

SERFF Tracking Number: ALSB-126939095 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47665
Company Tracking Number: UL23AF SERIES
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UL23AF SERIES
Project Name/Number: UL23AF SERIES/UL23AF SERIES

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: UL23AF SERIES SERFF Tr Num: ALSB-126939095 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 47665
Adjustable Life Closed
Sub-TOI: L09I.001 Single Life Co Tr Num: UL23AF SERIES State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Elizabeth Vassallo Disposition Date: 01/28/2011
Date Submitted: 01/07/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: UL23AF SERIES
Project Number: UL23AF SERIES
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/28/2011
State Status Changed: 01/28/2011
Created By: Elizabeth Vassallo
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Elizabeth Vassallo

Filing Description:

RE: American Heritage Life Insurance Company, NAIC No. 60534
Universal Life Forms Filing
SERFF #ALSB-126939095
FORMS: UL23AF SERIES

Filed for Review and Approval:

Form # Form Title

UL23AF Flexible Premium Adjustable Life Insurance Policy

SERFF Tracking Number: ALSB-126939095 State: Arkansas
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General Use Forms

AWDULAPP Application for Life Insurance
RUCTR Children's Term Insurance Rider
RULBPC Accelerated Benefit Rider for Permanent Confinement
RULBTI Accelerated Benefit Rider for Terminal Illness
RULBCI Accelerated Benefit Rider for Critical Illness
RUEC Extended Coverage Guarantee Rider
RULC Lifetime Coverage Guarantee Rider

We submit the above-referenced forms for review and approval. These forms are new and do not replace any forms currently approved by your department.

UL23AF is Flexible Premium Adjustable Life Insurance Policies, of the generic type widely known as "universal life". Monthly deductions from the policy value are made for cost of insurance, riders, monthly policy fee, and monthly administrative expense charge. The forms have surrender charges which are less than or equal to those permitted by the Standard Nonforfeiture Law for Life Insurance, as amended in 1980.

The policy form uses the 2001 CSO Nonsmoker/Smoker Mortality Tables, age last birthday, as the basis for guaranteed values.

The issue ages for UL23AF are 0 to 70. The policy will be offered in the retail market to the general public as well as the worksite market. Any policy issued to juveniles will be classified as non-smoking.

All values shown for the policy are guaranteed, making this form non-illustratable and not subject to the NAIC Model Illustration Regulation.

General Use Forms

Form RUEC is an Extended Coverage Guarantee Rider that guarantees the policy will stay in force even if the net surrender value is not sufficient to cover the monthly deduction, provided the extended coverage guarantee premium test and other conditions of this rider are met.

Form RULC is a Lifetime Coverage Guarantee Rider that guarantees the policy will stay in force even if the net surrender value is not sufficient to cover the monthly deduction, provided the lifetime coverage guarantee premium test and other conditions of this rider are met.

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Riders RUEC and RULC will be offered with UL23AF, but only one of the riders can be added to a policy. UL23AF will always be issued with one of these riders; but not both. The customer selects which of the two coverage guarantees she or he wishes to attached to the policy. These riders may be attached to other life products in the future.

Application AWDULAPP will be used to apply for coverage of UL23AF and may be used to apply for coverage for other life products in the future. AWDULAPP contains customer specific information, disclosures and owner/agent signature sections.

Form RUCTR, the Children's Level Term Insurance Rider, provides coverage on the children of the primary insured. The rider provides coverage in \$1,000 increments of convertible term insurance to age 25 on each covered child. This form will be offered with UL23AF and may be attached to other life products in the future.

RULBPC is an Accelerated Benefit Rider for Permanent Confinement. When attached to a life insurance policy form, it provides for the acceleration of the death benefit should the insured becomes permanently confined as defined in the rider. This form will be offered with UL23AF and may be attached to other life products in the future.

RULBTI is an Accelerated Benefit Rider for Terminal Illness. When attached to a life insurance policy form, it provides for the acceleration of the death benefit if the insured develops a terminal illness as defined in the rider. This form will be offered with UL23AF and may be attached to other life products in the future.

RULBCI is an Accelerated Benefit Rider for Critical Illness. When attached to a life insurance policy form, it provides for the acceleration of the death benefit if the insured develops a covered medical condition as defined in the rider. This form will be offered with UL23AF and may be attached to other life products in the future.

Previously Approved Forms List:

AWD703AR Reinstatement Application 7/1/04
ETUC80 Endorsement to Change Tobacco Status 37716 1/4/08
ERC80 Endorsement to Add or Change Riders after Policy Date 37716 1/4/03
UTIR2 Level Term Insurance Rider 38531 4/2/08
UPW1 Total Disability Premium Waiver Rider 38531 4/2/08
UOIR2 Other Insured Person Level Term Rider 38531 4/2/08
UFPR2 Future Purchase Option Rider 38531 4/2/08
UL21AFAR Flexible Premium Adjustable Life Insurance Policy 44727 2/11/10

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

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If you have any questions, please feel free to contact me at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

Sincerely,

Elizabeth J. Vassallo
 Senior Product & Financial Analyst
 Contract Development and Filing

Company and Contact

Filing Contact Information

Elizabeth Vassallo, evass@allstate.com
 3100 Sanders Rd, Suite M2A 847-402-2355 [Phone]
 Northbrook, IL 60062 847-326-5224 [FAX]

Filing Company Information

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida
 1776 American Heritage Dr Group Code: 8 Company Type:
 Jacksonville, FL 32224-6688 Group Name: State ID Number:
 (800) 880-1370 ext. [Phone] FEIN Number: 59-0781901

Filing Fees

Fee Required? Yes
 Fee Amount: \$400.00
 Retaliatory? No
 Fee Explanation: \$50/form x 8 forms = \$400.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$400.00	01/07/2011	43544183

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/28/2011	01/28/2011

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	01/14/2011	01/14/2011	Elizabeth Vassallo	01/21/2011	01/28/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Elizabeth Vassallo	01/11/2011	01/11/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document (revised)	Certification of Compliance		Yes
Supporting Document	Certification of Compliance	Replaced	Yes
Supporting Document (revised)	Rates Consent Form		Yes
Supporting Document	Rates Consent Form	Replaced	Yes
Supporting Document (revised)	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum	Replaced	No
Supporting Document	Cost of Insurance Rates		Yes
Supporting Document (revised)	Statements of Variability		Yes
Supporting Document	Statements of Variability	Replaced	Yes
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Form (revised)	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Lifetime Coverage Guarantee Rider		Yes
Form	Extended Coverage Guarantee Rider		Yes
Form	Accelerated Benefit Rider For Terminal Illness		Yes
Form	Accelerated Benefit Rider For Permanent Confinement		Yes
Form	Accelerated Benefit Rider For Critical Illness		Yes
Form	Children's Term Rider		Yes
Form	Application For Life Insurance		Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/14/2011

Submitted Date 01/14/2011

Respond By Date 02/14/2011

Dear Elizabeth Vassallo,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

We did not find a provision in the contract that provide for payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

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 01/21/2011
Submitted Date 01/28/2011

Dear Linda Bird,

Comments:

Please find our responses to your 1/14/11 objection below. Thank you, Elizabeth Vassallo

Response 1

Comments: Comment 1: The revised certification of compliance is attached to the Supporting Documentation tab.

Comment 2: We have added a last sentence to the first paragraph of the Death Benefit provision on page 6 to comply with your request. UL23AFAR is attached to the form schedule tab.

Comment 3: Accelerated Benefit Disclosure AWD16665 is attached to the Supporting Documentation tab, for information only.

Related Objection 1

Comment:

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment:

Satisfied -Name: Certification of Compliance

Comment:

Satisfied -Name: Rates Consent Form

Comment:

Satisfied -Name: Statements of Variability

Comment:

Satisfied -Name: Accelerated Death Benefit Disclosure

Comment: Attached is the Accelerated Benefit Disclosure which we are attaching for information only.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Flexible Premium Adjustable Life Insurance Policy	UL23AFA R		Policy/Contract/Fraternal Certificate	Initial		55.000	UL23AFA_R_Flexible Premium Adjustable Life Insurance Policy.pdf

Previous Version

Flexible Premium Adjustable Life Insurance Policy	UL23AF		Policy/Contract/Fraternal Certificate	Initial		55.000	UL23AF_Flexible Premium Adjustable Life Insurance Policy.pdf
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No Rate/Rule Schedule items changed.

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Amendment Letter

Submitted Date: 01/11/2011

Comments:

Added 3 actuarial documents inadvertently not submitted.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Actuarial Memorandum

Comment:

AWD05 ActMemo CriticalIllness 20110106.pdf

AWD05 ActMemo PermConfine 20110106.pdf

AWD05 ActMemo TermIll 20110106.pdf

GFL2 Appendix 1 and 2 Exhibits CW.pdf

UL23AF Act Memo_CW _final 010611_.pdf

RUCTR Act Memo_CW Final.pdf

RUEC Act Memo_CW Final.pdf

RULC Act Memo_CW Final.pdf

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Form Schedule

Lead Form Number: UL23AF

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UL23AFAR	Policy/Contract	Flexible Premium Adjustable Life Insurance Policy Certificate	Initial		55.000	UL23AFAR_Flexible Premium Adjustable Life Insurance Policy.pdf
	RULC	Certificate	Lifetime Coverage Amendment, Insert Page, Endorsement or Rider	Initial		53.000	RULC_Lifetime Coverage Guarantee Rider.pdf
	RUEC	Certificate	Extended Coverage Amendment, Insert Page, Endorsement or Rider	Initial		51.000	RUEC_Extended Coverage Guarantee Rider.pdf
	RULBTI	Certificate	Accelerated Benefit Rider For Terminal Illness	Initial		50.000	RULBTI_Accelerated_Death_Benefit_for_Terminal Illness_Rider.pdf
	RULBPC	Certificate	Accelerated Benefit Rider For Permanent Confinement	Initial		46.000	RULBPC_Accelerated_Death_Benefit_for_Permanent Confinement.pdf

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RULBCI	Certificate Accelerated Benefit Amendmen Rider For Critical t, Insert Illness Page, Endorseme nt or Rider	Initial	47.000	RULBCI_Acc elerated_Deat h_Benefit_for _Critical Illness.pdf
RUCTR	Certificate Children's Term Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	58.000	RUCTR_Child rens_Term_Ri der.pdf
AWDULAP P	Application/ Application For Life Enrollment Insurance Form	Initial	55.000	AWDULAPP GoodForLife II B.pdf



AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
{1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776}

A Stock Company

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

This policy is issued in consideration of the application and payment of the first premium. We pay the death benefit if the insured dies while this policy is in force. The payment is made to the beneficiary after we receive written proof of the insured's death.

These agreements are subject to all terms of this policy on this and the following pages.

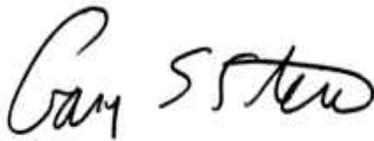
PLEASE READ YOUR POLICY CAREFULLY!

This policy is a contract between you, the owner, and us, American Heritage Life Insurance Company.

20 DAY RIGHT TO EXAMINE POLICY

If for any reason you are not satisfied with this policy, return it to us or to our agent. If the policy is returned within 20 days after you receive it, we will return all premiums paid and the policy is void. If you have a complaint, an inquiry or need to obtain information regarding your coverage, you may call us toll-free at {1-800-521-3535}.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.

{			}
	{Secretary	President}	

**FLEXIBLE PREMUM ADJUSTABLE LIFE INSURANCE
DEATH BENEFIT PAYABLE AT DEATH OF INSURED
NON-PARTICIPATING – NO DIVIDENDS**

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A copy of the application and other agreements listed on the policy specification pages, if any, follow page 13.

