.
3	Face Amount	Face amount will change, based upon what applicant applies for, with a minimum face amount equal to the minimums defined in the filed actuarial memo to an unlimited maximum based upon company rules and retention/reinsurance requirements.
3	Minimum Premium	Variable based on insured's information and current rate tables. We would like to retain the right to change current rates without re-filing, except if such rates cause any new reserve or nonforfeiture requirements. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
3	Minimum Premium Period	We would like to retain the right to change period. Changes would require an informational filing due to potential reserve and nonforfeiture issues. Any such change would be going forward for new issues only.
3	Premium Class	Variable based on insured's information. Select Non-nicotine, Standard Non-nicotine, Standard Nicotine, Rated Non-Nicotine, Rated Nicotine currently. We would like the right to add rate classes, except where new rates may cause additional nonforfeiture or reserve issues. In such cases, we would submit an informational filing. Any such change would be going forward for new issues only.
3	Rating Factor	Varies from 100% up to 500% by 25% increments. May also include flat extra rating factors from \$0 to \$25 annual per \$1000 per year. May include temporary number of years from 1 or more years. We would like the right to add rating factor classes going forward for new issues only.
3	Coverage Amount	See Face Amount
3	Riders Included	Variable based on insured's information for currently approved riders.
3	Death Benefit Option	Option 1 or Option 2
3	Minimum Face Amount After Change	See Face Amount
3	Minimum Face Amount Change	We would like to retain the right to change between \$1000 and \$25,000. Any such change would be going forward for new issues only.
3	Guaranteed Minimum Interest Rate	We would like to retain the right to vary between 1% up to maximum nonforfeiture interest rate, except if such would cause any new reserve or nonforfeiture requirement. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.
3	Guaranteed Policy Loan Interest Rate	We would like to retain the right to vary between 0% up to maximum fixed rate allowed by state law, except if such would cause any new reserve or nonforfeiture requirement. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.
3	Reinstatement Interest Rate	We would like to retain the right to vary between 0% up to maximum fixed rate allowed by state law, except if such would cause any new reserve or nonforfeiture requirement. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
3a	Premium Charge	We would like to retain the right to vary the maximum charge to between 0% and 10% of premium, except if such change would cause any new reserve or nonforfeiture requirements. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.
3a	Monthly Policy Charge	We would like to retain the right to vary the maximum charge to between \$0 and \$6 per month, except if such change would cause any new reserve or nonforfeiture requirements. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.
3a	Per \$1,000 of Face Amount Charge	We would like to retain the right to vary the maximum charge to between \$0 and \$.25 per 1000 per month, except if such change would cause any new reserve or nonforfeiture requirements. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.
3a	Withdrawal Transaction Fee	We would like to retain the right to change the maximum fee between \$0 and \$100. Any such change would be going forward for new issues only.
3a	Policy Loan Transaction Fee	We would like to retain the right to change the maximum fee between \$0 and \$100. Any such change would be going forward for new issues only.
3a	Inforce Requested Illustration Fee	We would like to retain the right to change the maximum fee between \$0 and \$100. Any such change would be going forward for new issues only.
3a	Minimum Policy Loan	We would like to retain the right to change the maximum fee between \$100 and \$500. Any such change would be going forward for new issues only.
3a	Minimum Policy Loan Repayment	We would like to retain the right to change the maximum fee between \$100 and \$500. Any such change would be going forward for new issues only.
3a	Minimum Partial Withdrawal Amount	We would like to retain the right to change the maximum fee between \$100 and \$500. Any such change would be going forward for new issues only.
3a	Maximum Number of Loans Per Year	We would like to retain the right to change between 4 and 12 per year. Any such change would be going forward for new issues only.

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
3a	Maximum Number of Partial Withdrawals Per Year	We would like to retain the right to change between 4 and 12 per year. Any such change would be going forward for new issues only.
3a	Basis of values mortality and interest	We would like to retain the right to vary the interest rate between 1% and the maximum nonforfeiture interest rate or reserve rate as applicable, except if such change would cause any new reserve or nonforfeiture requirements. In such circumstances, we would submit an informational filing. Any such change would be going forward for new issues only.
3b	Surrender Charges	Variable based on insured's information and current rate tables. Surrender charges are fixed after issue.
3c	Guaranteed mortality table for COI rates	We would submit an informational filing to address nonforfeiture and valuation requirements if we change to any new and approved mortality table. Any such change would be going forward for new issues only.
3d	Table of Minimum Death Benefit Factors	We would like to retain the right to change on both inforce and new issues in order to continue to comply with Internal Revenue Code requirements to qualify as life insurance. We would submit an informational filing before implementing.



Established 1896

Innovation Is Our Policy<sup>SM</sup>

Fidelity Life Association  
1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523  
Tel: 630.522.0392 Fax: 866.375.8175

February 25, 2010

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc. and Newman Insurance Compliance Solutions, LLC to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises and Newman Insurance Compliance Solutions serve as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Brady'.

Ciaran Brady  
Vice President of Operations

## ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President – Operations for Fidelity Life Association, do hereby certify to the following:

- The Company has reviewed Bulletin 11-83, Guidelines for Non-Guaranteed Costs on Participating and Non-Participating Life Insurance, and confirms compliance of such guidelines.
- In particular, attached is an actuarial memo showing compliance with Guideline 6 of the Bulletin.

FIDELITY LIFE ASSOCIATION,  
A Legal Reserve Life Insurance Company

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Ciaran Brady, Vice President – Operations

August 17, 2010  
Date