AMERICAN HERITAGE LIFE INSURANCE COMPANY
 {1776 American Heritage Life Drive, Jacksonville, Florida 32224}

POLICY SPECIFICATIONS

FORM NO.	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	EXPIRY DATE
UL23AFAR	FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE	#{50,000}	LIFE
{RUEC	EXTENDED COVERAGE GUARANTEE RIDER		1/1/2046}
{RULBPC	ACCELERATED BENEFIT RIDER FOR PERMANENT CONFINEMENT		1/1/2046}
{RULBTI	ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS		1/1/2046}
{RULBCI	ACCELERATED BENEFIT RIDER FOR CRITICAL ILLNESS		1/1/2046}
{RUCTR	CHILDREN'S TERM RIDER	#{10,000}	1/1/2046}

{EXTENDED GUARANTEE: THE PAYMENT OF THE MONTHLY EXTENDED COVERAGE GUARANTEE PREMIUM OF #{65.00} MONTHLY, ON OR BEFORE EACH MONTHLY DATE, IS GUARANTEED TO KEEP THIS POLICY IN FORCE UNTIL {1/1/2046}, ASSUMING NO LOANS OR PARTIAL SURRENDERS ARE TAKEN. SEE EXTENDED COVERAGE GUARANTEE RIDER FOR DETAILS.}

{LIFETIME GUARANTEE: THE PAYMENT OF THE MONTHLY LIFETIME COVERAGE GUARANTEE PREMIUM OF #{XX.XX} MONTHLY, ON OR BEFORE EACH MONTHLY DATE, IS GUARANTEED TO KEEP THIS POLICY IN FORCE FOR THE INSURED'S LIFETIME, ASSUMING NO LOANS OR PARTIAL SURRENDERS ARE TAKEN. SEE LIFETIME COVERAGE GUARANTEE RIDER FOR DETAILS.}

SEE PAGE 3A - 3B FOR ADDITIONAL POLICY SPECIFICATIONS.

The effective date and issue age of each benefit is the Policy Date and Issue Age of the policy unless otherwise specified.

TOTAL PREMIUMS

The Total Premiums include the charge for any additional benefits.

{ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	PLANNED PERIODIC PREMIUM}
			#{65.00}	#{65.00}

Premium Payment Method {MONTHLY} Premium Class {BASIC NON-TOBACCO}

BENEFICIARY: AS NAMED IN THE APPLICATION FOR THIS POLICY OR AS LATER CHANGED.

POLICY DATE: {JANUARY 01, 2011} POLICY NUMBER: {SPECIMEN}

INSURED: {JOHN DOE} ISSUE AGE: {M 35}

INITIAL SPECIFIED AMOUNT: #{50,000} MAXIMUM ACCELERATED DEATH BENEFIT AMOUNT FROM ALL RIDERS ATTACHED TO POLICY: #{50,000}

MINIMUM SPECIFIED AMOUNT: \$10,000

AMERICAN HERITAGE LIFE INSURANCE COMPANY
{1776 American Heritage Life Drive, Jacksonville, Florida 32224}

POLICY SPECIFICATIONS

POLICY VALUES WILL VARY AND COVERAGE MAY CEASE PRIOR TO THE EXPIRY DATE DEPENDING ON CHANGES IN INTEREST RATES, COST OF INSURANCE RATES, AND THE FREQUENCY, TIMING, AND AMOUNT OF YOUR PREMIUM PAYMENTS.

GUARANTEED MINIMUM INTEREST RATE:

MONTHLY RATE: 0.16516%
ANNUAL RATE: 2.000%

DEATH BENEFIT DISCOUNT FACTOR: {1.0016516}

MONTHLY FEE: \${8.00}

THE SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT ARE AS FOLLOWS:

YEAR	AMOUNT
{1	900.00}
{2	900.00}
{3	900.00}
{4	847.00}
{5	794.00}
{6	741.50}
{7	688.50}
{8	635.50}
{9	582.50}
{10	529.00}
{11	476.00}
{12	424.00}
{13	371.00}
{14	317.50}
{15	264.50}
{16	211.50}
{17	158.50}
{18	106.00}
{19	53.00}
{20+	0.00}

BASIS OF RESERVES ON THE POLICY DATE: 2001 COMMISSIONERS STANDARD ORDINARY
AGE LAST BIRTHDAY, TABLE B, NON-SMOKER
4.00% INTEREST

AMERICAN HERITAGE LIFE INSURANCE COMPANY
 {1776 American Heritage Life Drive, Jacksonville, Florida 32224}

POLICY SPECIFICATIONS

**LIFE INSURANCE COMPLIANCE TEST – CASH VALUE ACCUMULATION TEST
 {BASIC NON-TOBACCO}**

ATTAINED AGE	FUND VALUE %	ATTAINED AGE	FUND VALUE%	ATTAINED AGE	FUND VALUE %	ATTAINED AGE	FUND VALUE %
0	1693%						
1	1644%	26	687%	51	291%	76	148%
2	1591%	27	664%	52	282%	77	145%
3	1536%	28	642%	53	273%	78	142%
4	1482%	29	620%	54	265%	79	140%
5	1429%	30	599%	55	256%	80	137%
6	1377%	31	578%	56	249%	81	135%
7	1328%	32	559%	57	241%	82	133%
8	1280%	33	539%	58	234%	83	131%
9	1234%	34	521%	59	227%	84	129%
10	1189%	35	503%	60	221%	85	127%
11	1146%	36	486%	61	214%	86	126%
12	1104%	37	469%	62	208%	87	124%
13	1065%	38	453%	63	203%	88	123%
14	1028%	39	437%	64	197%	89	122%
15	993%	40	422%	65	192%	90	121%
16	959%	41	408%	66	187%	91	121%
17	928%	42	394%	67	182%	92	120%
18	898%	43	381%	68	178%	93	120%
19	868%	44	368%	69	174%	94	120%
20	840%	45	356%	70	169%	95	121%
21	813%	46	344%	71	165%	96	122%
22	786%	47	333%	72	162%	97	117%
23	760%	48	322%	73	158%	98	113%
24	735%	49	311%	74	155%	99	109%
25	710%	50	301%	75	151%	100 and above	100%

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES
{NON-TOBACCO USER RATES}**

ATTAINED AGE	RATE PER \$1000						
0	0.0550	24	0.0725	48	0.2400	72	2.4200
1	0.0350	25	0.0750	49	0.2575	73	2.6750
2	0.0250	26	0.0775	50	0.2800	74	2.9475
3	0.0200	27	0.0800	51	0.3050	75	3.2450
4	0.0175	28	0.0800	52	0.3375	76	3.5800
5	0.0150	29	0.0775	53	0.3750	77	3.9650
6	0.0175	30	0.0775	54	0.4200	78	4.4075
7	0.0175	31	0.0775	55	0.4700	79	4.8975
8	0.0175	32	0.0800	56	0.5225	80	5.4525
9	0.0175	33	0.0825	57	0.5725	81	6.0650
10	0.0175	34	0.0850	58	0.6250	82	6.7075
11	0.0225	35	0.0900	59	0.6850	83	7.4050
12	0.0275	36	0.0950	60	0.7550	84	8.1725
13	0.0300	37	0.1000	61	0.8400	85	9.0075
14	0.0400	38	0.1050	62	0.9375	86	9.9275
15	0.0500	39	0.1125	63	1.0450	87	10.9425
16	0.0575	40	0.1200	64	1.1550	88	12.0075
17	0.0650	41	0.1300	65	1.2725	89	13.0975
18	0.0675	42	0.1425	66	1.3900	90	14.0875
19	0.0700	43	0.1575	67	1.5175	91	15.0175
20	0.0700	44	0.1750	68	1.6500	92	16.0900
21	0.0700	45	0.1925	69	1.7975	93	17.3275
22	0.0700	46	0.2100	70	1.9700	94	18.7400
23	0.0725	47	0.2250	71	2.1800		

Rates change each year as attained age changes.

Guaranteed Basis of Values

Cost of Insurance Rates: 2001 Commissioners' Standard Ordinary Age Last Birthday, Table B Non-Smoker.

Interest Rate: 2.0%

DEFINITIONS

Age. Issue age is the insured's age on his or her last birthday as of the policy date. Attained age is the insured's age on his or her last birthday as of the most recent policy anniversary (or the policy date if this policy has been in force less than one year).

Beneficiary. Any person named on our records to receive the death benefit after the insured dies.

Death Benefit. Death benefit amount minus policy debt.

Death Benefit Amount. The amount described on page 6.

Fund Value. The current accumulation of value as described on page 7.

In Force. The policy is in effect and has not terminated or otherwise lapsed in accordance with the Grace Period provisions.

Insured. The person whose life is covered by this policy as shown on the policy specification pages.

Loan Value. The most you can borrow according to the provisions on page 10.

Monthly Date. The same day of each month as the policy anniversary. If this date is not a day in the calendar, the monthly date is the first day of the next month.

Monthly Deduction. The monthly expense charge plus the monthly cost of insurance for this policy.

Net Surrender Value. The surrender value minus policy debt.

Planned Premium. The amount and frequency of the planned premium you selected at the time you applied for this policy are shown on the policy specification pages.

Policy Anniversary. The same day and month each year as the policy date for each succeeding year this policy remains in force.

Policy Date. The effective date of coverage under this policy and the date from which policy years, policy months, monthly dates, policy anniversaries and premium due dates are determined. The policy date is shown on the policy specification pages.

Policy Debt. Unpaid policy loans plus unpaid loan interest.

Policy Month. A one month period which begins on a monthly date and ends the day before the next monthly date. The first policy month begins on the policy date.

Proceeds. The death benefit or the net surrender value, whichever is applicable.

Surrender Value. The fund value minus the surrender charge.

We, Our, Us. American Heritage Life Insurance Company.

Written Request. A request in writing acceptable to us. This request must be received by us at our Home Office and signed by you.

You, Your. The owner of this policy, as shown in the application, unless changed as provided by this policy.

PREMIUMS

Flexibility. Premium payments are flexible. This means you may choose the amount and frequency of payments. We have the right to:

1. limit the number and the amount of premiums in accordance with the Internal Revenue Code. All premiums in excess of such limits will be returned to you, with interest; and
2. require evidence of insurability if the death benefit amount must be increased to maintain compliance with the Internal Revenue Code as described in the **Death Benefit** section.

The actual amount and frequency of premium payments affects the fund value and the amount and duration of insurance. Refer to the **Policy Fund Value** section for a detailed explanation.

Where to Pay. Premiums are payable in advance to our Home Office, or to an authorized agent. Upon request, we will give you a receipt.

Grace Period. If on any monthly date the net surrender value is less than the monthly deduction for the current policy month, you will be given a grace period of 61 days. This policy will be in force during the grace period. We will send a written notice to the most recent address we have for you at least 30 days prior to the day coverage lapses.

End of Grace Period. If you do not make sufficient payment by the end of the grace period, the policy will lapse. If the insured dies during the grace period, we will deduct any due and unpaid monthly deductions and policy debt owed from the death benefit.

Reinstatement. We will reinstate this policy if you send us a written request within 5 years after the policy terminates as a result of the grace period. You must also send us:

1. proof satisfactory to us that the insured is insurable at the original premium class; and
2. payment of enough premium to keep the policy in force for 2 months, and pay all past due grace period monthly deductions.

This policy will not be reinstated if it was surrendered. The effective date of the reinstated policy is the date we approve your written request. The **Incontestability** provision applies from the effective date of reinstatement as to statements made in the reinstatement application. Policy debt existing at the end of the grace period will be reinstated unless repaid. After the policy is reinstated, the surrender charge is the same as it would have been had there been no termination.

Continuation of Coverage. If you make no premium payment, this policy continues in force until the grace period ends. Unless sufficient payments are made, this policy and all attached riders will then terminate. In no case will a rider continue beyond its termination date.

DEATH BENEFIT

Death Benefit. If the insured dies while this policy is in force, we pay the death benefit to the beneficiary, subject to the terms and conditions of this policy, upon receipt at our Home Office of proof of the death of the insured. Proof of death must be by a certified copy of the death certificate or by other written evidence satisfactory to us. We may also require you to submit the policy with the proof of death. If settlement is not made within 30 days after receipt of due proof of death, interest will be paid in accordance with any applicable state laws from the date of death until payment is made.

The death benefit amount is the specified amount. The death benefit amount in any policy year is not less than the minimum death benefit amount. The minimum death benefit amount equals the applicable percentage of the fund value. Additionally, in no event may the fund value exceed the net single premium which would have to be paid at such time to fund future benefits under the policy.

The applicable percentage is shown in the Life Insurance Compliance Test section on the policy specification pages for the insured's attained age at time of death.

We will conduct a test monthly and, subject to our then current underwriting limits, increase the death benefit amount as necessary to comply with the Internal Revenue Code.

CHANGING YOUR DEATH BENEFIT

Right to Decrease Specified Amount. After the first policy anniversary, you may make a written request to decrease the specified amount. We may limit the number of each such type of change to one per 12-month period. A change approved by us goes into effect on the monthly date after the date we receive your written request at our Home Office.

Decreasing the Specified Amount. Any decrease is applied against the specified amount. The specified amount remaining in force after a decrease cannot be less than the minimum specified amount shown on the policy specification pages. We reserve the right to refuse a decrease which causes this policy not to qualify as life insurance under the Internal Revenue Code requirements.

POLICY FUND VALUE

Fund Value on the Policy Date. The fund value on the policy date is 93% of any premiums received on or before the policy date; minus the monthly expense charge for the first policy month; minus the monthly cost of insurance for this policy for the first policy month.

Fund Value on each Monthly Date. On any monthly date after the policy date, the fund value equals:

1. the fund value on the last monthly date; plus
2. one month's interest on item (1) above; plus
3. 93% of any premiums received since the last monthly date; minus
4. any partial surrender of fund value and any partial surrender service charge since the last monthly date; minus
5. the monthly expense charge for the month following the monthly date; minus
6. the monthly cost of insurance for this policy for the month following the monthly date.

On any day other than the monthly date, the fund value will be calculated in a like manner.

Interest Rate. The guaranteed rate used in calculating fund values is the monthly rate shown on the policy specification pages, compounded monthly. This is equivalent to the annual rate shown on the policy specification pages, compounded annually. We may use rates greater than the guaranteed rates to calculate fund values. We may use a different rate for the portion of the fund value which equals the amount of policy debt, but never less than the monthly rate shown on the policy specification pages per month.

How We Calculate the Monthly Expense Charge. The monthly expense charge for a policy month equals:

1. the monthly cost of insurance for benefits provided by riders; plus
2. the monthly fee as shown on the policy specification pages; plus
3. the monthly per thousand charge, if any.

How We Calculate the Monthly Cost of Insurance. We calculate the cost of insurance on each monthly date. The monthly cost of insurance is determined as follows:

1. divide the death benefit amount on the monthly date (prior to the deduction of the cost of insurance for this policy) by the death benefit discount factor shown on the policy specification pages (this discounts the death benefit amount to the beginning of the month at the guaranteed interest rate); then
2. determine the fund value on the monthly date (prior to the deduction of the cost of insurance for this policy); and
3. subtract (2) from (1), divide by 1,000 (this is the number of \$1,000's of net amount at risk) then multiply by the cost of insurance rate per \$1,000.

Cost of Insurance Rates. The cost of insurance rates are based on many factors, including, but not limited to, the insured's age, policy year and premium class. We may change the cost of insurance rates for any reason at any time, but they will never be more than the guaranteed maximum rates shown on page 4. For the specified amount at issue, the premium class on the policy date applies. When the specified amount is decreased, the order of decreases is explained in the **Decreasing the Specified Amount** provision. Any change in cost of insurance rates will apply uniformly to all insureds of the same class in your state.

How We Calculate the Monthly per Thousand Charge. The monthly per thousand charge is a charge for each \$1,000 of specified amount to be deducted at the beginning of each policy month. At our option, we may determine a lower annual charge. The monthly charges per \$1,000 are the annual per \$1,000 charges divided by 12. Maximum annual charges per \$1,000 are shown in the following table.

TABLE OF MAXIMUM ANNUAL CHARGES PER \$1,000

Age at Issue	Non-Tobacco	Tobacco
0-15	\$1.80	\$3.60
16-20	\$3.00	\$3.60
21-25	\$3.24	\$4.20
26-30	\$4.20	\$5.34
31-40	\$6.00	\$6.00
41-45	\$6.36	\$6.30
46-50	\$6.72	\$7.50
51-55	\$7.92	\$7.74
56-65	\$8.40	\$8.40
66-70	\$13.20	\$13.20

POLICY SURRENDER

Surrender. Subject to the **Owner, Beneficiary and Assignment** provisions, you may return this policy to us and request its net surrender value. A surrender is effective on the date we receive your written request at our Home Office.

The net surrender value is equal to the surrender value minus policy debt. The surrender value is equal to the fund value minus the surrender charge explained on page 10. The fund value used to calculate the surrender value is the value as of the day we receive your request at our Home Office.

TABLE OF MAXIMUM SURRENDER CHARGES (Per \$1,000 Specified Amount)

Age at Issue	Non-Tobacco	Tobacco	Age at Issue	Non-Tobacco	Tobacco	Age at Issue	Non-Tobacco	Tobacco
0	\$11.50	\$11.50						
1	\$11.50	\$11.50	26	\$15.00	\$15.00	51	\$27.00	\$32.00
2	\$11.50	\$11.50	27	\$15.00	\$15.00	52	\$28.00	\$33.00
3	\$11.50	\$11.50	28	\$15.00	\$15.00	53	\$29.00	\$34.50
4	\$11.50	\$11.50	29	\$15.00	\$15.00	54	\$30.30	\$36.00
5	\$11.50	\$11.50	30	\$15.00	\$16.00	55	\$31.60	\$37.50
6	\$12.00	\$12.00	31	\$16.00	\$17.00	56	\$32.50	\$38.50
7	\$12.00	\$12.00	32	\$16.50	\$17.50	57	\$33.50	\$40.00
8	\$12.00	\$12.00	33	\$17.00	\$18.00	58	\$35.00	\$42.00
9	\$12.00	\$12.00	34	\$17.50	\$18.50	59	\$37.00	\$44.00
10	\$12.50	\$12.50	35	\$18.00	\$19.00	60	\$39.00	\$44.80
11	\$13.00	\$13.00	36	\$18.00	\$19.00	61	\$41.00	\$45.00
12	\$13.00	\$13.00	37	\$18.50	\$19.50	62	\$42.00	\$45.50
13	\$13.00	\$13.00	38	\$19.00	\$20.00	63	\$43.00	\$46.00
14	\$13.00	\$13.00	39	\$19.50	\$20.50	64	\$45.00	\$46.00
15	\$13.00	\$13.00	40	\$20.00	\$21.00	65	\$46.00	\$46.50
16	\$13.50	\$13.50	41	\$20.50	\$22.00	66	\$48.00	\$48.00
17	\$13.50	\$13.50	42	\$21.30	\$23.50	67	\$48.00	\$48.00
18	\$14.00	\$14.00	43	\$22.00	\$25.00	68	\$48.00	\$48.00
19	\$14.00	\$14.00	44	\$22.80	\$26.00	69	\$48.00	\$48.00
20	\$14.00	\$14.00	45	\$23.50	\$27.00	70	\$48.00	\$48.00
21	\$14.00	\$14.00	46	\$23.50	\$27.50			
22	\$14.00	\$14.00	47	\$24.00	\$28.00			
23	\$14.00	\$14.00	48	\$25.00	\$29.00			
24	\$14.00	\$14.00	49	\$26.00	\$30.00			
25	\$14.00	\$14.00	50	\$27.00	\$31.50			

Renewal Year Surrender Charges per \$1,000: Multiply the first year surrender charge by the percentage shown in the following table. Years and months are measured from the policy date.

% of Maximum Surrender Charge							
Month	Charge	Month	Charge	Month	Charge	Month	Charge
1-36	100.0%	88	74.5%	140	49.0%	192	23.5%
37	99.5%	89	74.0%	141	48.5%	193	23.0%
38	99.0%	90	73.5%	142	48.0%	194	22.5%
39	98.5%	91	73.0%	143	47.5%	195	22.1%
40	98.0%	92	72.5%	144	47.1%	196	21.6%
41	97.5%	93	72.1%	145	46.6%	197	21.1%
42	97.1%	94	71.6%	146	46.1%	198	20.6%
43	96.6%	95	71.1%	147	45.6%	199	20.1%
44	96.1%	96	70.6%	148	45.1%	200	19.6%
45	95.6%	97	70.1%	149	44.6%	201	19.1%
46	95.1%	98	69.6%	150	44.1%	202	18.6%
47	94.6%	99	69.1%	151	43.6%	203	18.1%
48	94.1%	100	68.6%	152	43.1%	204	17.6%
49	93.6%	101	68.1%	153	42.6%	205	17.2%
50	93.1%	102	67.6%	154	42.2%	206	16.7%
51	92.6%	103	67.2%	155	41.7%	207	16.2%
52	92.2%	104	66.7%	156	41.2%	208	15.7%
53	91.7%	105	66.2%	157	40.7%	209	15.2%
54	91.2%	106	65.7%	158	40.2%	210	14.7%
55	90.7%	107	65.2%	159	39.7%	211	14.2%
56	90.2%	108	64.7%	160	39.2%	212	13.7%
57	89.7%	109	64.2%	161	38.7%	213	13.2%
58	89.2%	110	63.7%	162	38.2%	214	12.7%
59	88.7%	111	63.2%	163	37.7%	215	12.3%
60	88.2%	112	62.7%	164	37.3%	216	11.8%
61	87.7%	113	62.3%	165	36.8%	217	11.3%
62	87.3%	114	61.8%	166	36.3%	218	10.8%
63	86.8%	115	61.3%	167	35.8%	219	10.3%
64	86.3%	116	60.8%	168	35.3%	220	9.8%
65	85.8%	117	60.3%	169	34.8%	221	9.3%
66	85.3%	118	59.8%	170	34.3%	222	8.8%
67	84.8%	119	59.3%	171	33.8%	223	8.3%
68	84.3%	120	58.8%	172	33.3%	224	7.8%
69	83.8%	121	58.3%	173	32.8%	225	7.4%
70	83.3%	122	57.8%	174	32.4%	226	6.9%
71	82.8%	123	57.4%	175	31.9%	227	6.4%
72	82.4%	124	56.9%	176	31.4%	228	5.9%
73	81.9%	125	56.4%	177	30.9%	229	5.4%
74	81.4%	126	55.9%	178	30.4%	230	4.9%
75	80.9%	127	55.4%	179	29.9%	231	4.4%
76	80.4%	128	54.9%	180	29.4%	232	3.9%
77	79.9%	129	54.4%	181	28.9%	233	3.4%
78	79.4%	130	53.9%	182	28.4%	234	2.9%
79	78.9%	131	53.4%	183	27.9%	235	2.5%
80	78.4%	132	52.9%	184	27.5%	236	2.0%
81	77.9%	133	52.5%	185	27.0%	237	1.5%
82	77.5%	134	52.0%	186	26.5%	238	1.0%
83	77.0%	135	51.5%	187	26.0%	239	0.5%
84	76.5%	136	51.0%	188	25.5%	240	0.0%
85	76.0%	137	50.5%	189	25.0%		
86	75.5%	138	50.0%	190	24.5%		
87	75.0%	139	49.5%	191	24.0%		

Surrender Charge Computation. The surrender charge for the policy equals the surrender charge on the specified amount. The surrender charge on the specified amount equals the rate per \$1,000 shown above, times the number of \$1,000's of specified amount. If the specified amount is decreased for any reason, the surrender charge is not affected. There is no reduction in the surrender charge due to such decrease.

POLICY LOANS, PARTIAL SURRENDERS

Obtaining a Loan. You may request a loan at any time, if this policy is in force and the loan is not more than the loan value. The loan value is the surrender value minus:

1. policy debt; and
2. interest on any existing policy debt and on the amount to be borrowed to the next annual date; and
3. any unpaid monthly deductions; and
4. an amount equal to 2 monthly deductions.

Loans are evidenced by our check payable to and endorsed by you.

Loan Interest. The interest we charge on policy debt is {2%} per year in arrears. Interest on policy debt is due and payable in arrears at the end of each policy anniversary. Interest not paid when due will be added to the existing policy debt and bear interest at the same rate.

Loan Repayment. You may repay policy debt at any time, except that repayment must be made while this policy is in force and while the insured is alive, and a partial repayment must be at least \$25. A loan that exists at the end of a grace period cannot be repaid unless you reinstate this policy.

If at any time the policy debt exceeds the surrender value, this policy terminates, except as provided in the Grace Period provision. At least 31 days prior notice will be mailed to your last known address.

Partial Surrender. After the first policy anniversary, you may request a partial surrender any time during the insured's lifetime. The partial surrender is effective on the date we receive and accept your written request. A \${25} service charge is deducted from the fund value for each partial surrender. The amount surrendered plus the service charge cannot exceed the net surrender value, but must be at least \$250.

The specified amount is reduced by the amount of the partial surrender. A partial surrender is not allowed if it would reduce the specified amount below the minimum specified amount shown on the policy specification pages.

A partial surrender cannot be repaid, but you can make unscheduled premium payments.

OWNER, BENEFICIARY AND ASSIGNMENT

Owner. Owner means the owner stated in the application. All policy rights and privileges belong to the owner and may be exercised by the owner during the lifetime of the insured. If the owner dies before the insured, all the rights and privileges of the owner pass to the contingent owner, if one is named in the application or in a subsequent written request. If no contingent owner is named, all rights and privileges of ownership pass to the estate of the owner upon his or her death.

Change of Owner. The owner may transfer the ownership of this policy by making a written request and, unless waived by us, submitting the policy for endorsement to show the transfer. The change is effective when we receive it at our Home Office. Any payment made or any action taken or allowed by us before the change is recorded will be without prejudice to us. If not provided otherwise, a change of ownership does not affect the interest of any beneficiary.

Change of Contingent Owner. The owner may change a previously named contingent owner by filing a written request. The change is effective when we receive it at our Home Office.

Beneficiary. The beneficiary:

1. receives the death benefit when the insured dies; and
2. is named in the application for this policy; and
3. may be changed by the owner, as explained in this section.

If not provided otherwise:

1. The interest of a beneficiary who dies before the insured will pass to the surviving beneficiaries in proportion to their share in the proceeds.
2. If no beneficiary survives the insured, the death benefit is paid in one lump sum to the owner, if living. If neither the owner nor any beneficiary survives the insured, the death benefit is paid to the owner's estate.

Change of Beneficiary. The owner may change the beneficiary designation by written request while the insured is alive; and if the prior designation does not prohibit such a change.

A change revokes any prior designation. The change will take effect as of the date the request is signed, even if the insured is not living on the day the request is received. Any rights created by the change will be subject to any payments made or actions taken by us before the written request is received.

Assignment. An assignment of this policy is not binding on us unless it is a written request, and it is received by us at our Home Office. An assignment will take effect when recorded at our Home Office. We are not responsible for the validity of any assignment.

GENERAL PROVISIONS

Entire Contract; Changes. The entire contract consists of this policy, the application, and any riders, amendments or endorsements attached to this policy.

A change in this policy will be binding on us only if the change is in writing and the change is made by our President, Vice President, Secretary or Assistant Secretary.

Incontestability. We rely on the statements made in the application for this policy and any application(s) for reinstatement. These statements are considered representations and not warranties. No statement may be used in defense of a claim under this policy, unless it is in such applications.

We cannot contest payment of the death benefit represented by the specified amount after this policy has been in force during the insured's life for 2 years from the policy date.

Suicide Exclusion. If the insured commits suicide, while sane or insane, within 2 years after the policy date, the death benefit is limited to the premiums paid, less policy debt and partial surrenders.

Misstatement of Age. If the insured's age is misstated, the death benefit amount will be adjusted at the time of the insured's death. The adjusted death benefit amount equals the unadjusted death benefit amount, multiplied by the policy's cost of insurance rate which applies during the policy month of the insured's death using the misstated issue age, divided by the policy's cost of insurance rate using the correct issue age. If there is no established policy cost of insurance rate which applies using the correct issue age, we will extrapolate such a rate for the purpose of adjusting the death benefit amount. No adjustments to the fund value will be made as a result of the insured's age being misstated.

Attainment of Age 95. Beginning with the policy anniversary following the insured's 95th birthday, cost of insurance and monthly expense charges will be waived and premiums will no longer be accepted unless required for reinstatement. The policy fund value will continue to be credited with interest and policy loans will continue to accrue interest. The death benefit will continue to be determined in accordance with the terms of the Death Benefit provision.

Payments to repay outstanding policy debt will continue to be accepted after the policy anniversary following the insured's 95th birthday as described in the **Loan Repayment** provision of this policy.

Payments by Us and Right to Defer Payment. All payments by us are made from our Home Office. We have the right to wait up to 6 months after written notice to us before we:

1. pay the net surrender value; and
2. make a policy loan, unless it is used to pay premiums on our policies; and
3. make a partial surrender.

If we wait more than 30 days to pay surrender proceeds, interest at the guaranteed rate will be added for the time we waited.

Non-Participating. This policy does not share in surplus distribution.

Basis of Policy Values. The basis for the minimum surrender values and guaranteed maximum cost of insurance rates is shown on page 4. All of the values are the same or more than the minimums set by the laws of the state where the policy is issued. If required, we have filed a detailed statement about this with your state insurance department. Reserves will always be at least as great as the minimum required by law. The basis of reserves on the policy are shown on the policy specification pages.

Annual Report. We will send you a report at least once a year without charge. It shows since the last report:

1. current fund value; and
2. current policy debt; and
3. premiums paid; and
4. expense; and
5. cost of insurance deducted for the policy and any riders; and
6. interest credited to the fund value; and
7. partial surrenders (including service charges); and
8. current death benefit amount.

Projection of Values and Benefits. At your written request, we will provide a report which shows projected future results. The report is based on assumptions in regard to:

1. the death benefits and planned premium payments you specify; and
2. such other assumptions needed as specified by you or us.

A fee of up to \$25.00 may be charged as determined by us. The report is based on assumptions, and is not a guarantee of results or performance.

Termination. This policy terminates on the earliest of:

1. your surrender of the policy for its net surrender value; or
2. the end of the grace period; or
3. the death of the insured.

SETTLEMENT OPTIONS

Election of Option. You may choose to have the proceeds applied under one or more of the options which follow. If no option is in effect, the proceeds are paid in one sum. If you do not make this choice before the insured dies, the beneficiary has this right. A change of beneficiary revokes a prior option. The beneficiary has no right to change an election unless this right was agreed to by us in writing.

Payee and Death of Payee. The person to receive proceeds under a settlement option is the payee. A payee may not be an assignee or other than a natural person (such as a corporation).

We may determine the existence, identity, age or other facts about any payee solely on affidavit or other written proof. In such case, any payment made by us, to the extent of such payment, is a valid discharge of our obligation.

If the payee dies, we pay the contingent payee named by the payee, if any; otherwise, we pay the estate of the payee. The amount paid is:

1. Under Options 1 and 3: any unpaid proceeds plus interest at not less than the guaranteed rate.
2. Under Options 2 and 4: the value of any remaining proceeds certain discounted at the greater of the guaranteed interest rate for settlement options, or the interest rate we used to compute the monthly payment.

Payment of Proceeds. The proceeds are paid to the payee in one lump sum or under one or more of the listed options. The proceeds may also be paid in a manner agreed to by both you and us in writing. The amount applied under an option must be at least \$2,500 or provide for periodic payments of at least \$50. If not, the proceeds are paid in a lump sum.

Interest under Option 1 is earned from the date proceeds are applied. Payments under Options 2, 3 and 4 start on the date proceeds are applied to the option.

Basis of Settlement Option Proceeds. The guaranteed interest rate used to determine settlement option proceeds is 2% per year. At our option, we may provide settlement option proceeds which are more favorable than the guaranteed basis.

Option 1. Interest: The proceeds may be left to earn interest for an agreed period. This period cannot exceed the greater of 30 years or the lifetime of the payee. Interest is paid as agreed or added to the proceeds. At the end of the period, proceeds are paid to the payee, if living, otherwise to the contingent payee.

Option 2. Payment For a Guaranteed Period: Proceeds are used to provide monthly payments for a guaranteed period. The guaranteed amount for each \$1,000 of proceeds is shown below:

Years	Rate Per \$1,000						
1	\$84.09	6	\$14.72	11	\$8.42	16	\$6.07
2	42.46	7	12.74	12	7.80	17	5.77
3	28.59	8	11.25	13	7.26	18	5.50
4	21.65	9	10.10	14	6.81	19	5.26
5	17.49	10	9.18	15	6.42	20	5.04

Option 3. Income of Elected Amount: The proceeds are paid in payments we agree to. Payments are made until the proceeds plus interest are paid in full.

Option 4. Life Income With a 10 Year Guarantee: The proceeds are used to provide monthly payments for a guaranteed period of 10 years. After this period ends payments continue as long as the payee is alive.

We require evidence of the payee's age before making payments under this option. The payment is based on the payee's age on the date the first payment is made. The guaranteed payment for each \$1,000 of proceeds is shown below:

Age	Rate Per \$1,000	Age	Rate Per \$1,000	Age	Rate Per \$1,000
50	\$3.30	65	\$4.62	80	\$7.23
51	3.36	66	4.75	81	7.43
52	3.43	67	4.89	82	7.61
53	3.49	68	5.04	83	7.79
54	3.56	69	5.19	84	7.96
55	3.64	70	5.35	85	8.12
56	3.71	71	5.51	86	8.26
57	3.79	72	5.69	87	8.39
58	3.88	73	5.87	88	8.51
59	3.97	74	6.05	89	8.62
60	4.07	75	6.24	90	8.71
61	4.17	76	6.44	91	8.79
62	4.27	77	6.64	92	8.87
63	4.38	78	6.84	93	8.93
64	4.50	79	7.04	94	8.99



Allstate.

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
{1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776}

A Stock Company

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
DEATH BENEFIT PAYABLE AT DEATH OF INSURED
NON-PARTICIPATING – NO DIVIDENDS**

AMERICAN HERITAGE LIFE INSURANCE COMPANY
{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

Lifetime Coverage Guarantee Rider

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is issued with the policy to which it is attached and coverage begins as of the policy date shown on the policy specification pages.

Coverage provided by this rider is not effective unless the policy is in force. This rider cannot be issued to a policy that has the Extended Coverage Guarantee Rider

BENEFIT

This rider provides that the policy will not lapse, even if the net surrender value is not sufficient to cover the monthly deduction, provided the lifetime coverage guarantee premium test and other conditions of this rider are met.

DEFINITIONS

Monthly Lifetime Coverage Guarantee Premium Threshold. Is equal to (a) multiplied by (b), where (a) is the number of months the policy has been in force, plus 1; and (b) is the monthly lifetime coverage guarantee premium, shown on the policy specification pages .

Policy. The policy to which this rider is attached.

LIFETIME COVERAGE GUARANTEE PREMIUM TEST

The lifetime coverage guarantee premium test is met if the sum of the total premium payments, minus partial surrenders and policy debt, is greater than or equal to the monthly lifetime coverage guarantee premium threshold. The lifetime coverage guarantee premium test will be performed on each monthly date until this rider terminates. If this rider terminates, the policy will not lapse if the net surrender value is sufficient to cover monthly deductions.

REINSTATEMENT

If this rider is in effect when the policy lapses and the policy is reinstated, this rider can be reinstated at that time provided that the lifetime coverage guarantee premium test is met.

TERMINATION

This rider will terminate and is no longer in force on the earliest of:

1. The lifetime coverage guarantee rider expiry date shown on the policy specification pages; or
2. The date of your written request to terminate this rider; or
3. The date the policy expires or otherwise terminates.

Signed for American Heritage Life Insurance Company at its Home Office.

{ *Gay S. Steu*

{Secretary}

David A. Beard

{President}

AMERICAN HERITAGE LIFE INSURANCE COMPANY
{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

Extended Coverage Guarantee Rider

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is issued with the policy to which it is attached and coverage begins as of the policy date shown on the policy specification pages.

Coverage provided by this rider is not effective unless the policy is in force. This rider cannot be issued to a policy that has the Lifetime Coverage Guarantee Rider.

BENEFIT

This rider provides that the policy will not lapse, even if the net surrender value is not sufficient to cover the monthly deduction, provided the extended coverage guarantee premium test and other conditions of this rider are met.

DEFINITIONS

Monthly Extended Coverage Guarantee Premium Threshold. Is equal to (a) multiplied by (b), where (a) is the number of months the policy has been in force, plus 1; and (b) is the monthly extended coverage guarantee premium, shown on the policy specification pages .

Policy. The policy to which this rider is attached.

EXTENDED COVERAGE GUARANTEE PREMIUM TEST

The extended coverage guarantee premium test is met if the sum of the total premium payments, minus partial surrenders and policy debt, is greater than or equal to the monthly extended coverage guarantee premium threshold. The extended coverage guarantee premium test will be performed on each monthly date until this rider terminates. If this rider terminates, the policy will not lapse if the net surrender value is sufficient to cover monthly deductions.

REINSTATEMENT

If this rider is in effect when the policy lapses and the policy is reinstated, this rider can be reinstated at that time provided that the extended coverage guarantee premium test is met.

TERMINATION

This rider will terminate and is no longer in force on the earliest of:

1. The extended coverage guarantee rider expiry date shown on the policy specification pages; or
2. The date of your written request to terminate this rider; or
3. The date the policy expires or otherwise terminates.

Signed for American Heritage Life Insurance Company at its Home Office.

{ *Gay S. Steu*

{Secretary}

David A. Beard

{President}

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

THE DEATH BENEFIT AMOUNT, SPECIFIED AMOUNT, FUND VALUE, SURRENDER VALUE, SURRENDER CHARGE AND ANY OUTSTANDING POLICY DEBT OF THE POLICY WILL BE REDUCED IF A DEATH BENEFIT ADVANCE IS PAID. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE, AND YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is attached to and made part of the policy. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

BENEFIT

This rider provides for the advance of a portion of the death benefit amount due to a terminal illness. We will pay you the benefit provided by this rider upon due proof that the insured has been diagnosed with a terminal illness, subject to the terms and conditions of the policy and this rider.

DEFINITIONS

Death Benefit Advance. The advance during the insured's lifetime of the accelerated death benefit amount reduced by a pro rata amount of any policy debt.

Immediate Family. The spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the insured.

Physician: A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery; or a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in. Physician does not include you, the insured, or a member of the insured's or your immediate family.

Physician's Statement. A written statement acceptable to us, signed by a physician, which gives the physician's diagnosis of the insured's terminal illness.

Policy. The policy to which this rider is attached.

Rider Date. The effective date of this rider. The rider date is the policy date unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

Terminal Illness. A medical condition of the insured that, notwithstanding appropriate medical care, will result in a life expectancy of 24 months or less from the date of the physician's statement.

COST OF INSURANCE

The charge for this rider is deducted from the policy's fund value on each monthly date. The following table shows the monthly cost of insurance rate per \$1,000 of specified amount.

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
18	0.0179	0.0355	18	0.0140	0.0273
19	0.0179	0.0355	19	0.0140	0.0273
20	0.0179	0.0355	20	0.0140	0.0273
21	0.0179	0.0355	21	0.0140	0.0273
22	0.0179	0.0355	22	0.0140	0.0273
23	0.0179	0.0355	23	0.0140	0.0273
24	0.0179	0.0355	24	0.0140	0.0273
25	0.0179	0.0355	25	0.0140	0.0273
26	0.0195	0.0389	26	0.0147	0.0286
27	0.0212	0.0423	27	0.0153	0.0298
28	0.0229	0.0456	28	0.0159	0.0311

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
29	0.0246	0.0490	29	0.0165	0.0323
30	0.0262	0.0524	30	0.0171	0.0336
31	0.0291	0.0577	31	0.0178	0.0352
32	0.0320	0.0631	32	0.0186	0.0368
33	0.0349	0.0684	33	0.0193	0.0385
34	0.0378	0.0738	34	0.0200	0.0401
35	0.0407	0.0791	35	0.0207	0.0418
36	0.0450	0.0862	36	0.0216	0.0436
37	0.0493	0.0933	37	0.0224	0.0454
38	0.0536	0.1003	38	0.0232	0.0473
39	0.0579	0.1074	39	0.0240	0.0491
40	0.0622	0.1145	40	0.0248	0.0510
41	0.0666	0.1209	41	0.0257	0.0528
42	0.0710	0.1272	42	0.0265	0.0547
43	0.0753	0.1336	43	0.0274	0.0565
44	0.0797	0.1400	44	0.0283	0.0584
45	0.0841	0.1464	45	0.0291	0.0603
46	0.0887	0.1534	46	0.0302	0.0627
47	0.0934	0.1604	47	0.0312	0.0651
48	0.0981	0.1674	48	0.0322	0.0675
49	0.1027	0.1744	49	0.0333	0.0699
50	0.1074	0.1814	50	0.0343	0.0723
51	0.1132	0.1908	51	0.0358	0.0761
52	0.1190	0.2003	52	0.0374	0.0799
53	0.1248	0.2098	53	0.0389	0.0838
54	0.1306	0.2193	54	0.0404	0.0876
55	0.1364	0.2288	55	0.0419	0.0914
56	0.1442	0.2425	56	0.0439	0.0974
57	0.1519	0.2563	57	0.0459	0.1035
58	0.1596	0.2701	58	0.0479	0.1095
59	0.1674	0.2838	59	0.0498	0.1155
60	0.1751	0.2976	60	0.0518	0.1216
61	0.1852	0.3160			
62	0.1952	0.3343			
63	0.2053	0.3527			
64	0.2154	0.3710			
65	0.2254	0.3894			
66	0.2405	0.4184			
67	0.2555	0.4474			
68	0.2706	0.4764			
69	0.2856	0.5055			
70	0.3007	0.5345			

CONDITIONS OF PAYMENT

While the policy and this rider are in force, we will pay you the death benefit advance, subject to the following conditions:

1. The terminal illness first manifests itself on or after the policy date; and
2. Proof of terminal illness is received by us. This proof will include a properly completed claim form, a physician's statement and any additional information from the physician we deem necessary. We may require, at our expense, an additional examination by a physician of our choice; and
3. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us.

This rider provides for the advance of a portion of the death benefit amount and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

ACCELERATED DEATH BENEFIT AMOUNT

The accelerated death benefit amount is subject to the following:

1. The minimum amount you may accelerate is the lesser of \$5,000 or the total remaining death benefit amount; and
2. The total sum of all accelerated death benefit amount payments made under all riders attached to the policy cannot exceed the maximum amount for acceleration, which is shown on the policy specification pages.

EFFECT ON POLICY WHEN DEATH BENEFIT AMOUNT IS ACCELERATED

After a death benefit advance is made, the death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis. Future values will be calculated according to the methods described in the policy using the reduced amounts.

Premium will no longer be accepted for the policy after the death benefit advance is paid, and all monthly deductions will cease on the monthly date following the payment of the benefit. Payments to repay outstanding policy debt will continue to be accepted after the death benefit advance is paid.

We will send to you, for attachment to your policy, an endorsement showing the decrease in policy values resulting from the death benefit advance.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. The date the policy matures, expires or otherwise terminates; or
2. The date the policy is surrendered; or
3. The next monthly date after your written request to terminate this rider; or
4. The date the maximum accelerated death benefit amount is paid; or
5. The expiry date of this rider as shown on the policy specification pages.

REINSTATEMENT

If this rider lapses at the time the policy does, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

PAYMENT OF CLAIMS

Claim forms may be received by notifying us. We will pay the death benefit advance as a lump sum to the owner unless instructed otherwise.

Signed for American Heritage Life Insurance Company at its Home Office.

{   }

{Secretary} {President}

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

ACCELERATED BENEFIT RIDER FOR PERMANENT CONFINEMENT

THE DEATH BENEFIT AMOUNT, SPECIFIED AMOUNT; FUND VALUE, SURRENDER VALUE, SURRENDER CHARGE AND ANY OUTSTANDING POLICY DEBT OF THE POLICY WILL BE REDUCED IF A DEATH BENEFIT ADVANCE IS PAID. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE, AND YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is attached to and made part of the policy. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

BENEFIT

This rider provides for the advance of a portion of the death benefit amount as provided by the Eligibility for Payment section of this rider.

DEFINITIONS

Activities of Daily Living. Activities of Daily Living are:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower with or without the aid of equipment.
2. **Continence:** The ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag), with or without the aid of equipment.
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off of the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

Chronically Ill Individual. Any individual who has been certified within the previous 90 days by a licensed health care practitioner as:

1. Being unable to perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least 90 consecutive days due to loss of functional capacity; or
2. Requiring substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment.

Assisted Living Facility. A facility that is primarily engaged in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

1. It is licensed by the appropriate licensing agency, if the state in which it operates licenses such facilities; and
2. It provides 24 hour a day care and services sufficient to support needs resulting from being chronically ill; and
3. It has a trained and ready to respond employee on duty at all times to provide care; and
4. It provides 3 meals a day and accommodates special dietary needs; and
5. It has formal arrangements for the services of a physician or nurse to furnish medical care in case of an emergency; and
6. It has appropriate methods and procedures for handling and administering drugs and biologicals.

Death Benefit Advance. The advance, during the insured's lifetime, of the accelerated death benefit amount reduced by a pro rata amount of any policy debt.

Hands-On Assistance. The physical assistance of another person without which the insured would be unable to perform the activity of daily living.

Hospital. An institution or facility that is licensed as a hospital by the proper authority of the state in which it is located; or accredited as a Hospital by the Joint Commission on Accreditation of Hospitals (JCAH).

Immediate Family. The spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the insured.

Licensed Health Care Practitioner. A physician or any registered professional nurse, licensed social worker, or other individual who meets such requirements as described by the Secretary of Health and Human Services. The licensed health care practitioner must not be a member of your or the insured's immediate family.

Licensed Social Worker. A duly licensed social worker acting within the scope of his or her license at the time the treatment or service is performed.

Nursing Care Facility. A place which:

1. Is licensed by the state in which it is located; and
2. Is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
3. provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
4. Its primary function is to provide nursing care, and room and board; and the facility charges for these services. The care must be performed under the direction of a licensed physician, or a licensed graduate nurse (R.N.), or licensed practical nurse (L.P.N.); and
5. Is not, other than incidentally, a hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the treatment of alcoholism, mental illness or drug abuse.

Physician. A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery; or a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in. Physician does not include you, the insured, or a member of the insured's or your immediate family.

Policy. The policy to which this rider is attached.

Registered Nurse (R.N.). A duly licensed nurse acting within the scope of his or her license at the time the treatment or service is performed.

Rider Date. The effective date of this rider. The rider date is the policy date unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

Severe Cognitive Impairment. The deterioration or loss of the insured's intellectual capacity which requires substantial supervision by another person to protect the insured or others. It is measured by clinical evidence and standardized tests which reliably measure the insured's impairment in:

1. Short or long term memory;
2. Orientation as to people, places or time; and
3. Deductive or abstract reasoning.

A severe cognitive impairment includes Alzheimer's disease and similar forms of irreversible dementia.

Stand-By Assistance. The presence of another person within arm's reach of the insured that is necessary to prevent, by physical intervention, injury to the insured while they are performing the activity of daily living.

Substantial Assistance. Hands-on or stand-by assistance.

Substantial Supervision. Continual supervision by another person is necessary to protect the insured from threats to his or her health or safety. Such supervision may include cueing by verbal prompting, gestures or other demonstrations.

COST OF INSURANCE

The charge for this rider is deducted from the policy's fund value on each monthly date. The following table shows the monthly cost of insurance rate per \$1,000 of specified amount.

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
18	0.0050	0.0086	18	0.0040	0.0062
19	0.0050	0.0086	19	0.0040	0.0062
20	0.0050	0.0086	20	0.0040	0.0062
21	0.0050	0.0086	21	0.0040	0.0062
22	0.0050	0.0086	22	0.0040	0.0062
23	0.0050	0.0086	23	0.0040	0.0062
24	0.0050	0.0086	24	0.0040	0.0062
25	0.0050	0.0086	25	0.0040	0.0062
26	0.0059	0.0104	26	0.0042	0.0065
27	0.0068	0.0122	27	0.0044	0.0069
28	0.0076	0.0141	28	0.0046	0.0072
29	0.0085	0.0159	29	0.0047	0.0075
30	0.0094	0.0178	30	0.0049	0.0078
31	0.0112	0.0214	31	0.0051	0.0081
32	0.0129	0.0250	32	0.0053	0.0084
33	0.0147	0.0286	33	0.0055	0.0086
34	0.0165	0.0323	34	0.0057	0.0089
35	0.0182	0.0359	35	0.0060	0.0092
36	0.0217	0.0420	36	0.0061	0.0097
37	0.0251	0.0481	37	0.0063	0.0101
38	0.0286	0.0541	38	0.0065	0.0105
39	0.0320	0.0602	39	0.0067	0.0110
40	0.0354	0.0663	40	0.0069	0.0114
41	0.0396	0.0726	41	0.0071	0.0119
42	0.0438	0.0790	42	0.0073	0.0123
43	0.0479	0.0853	43	0.0076	0.0128
44	0.0521	0.0916	44	0.0078	0.0132
45	0.0563	0.0979	45	0.0080	0.0137
46	0.0604	0.1039	46	0.0084	0.0142
47	0.0646	0.1098	47	0.0088	0.0147
48	0.0687	0.1158	48	0.0092	0.0153
49	0.0729	0.1217	49	0.0096	0.0158
50	0.0770	0.1277	50	0.0100	0.0164
51	0.0820	0.1355	51	0.0105	0.0171
52	0.0871	0.1434	52	0.0109	0.0179
53	0.0921	0.1512	53	0.0113	0.0187
54	0.0972	0.1591	54	0.0117	0.0195
55	0.1022	0.1669	55	0.0121	0.0203
56	0.1099	0.1795	56	0.0127	0.0216
57	0.1175	0.1920	57	0.0133	0.0229
58	0.1251	0.2046	58	0.0139	0.0242
59	0.1328	0.2172	59	0.0145	0.0256
60	0.1404	0.2297	60	0.0151	0.0269
61	0.1521	0.2505			
62	0.1638	0.2713			
63	0.1755	0.2920			
64	0.1872	0.3128			
65	0.1989	0.3336			
66	0.2171	0.3691			
67	0.2353	0.4046			
68	0.2535	0.4401			
69	0.2717	0.4755			
70	0.2899	0.5110			

ELIGIBILITY FOR PAYMENT

The owner will be eligible for payment of the death benefit advance if:

1. The insured has been confined to a nursing care facility or assisted living facility for at least 90 consecutive days and is expected to remain there for the rest of his or her life; and
2. Within the previous 90 days, the insured has been certified by a licensed health care practitioner as a chronically ill individual.

CONDITIONS OF PAYMENT

While the policy and this rider are in force, we will pay you the death benefit advance subject to the following conditions:

1. The insured satisfies the Eligibility for Payment provision; and
2. Satisfactory proof of claim is received by us. This proof will include a properly completed claim form and a statement from a licensed health care practitioner certifying that the insured satisfies the Eligibility for Payment provision.
3. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us; and
4. The request for payment is made after the rider has been in force for 90 days.

This rider provides for the advance of a portion of the death benefit amount and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

ACCELERATED DEATH BENEFIT AMOUNT

The accelerated death benefit amount is subject to the following:

1. The minimum amount you may accelerate is the lesser of \$5,000 or the total remaining death benefit amount; and
2. The total sum of all accelerated death benefit amount payments made under all riders attached to the policy cannot exceed the maximum amount for acceleration, which is shown on the policy specification pages.

EFFECT ON POLICY WHEN DEATH BENEFIT AMOUNT IS ACCELERATED

After a death benefit advance is made, the death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis. Future values will be calculated according to the methods described in the policy using the reduced amounts.

Premium will no longer be accepted for the policy after the death benefit advance is paid, and all monthly deductions will cease on the monthly date following the payment of the benefit. Payments to repay outstanding policy debt will continue to be accepted after the death benefit advance is paid.

We will send to you, for attachment to your policy, an endorsement showing the decrease in policy values resulting from the death benefit advance.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. The date the policy matures, expires or otherwise terminates; or
2. The date the policy is surrendered; or
3. The next monthly date after your written request to terminate this rider; or
4. The date the maximum accelerated death benefit amount is paid; or
5. The expiry date of this rider as shown on the policy specification pages.

REINSTATEMENT

If this rider lapses at the time the policy does, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

PAYMENT OF CLAIMS

Claim forms may be received by notifying us. We will pay the death benefit advance as a lump sum to the owner unless instructed otherwise.

Signed for American Heritage Life Insurance Company at its Home Office.

{ *Cam Stewart* *David A. Beard* }

{Secretary} {President}

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

ACCELERATED BENEFIT RIDER FOR CRITICAL ILLNESS

THE DEATH BENEFIT AMOUNT, SPECIFIED AMOUNT, FUND VALUE, SURRENDER VALUE, SURRENDER CHARGE, AND ANY OUTSTANDING POLICY DEBT OF THE POLICY WILL BE REDUCED IF A DEATH BENEFIT ADVANCE IS PAID. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE, AND YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is attached to and made part of the policy. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

BENEFIT

This rider provides for the advance of a portion of the death benefit amount due to a covered illness. We will pay you the benefit provided by this rider upon due proof that the insured has been diagnosed with a critical illness, subject to the terms and conditions of the policy and this rider.

DEFINITIONS

Critical illness. One of the following medical conditions of the insured, which in the absence of extensive or extraordinary medical treatment or intervention, would result in a drastically limited life span for the insured.

This rider only pays benefits for the following medical conditions:

1. **Cancer.** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

The following are included: Leukemia and Hodgkin's disease.

The following are excluded:

- a. non-invasive cancer in situ.
- b. tumors in the presence of any human immunodeficiency virus.
- c. tumors histologically described as pre-malignant.
- d. skin cancer other than malignant melanoma.

2. **Coma.** A state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 14 days, and for which period the Glasgow coma score must be 4 or less.

The following are excluded:

- a. medically induced coma.
- b. a coma that results directly from alcohol or drug use.
- c. a diagnosis of brain death.

3. **End stage renal failure.** The chronic irreversible failure of both kidneys to function, with the insured undergoing dialysis on at least a weekly basis.

4. **Heart Attack.** The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The heart attack must be positively diagnosed by a physician based on generally accepted diagnostic criteria.

Diagnostic criteria generally considers the presence of the following:

- a. typical chest symptoms associated with heart attack; and
- b. electrocardiogram showing indications of heart attack; and
- c. elevation of cardiac enzymes above laboratory standards of normal.

5. **Major Organ Transplant.** The undergoing of a transplant to the insured from another person of one of the following human organs: heart, lung, liver, pancreas, kidney, or bone marrow.

6. **Paralysis/Paraplegia.** The total, irrecoverable, and permanent loss of use of 1 or more limbs through neurological damage, which exists for a continuous period of at least 14 days. The loss of use must be to the complete arm (directly below the shoulder) or complete leg (directly below the hip).

7. **Stroke.** Any cerebrovascular incident producing neurological sequela lasting more than 24 hours. The stroke must be positively diagnosed by a physician based on generally accepted diagnostic criteria and must include the presence of one or more of the following which results in evidence of permanent neurological deficit:
- infarction of brain tissue; or
 - hemorrhage; or
 - embolisation from extra-cranial source.

Death Benefit Advance. The advance, during the insured's lifetime, of the accelerated death benefit amount reduced by a pro rata amount of any policy debt.

Immediate Family. The spouse, children, parents, grandparents, grandchildren siblings or corresponding in-laws of you or the insured.

Physician. A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery; or a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in. Physician does not include you, the insured, or a member of the insured's or your immediate family.

Physician's Statement. A written statement acceptable to us, signed by a physician, which gives the physician's diagnosis of the insured's critical illness.

Policy. The policy to which this rider is attached.

Rider Date. The effective date of this rider. The rider date is the policy date unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

COST OF INSURANCE

The charge for this rider is deducted from the policy's fund value on each monthly date. The following table shows the monthly cost of insurance rate per \$1,000 of specified amount.

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
18	0.3562	0.6304	18	0.3136	0.5350
19	0.3562	0.6304	19	0.3136	0.5350
20	0.3562	0.6304	20	0.3136	0.5350
21	0.3562	0.6304	21	0.3136	0.5350
22	0.3562	0.6304	22	0.3136	0.5350
23	0.3562	0.6304	23	0.3136	0.5350
24	0.3562	0.6304	24	0.3136	0.5350
25	0.3562	0.6304	25	0.3136	0.5350
26	0.3785	0.6743	26	0.3251	0.5574
27	0.4009	0.7181	27	0.3367	0.5798
28	0.4232	0.7620	28	0.3482	0.6022
29	0.4455	0.8058	29	0.3597	0.6246
30	0.4679	0.8496	30	0.3713	0.6470
31	0.4931	0.8979	31	0.3854	0.6758
32	0.5183	0.9461	32	0.3996	0.7046
33	0.5435	0.9943	33	0.4138	0.7334
34	0.5687	1.0426	34	0.4279	0.7622
35	0.5939	1.0908	35	0.4421	0.7911
36	0.6208	1.1441	36	0.4595	0.8283
37	0.6478	1.1975	37	0.4769	0.8656
38	0.6747	1.2508	38	0.4942	0.9028
39	0.7016	1.3042	39	0.5116	0.9401

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
40	0.7286	1.3575	40	0.5290	0.9773
41	0.7589	1.4228	41	0.5509	1.0282
42	0.7892	1.4880	42	0.5728	1.0791
43	0.8195	1.5532	43	0.5947	1.1300
44	0.8498	1.6184	44	0.6166	1.1809
45	0.8801	1.6837	45	0.6384	1.2318
46	0.9147	1.7642	46	0.6649	1.2978
47	0.9494	1.8447	47	0.6913	1.3638
48	0.9840	1.9252	48	0.7177	1.4298
49	1.0187	2.0057	49	0.7441	1.4958
50	1.0533	2.0863	50	0.7705	1.5617
51	1.0936	2.1883	51	0.8023	1.6489
52	1.1339	2.2904	52	0.8342	1.7361
53	1.1742	2.3925	53	0.8660	1.8232
54	1.2145	2.4946	54	0.8978	1.9104
55	1.2548	2.5967	55	0.9296	1.9975
56	1.3003	2.7223	56	0.9669	2.1102
57	1.3458	2.8479	57	1.0041	2.2229
58	1.3914	2.9735	58	1.0413	2.3356
59	1.4369	3.0991	59	1.0786	2.4483
60	1.4824	3.2247	60	1.1158	2.5609
61	1.5325	3.3697			
62	1.5825	3.5148			
63	1.6326	3.6598			
64	1.6826	3.8049			
65	1.7327	3.9499			
66	1.7839	4.0867			
67	1.8351	4.2236			
68	1.8864	4.3604			
69	1.9376	4.4973			
70	1.9888	4.6341			

CONDITIONS OF PAYMENT

While the policy and this rider are in force, we will pay you the death benefit advance, subject to the following conditions:

1. The insured has a critical illness covered by this rider; and
2. The critical illness first manifests itself on or after the rider date; and
3. Proof of critical illness is received by us. This proof will include a properly completed claim form, a physician's statement and any additional information from the physician we deem necessary. We may require, at our expense, an additional examination by a physician of our choice; and
4. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us.

This rider provides for the advance of a portion of the death benefit amount and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

ACCELERATED DEATH BENEFIT AMOUNT

The accelerated death benefit amount is subject to the following:

1. The minimum amount you may accelerate is the lesser of \$5,000 or the total remaining death benefit amount; and
2. The total sum of all accelerated death benefit amount payments made under all riders attached to the policy cannot exceed the maximum amount for acceleration, which is shown on the policy specification pages.

EFFECT ON POLICY WHEN DEATH BENEFIT AMOUNT IS ACCELERATED

After a death benefit advance is made, the death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis. Future values will be calculated according to the methods described in the policy using the reduced amounts.

Premium will no longer be accepted for the policy after the death benefit advance is paid, and all monthly deductions will cease on the monthly date following the payment of the benefit. Payments to repay outstanding policy debt will continue to be accepted after the death benefit advance is paid.

We will send to you, for attachment to your policy, an endorsement showing the decrease in policy values resulting from the death benefit advance.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. The date the policy matures, expires or otherwise terminates; or
2. The date the policy is surrendered; or
3. The next monthly date after your written request to terminate this rider; or
4. The date the maximum accelerated death benefit amount is paid; or
5. The expiry date of this rider as shown on the policy specification pages.

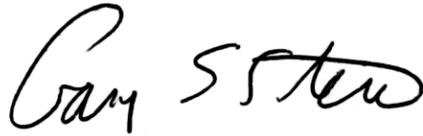
REINSTATEMENT

If this rider lapses at the time the policy does, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

PAYMENT OF CLAIMS

Claim forms may be received by notifying us. We will pay the death benefit advance as a lump sum to the owner unless instructed otherwise.

Signed for American Heritage Life Insurance Company at its Home Office.

{  {Secretary}  {President} }

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

CHILDREN'S TERM RIDER

Benefits are paid in addition to the life insurance benefits of the policy. Benefits are subject to the provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider.

DEFINITIONS

Age. Issue age is each insured child's age on his or her last birthday as of the rider date. Attained age is each insured child's age on his or her last birthday as of the most recent rider anniversary (or the rider date if this rider has been in force less than one year).

Conversion Date. The next monthly date after we receive a request for conversion.

Insured Child. An insured child under this rider is any child, stepchild or legally adopted child of the policy insured who is:

1. more than 24 hours and less than 18 years of age on the date of application for this rider; or
2. born after the date of application for this rider, is more than 24 hours and less than 18 years of age, and the policy insured is named as parent on the child's birth certificate; or
3. legally adopted by or becomes the stepchild of the policy insured after the date of application for this rider and is more than 24 hours and less than 18 years of age.

Policy. The policy to which this rider is attached.

Policy Insured. The person whose life is covered by the policy as shown on the policy specification pages.

Rider Beneficiary. Any person and/or entity named in our records to receive the death benefit of this rider when an insured child dies.

Rider Date. The effective date of this rider. The rider date is the policy date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

DEATH BENEFIT ON INSURED CHILDREN

We pay the benefit amount shown for this rider on the policy specification page(s) of the policy to the rider beneficiary after we receive written proof that the death of an insured child occurred:

1. while this rider and the policy are in force; and
2. before the insured child's 25th birthday.

SUICIDE

Insured Child. If an insured child dies by suicide, whether sane or insane, within 2 years from the date he or she is insured, our liability for that insured child is limited to a return of cost of insurance charges deducted for this rider.

Policy Insured. In the event of suicide of the policy insured within 2 years from the date of application for this rider, coverage for any insured children may be converted as explained in the conversion option provision of this rider.

COST OF INSURANCE

The monthly cost of insurance for this rider is deducted from the policy's fund value on each monthly date. For this rider, the monthly cost of insurance rate per \$1,000 of benefit amount is {0.4650}.

MISSTATEMENT OF AGE

If the age of any insured child is misstated, any benefit payable with respect to such insured child is determined by the correct age.

CONVERSION OPTION FOR INSURED CHILD

We provide a conversion option for each insured child when:

1. that insured child's coverage ends at his or her 25th birthday. We must receive written request for this conversion option within 30 days of the insured child's 25th birthday and while this rider is in force; or
2. that insured child's coverage ends due to the policy insured reaching age 70. We must receive written request for this conversion option within 30 days of the policy insured's attained age 70; or
3. that insured child's coverage ends due to the death of the policy insured, including death by suicide. We must receive written request for this conversion option within 30 days of the policy insured's death.

Upon receipt of such request, we will send a questionnaire to determine the tobacco use of the insured child. Other than this requirement, no additional evidence of insurability is required. The new policy will have a standard premium class. The insured child may select the plan and amount of insurance for the new policy. The plan may be any life plan (except term life) we then currently issue:

1. at the insured child's attained age; and
2. for the amount of insurance selected; and
3. for an amount of insurance not more than 5 times the death benefit of this rider; and
4. for an amount of insurance not less than the minimum benefit amount available for that plan on the conversion date.

Premiums for the new policy are:

1. at the rate in effect for the insured child's attained age and premium class on the conversion date; and
2. subject to our rules on frequency of premium payments in effect on the conversion date.

Coverage under this rider ends for that insured child when coverage under the new policy begins. The new policy will not include any additional benefits or riders unless agreed to by us.

RIDER BENEFICIARY

If not otherwise named in the application for this rider, the owner is the rider beneficiary.

The owner may change the rider beneficiary by a written request to us:

1. while the insured child is alive; and
2. if the prior designation does not prohibit such a change.

A change revokes any prior designation.

If not provided otherwise:

1. The interest of any named rider beneficiary who dies before the insured child, passes to the remaining named rider beneficiaries in equal shares.
2. If no named rider beneficiary survives the insured child, the death benefit of the rider is paid to the owner, if living, otherwise to the owner's estate.

INCONTESTABILITY

We cannot contest payment of this rider once this rider has been in force while each insured child is alive for 2 years from the rider date except for the coverage on any insured child who is added subsequent to the rider date. This 2 year period begins on the date he or she becomes an insured child.

TERMINATION

Coverage for each insured child automatically terminates on the earlier of his or her 25th birthday or the date this rider terminates. This rider terminates and is no longer in force on the earliest of:

1. the rider expiry date as shown on the policy specification pages; or
2. the death of the policy insured (see Conversion Option for Insured Child); or
3. the date the policy insured turns age 70; or
4. the date the policy matures, expires or otherwise terminates.

You may terminate this rider on any monthly date by written request.

PLEASE PRINT WITH BLACK INK

APPLICATION FOR LIFE INSURANCE TO:



Allstate
You're in good hands.

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Allstate GoodForLifeSM Service Team
P.O. Box 43187
Jacksonville, FL 32203

Marketing Name - Single Policy

Marketing Name - Joint Policy

PROPOSED INSURED

JOINT PROPOSED INSURED

Form fields for Proposed Insured (1-18) and Joint Proposed Insured (21-37), including personal information, residence, and beneficiary details.

53. Citizenship. Are all Proposed Insureds, Beneficiaries, Owners, and Payors citizens of the United States or hold a permanent resident Visa? (If "no," give the following details: Name, Party (e.g. "Owner"), Country, Permanent Resident Card Number, Visa Number and Type and attach a copy if available) [] Yes [] No

Marketing Name

Table for Marketing Name with columns for Universal Life, Face Amount, various Riders, and Monthly Premium.

CHILDREN PROPOSED FOR CHILDREN'S LEVEL TERM RIDER - Please complete this section if you want to include this rider on your policy

Children must be age 17 or less and the Proposed Insured's child, legally adopted child, or stepchild living with Proposed Insured. Not available if Owner is a business.

Table with 3 columns: Name (First, Middle, Last), Birth Date (MM/DD/YYYY), and SSN/TIN.

BILLING INFORMATION

1. EFT Policies <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card Name as it appears on check or credit card _____	Transit Number _____ Account Number _____ Draft Date _____	2. Premiums/Billing Mode <input type="checkbox"/> Monthly <input type="checkbox"/> EFT <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Direct <input type="checkbox"/> Quarterly <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual	3. Total Monthly Premium \$ _____
5. Remarks _____ _____ _____			4. Producer Number _____ _____ _____

REPLACEMENT QUESTIONS

1. **Replacement.** Is this insurance intended to replace, change or borrow against any existing life insurance or annuity contracts (includes personal, business or group life)? Yes No
 If yes, indicate product being replaced, changed or borrowed against and complete the replacement form provided by your producer if required by your state.

2. **Existing Insurance.** Is there any other annuity contract or life insurance in force or applied for on any proposed insured? If yes, list company name, policy number, year issued, type of coverage, and amount of benefit. Yes No

PERSONAL DATA QUESTIONNAIRE

(Questions 2 through 4 are to be completed for the Proposed Insured, Joint Proposed Insured, and children proposed for coverage ("Proposed Insureds"). If any questions below are answered "yes," please list the required details in Question 5 below.)

1	a) In the last 12 months, has the Proposed Insured or Joint Proposed Insured used tobacco or nicotine in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Has the Proposed Insured or Joint Proposed Insured ever been charged with a felony, treated for or arrested for the use or possession of alcohol, narcotics, or mind altering drugs not prescribed by a member of the medical profession, or has the Proposed Insured or Joint Proposed Insured ever used illegal drugs or narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No c) In the last 3 years, has the Proposed Insured or Joint Proposed Insured participated in scuba or sky diving, hang gliding, racing of any kind, or has the Proposed Insured or Joint Proposed Insured flown as a pilot or crew member or have the intent to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No d) In the last 3 years, has the Proposed Insured or Joint Proposed Insured had their driver's license suspended or revoked, been arrested for reckless driving or driving under the influence of drugs or alcohol, received 3 or more moving violations, or been involved in 3 or more motor vehicle accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No												
2	Have any Proposed Insureds ever had any life, health or disability insurance application(s) declined or extra-rated? <input type="checkbox"/> Yes <input type="checkbox"/> No												
3	a) Have any Proposed Insureds ever been diagnosed with, or sought treatment or advice from a member of the medical profession for: i) AIDS (Acquired Immune Deficiency Syndrome)? <input type="checkbox"/> Yes <input type="checkbox"/> No ii) any type of cancer or tumor (including leukemia, Hodgkin's Disease, lymphoma)? <input type="checkbox"/> Yes <input type="checkbox"/> No iii) a stroke or a heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No iv) heart condition, disorder of the heart, artery disease, hypertension or high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Have any Proposed Insureds ever had any medical or surgical procedures (including major organ transplant) advised or recommended by a member of the medical profession but not done at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No												
4	In the last 10 years have any Proposed Insureds been diagnosed with, or sought treatment or advice from a member of the medical profession for: a) diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No b) epilepsy or seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No c) asthma, emphysema or other lung disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No d) any disorder of digestive tract, liver, or pancreas? <input type="checkbox"/> Yes <input type="checkbox"/> No e) anemia or other disorder of blood or blood cells (excluding HIV status)? <input type="checkbox"/> Yes <input type="checkbox"/> No f) kidney disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No g) rheumatoid arthritis? <input type="checkbox"/> Yes <input type="checkbox"/> No h) mental or nervous disorder, disorder of the brain or central nervous system (including Alzheimer's disease, dementia, muscular dystrophy or multiple sclerosis)? <input type="checkbox"/> Yes <input type="checkbox"/> No i) paralysis, chronic fatigue syndrome, fibromyalgia, Parkinson's, lupus? <input type="checkbox"/> Yes <input type="checkbox"/> No												
5	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Question #</th> <th style="width: 80%;">Details</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Question #	Details										
Question #	Details												

ELECTRONIC DELIVERY (PLEASE CHECK YES OR NO)

By checking the "Yes" box below, I/we agree to electronic delivery of my/our insurance policy(ies), describing my/our coverages and any accompanying notices ("my/our Policy"), and all future correspondence regarding my/our Policy, to include claim correspondence, explanations of benefit, periodic notices (such as privacy notices) and policy administration correspondence. If electronically delivered, I/we will be provided instructions on how to receive my/our Policy and correspondence regarding my/our Policy via the following address www.allstate.com/GoodForLife.

I/We understand that to access these documents electronically, I/we will need a personal computer with internet access and appropriate browser software, and Adobe® Acrobat® Reader® software.

My/Our consent is valid while I/we are covered under my/our Policy. At any time, I/we may withdraw my/our consent for any reason and receive future correspondence in paper, to include a paper copy of my/our Policy free of charge, by calling toll-free: [1-877-757-1575](tel:1-877-757-1575) or by writing to Allstate GoodForLife Service Team, American Heritage Life Insurance Company, P.O. Box 43187, Jacksonville, FL 32203.

- YES, I/we agree to receive my/our Policy and all correspondence regarding my/our Policy electronically via the internet.
- NO, I/we prefer to receive paper copies of my/our Policy and all correspondence regarding my/our Policy.

PERMIT TO OBTAIN AND DISCLOSE CERTAIN DATA

- A. American Heritage Life Insurance Company, its reinsurers, consumer reporting agencies, and other parties acting on American Heritage Life Insurance Company's behalf may get data about my/our health, medical history, prescription medication history, and related information, mode of living (except as may be related directly or indirectly to sexual orientation), avocations, finances, credit history, driving record, and any criminal record. I/we understand that the information obtained by use of this authorization will be used to determine eligibility for insurance and/or benefits, or for American Heritage Life Insurance Company to determine its obligations under the policy issued in connection with this application.
- B. Any doctor, practitioner, medical or medically related facility, laboratory, Pharmacy Benefit Managers, the Veterans Administration, the Medical Information Bureau, Inc. (MIB, Inc.), viatical settlement company, employer, consumer reporting agency, creditor, government agency, insurance or reinsurance company or any other person or entity which has such data about me/us may give such data to American Heritage Life Insurance Company and its reinsurers when this Permit or a copy of it is shown. All sources but the MIB, Inc., may give such data to agents or agencies acting on behalf of American Heritage Life Insurance Company. The information as provided herein pursuant to the authorization will not be redisclosed unless authorized by me/us or otherwise required by law. Covered entities, as defined by the Health Insurance Portability and Accountability Act of 1996, may not condition treatment, payment, enrollment, or eligibility for benefits on whether this Permit is signed.
- C. Any request by American Heritage Life Insurance Company for medical records is on my/our behalf; the information must be provided within any requirements imposed by applicable statutes governing patient access to medical records.
- D. Data about mental illness, alcoholism, sexually transmitted diseases, and the use of drugs is to be included.
- E. American Heritage Life Insurance Company or its reinsurers may make a brief report about me/us to the MIB, Inc.
- F. This Permit is good for 24 months after it is signed.
- G. American Heritage Life Insurance Company may obtain an investigative consumer report ("inspection report") on me/us.
 - I/we want to be interviewed if such a report is obtained.
- H. I/we have read this Permit and know I/we may request a copy of it. I/we may revoke this Permit by writing to American Heritage Life Insurance Company. I/we also have received the Insurance Information Practices, MIB Notice, Notice Under the Fair Credit Reporting Act and Important Information.

DECLARATIONS

- A. I/we (each undersigned) declare that all answers written on this application are full and correct to the best of my/our knowledge and belief. Except in Maine, Missouri, New Jersey, Oregon, and South Carolina, American Heritage Life Insurance Company is not presumed to know any information not in this application.
- B. No insurance will start until the first premium is paid in full and the policy is delivered. No insurance will start if at that time the health of all Proposed Insureds is not as described in the application.
- C. I/we have read and understand this application, including the Insurance Information Practices, MIB Notice, Notice Under the Fair Credit Reporting Act and Important Information which I/we acknowledge receiving.
- D. Only an officer of American Heritage Life Insurance Company may change this application or waive a right or requirement. No agent may do this.

ALL QUESTIONS WERE ASKED OF ME/US AND, IF APPLICABLE, THE ADDITIONAL/JOINT INSURED AND PARENTS OF ANY CHILDREN LISTED ON THIS APPLICATION. I (WE) HAVE READ ALL INFORMATION BEFORE SIGNING.

I/we declare that the answers written above are full and correct to the best of my/our knowledge and belief. I/we understand and agree that the statements above, along with the application, will be the basis for any insurance issued.

Substitute Form W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGN HERE

Signature of Proposed Insured _____

Signature of Owner, if other than Insured _____

Signature of Joint Proposed Insured _____

Signature of Joint Owner, if applicable _____

Signed at: City/State: _____

Date Signed: _____

PRODUCER'S STATEMENT

1. To your knowledge, does any proposed insured have existing life coverage in force? Yes No
2. To your knowledge, is change or replacement involved? Yes No
3. I certify that to the best of my knowledge and belief the information in this application is complete, accurate and correctly recorded.

Signature of Producer _____

Print Producer's Name _____

INSURANCE INFORMATION PRACTICES

We will rely primarily on the information you give us. We may also get information from other sources, such as doctors, or other medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to gather information and send us an investigative consumer report as explained in the Notice Under the Federal Fair Credit Reporting Act below. You may ask to be interviewed as part of the preparation of any such report.

In certain limited circumstances, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about and to see and copy items of personal information about you that appear in our files, including information contained in the investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to [Allstate GoodForLifeSM Underwriting Department](#), American Heritage Life Insurance Company, [P.O. Box 43187, Jacksonville, FL 32203](#).

MIB NOTICE

Information regarding your insurability will be treated as confidential. American Heritage Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or healthy insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 \(TTY 866-346-3642\)](#). If you question the accuracy of this information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734](#).

American Heritage Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](#).

NOTICE UNDER THE FAIR CREDIT REPORTING ACT

In compliance with the Federal Fair Credit Reporting Act, you are hereby notified that an investigative report may be made. This would be by personal interviews with neighbors, friends, associates, or other persons. This will concern the character, general reputation, personal characteristics, and mode of living (except as may be related to sexual orientation) of any person proposed for insurance. You may obtain additional information concerning the nature and scope of this investigation and a written summary of your rights under the Federal Fair Credit Reporting Act by contacting our Home Office. Our address is American Heritage Life Insurance Company, [Allstate GoodForLifeSM Service Team P.O. Box 43187, Jacksonville, FL 32203](#). Upon your written request, you will be informed whether or not an investigation was made by us. If so, you will receive the name and address of the consumer reporting agency involved. You may receive and inspect a copy of the Investigative Consumer Report by contacting the consumer reporting agency.

IMPORTANT INFORMATION

For Applicants in Arkansas, Louisiana, Maine, New Mexico, and Ohio: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in District of Columbia and Rhode Island: 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.

For Applicants in Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

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

For Applicants in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Applicants in Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

SERFF Tracking Number: ALSB-126939095 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 47665
 Company Tracking Number: UL23AF SERIES
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UL23AF SERIES
 Project Name/Number: UL23AF SERIES/UL23AF SERIES

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: AWD703AR - Reinstatement Application - approved 07/07/04		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance		
Comments:		
Attachment: AR Certification of Compliance UL23AFAR 1-21-11.pdf		

	Item Status:	Status Date:
Satisfied - Item: Rates Consent Form		
Comments:		
Attachment: AR AHL UL23AFAR Consent to Submit Rates and or Cost Bases 01-27-11.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cost of Insurance Rates		
Comments:		

SERFF Tracking Number: ALSB-126939095 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47665
Company Tracking Number: UL23AF SERIES
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UL23AF SERIES
Project Name/Number: UL23AF SERIES/UL23AF SERIES

Attachment:

COIs.pdf

Item Status:

Status

Date:

Satisfied - Item: Statements of Variability

Comments:

Attachments:

AWDULAPP SOV 0111.pdf

AR SOV_GFL2.pdf

Item Status:

Status

Date:

Satisfied - Item: Accelerated Death Benefit
Disclosure

Comments:

Attached is the Accelerated Benefit Disclosure which we are attaching for information only.

Attachment:

AWD16665 Accelerated Benefit Disclosure_TI_PC_CI 0111 B.pdf

CERTIFICATION OF READABILITY

I, Sheryl McDaniel, Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
UL23AFAR	55
RULC	53
RUEC	51
RULBTI	50
RULBPC.....	46
RULBCI	47
RUCTR	58
AWDULAPP	55*

* Scored with policy form UL23AFAR

Sheryl McDaniel
Vice President

January 27, 2011
Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Forms: UL23AFAR, AWDULAPP, RUCTR, RULBPC, RULBTI, RULBCI, RUEC, RULC

I, Elizabeth J. Vassallo, Senior Product and Financial Analyst, hereby certify that to the best of my knowledge and belief, this filing is in compliance with Arkansas Insurance Regulation 34, the Universal Life Regulation and that Bulletin 11-83 guidelines have been reviewed and that the forms comply with these regulations.

I also certify that we are in compliance with Arkansas Regulation 49 that requires that a Life and Health guaranty notice be given to each policyowner; and Arkansas Regulation 19s10B and all applicable requirements of the Arkansas Department of Insurance.

Elizabeth J. Vassallo
Senior Product and Financial Analyst

January 21, 2011

**AMERICAN HERITAGE LIFE INSURANCE COMPANY
Jacksonville, Florida
CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

The American Heritage Life Insurance Company of Jacksonville, Florida does hereby consent and agree that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number UL23AFAR must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

AMERICAN HERITAGE LIFE INSURANCE COMPANY

By _____
Steven J. Rueschhoff, F.S.A., M.A.A.A
Actuary and Director

Date: January 27, 2011

UL23AF Series Cost of Insurance Annual Rates per \$1,000
Unisex/ Allstate Non-Tobacco Premium Class
(All COIs are fully guaranteed)

Attained Age	COI Rate	Attained Age	COI Rate
0	0.66	50	2.55
1	0.42	51	2.79
2	0.30	52	3.11
3	0.24	53	3.47
4	0.21	54	3.91
5	0.18	55	4.41
6	0.21	56	4.93
7	0.21	57	5.44
8	0.21	58	5.97
9	0.21	59	6.59
10	0.21	60	7.31
11	0.27	61	8.18
12	0.33	62	9.19
13	0.36	63	10.31
14	0.48	64	11.47
15	0.60	65	12.73
16	0.69	66	13.99
17	0.78	67	15.38
18	0.81	68	16.84
19	0.84	69	18.47
20	0.84	70	20.38
21	0.82	71	22.71
22	0.81	72	25.38
23	0.82	73	28.26
24	0.81	74	31.36
25	0.82	75	34.77
26	0.83	76	38.63
27	0.84	77	43.10
28	0.83	78	48.26
29	0.79	79	54.02
30	0.77	80	60.58
31	0.76	81	67.89
32	0.77	82	75.65
33	0.79	83	84.15
34	0.80	84	93.58
35	0.83	85	103.93
36	0.86	86	115.44
37	0.90	87	128.23
38	0.93	88	141.82
39	0.98	89	155.92
40	1.03	90	169.05
41	1.12	91	180.21
42	1.24	92	193.08
43	1.37	93	207.93
44	1.54	94	224.88
45	1.70		
46	1.86		
47	2.01		
48	2.16		
49	2.33		

UL23AF Series Cost of Insurance Annual Rates per \$1,000
Unisex/ Basic Non-Tobacco Premium Class
(All COIs are fully guaranteed)

Attained Age	COI Rate	Attained Age	COI Rate
0	0.66	50	3.36
1	0.42	51	3.66
2	0.30	52	4.05
3	0.24	53	4.50
4	0.21	54	5.04
5	0.18	55	5.64
6	0.21	56	6.27
7	0.21	57	6.87
8	0.21	58	7.50
9	0.21	59	8.22
10	0.21	60	9.06
11	0.27	61	10.08
12	0.33	62	11.25
13	0.36	63	12.54
14	0.48	64	13.86
15	0.60	65	15.27
16	0.69	66	16.68
17	0.78	67	18.21
18	0.81	68	19.80
19	0.84	69	21.57
20	0.84	70	23.64
21	0.84	71	26.16
22	0.84	72	29.04
23	0.87	73	32.10
24	0.87	74	35.37
25	0.90	75	38.94
26	0.93	76	42.96
27	0.96	77	47.58
28	0.96	78	52.89
29	0.93	79	58.77
30	0.93	80	65.43
31	0.93	81	72.78
32	0.96	82	80.49
33	0.99	83	88.86
34	1.02	84	98.07
35	1.08	85	108.09
36	1.14	86	119.13
37	1.20	87	131.31
38	1.26	88	144.09
39	1.35	89	157.17
40	1.44	90	169.05
41	1.56	91	180.21
42	1.71	92	193.08
43	1.89	93	207.93
44	2.10	94	224.88
45	2.31		
46	2.52		
47	2.70		
48	2.88		
49	3.09		

UL23AF Series Cost of Insurance Annual Rates per \$1,000
Unisex/ Allstate Tobacco Premium Class
(All COIs are fully guaranteed)

Attained Age	COI Rate	Attained Age	COI Rate
18	1.02	57	10.25
19	1.08	58	11.13
20	1.14	59	12.16
21	1.18	60	13.35
22	1.21	61	14.83
23	1.25	62	16.50
24	1.31	63	18.28
25	1.34	64	20.09
26	1.39	65	21.92
27	1.42	66	23.76
28	1.40	67	25.67
29	1.40	68	27.65
30	1.37	69	29.85
31	1.38	70	32.35
32	1.38	71	35.42
33	1.40	72	38.89
34	1.45	73	42.52
35	1.50	74	46.44
36	1.57	75	50.79
37	1.66	76	55.60
38	1.74	77	61.11
39	1.85	78	67.39
40	1.97	79	74.31
41	2.16	80	82.08
42	2.38	81	90.62
43	2.66	82	99.47
44	2.96	83	108.89
45	3.29	84	119.43
46	3.62	85	130.96
47	3.93	86	143.58
48	4.18	87	157.41
49	4.52	88	171.79
50	4.91	89	186.19
51	5.42	90	198.81
52	6.03	91	208.62
53	6.71	92	219.90
54	7.55	93	232.68
55	8.44	94	248.16
56	9.36		

UL23AF Series Cost of Insurance Annual Rates per \$1,000
Unisex/Basic Tobacco Premium Class
(All COIs are fully guaranteed)

Attained Age	COI Rate	Attained Age	COI Rate
18	1.02	57	12.96
19	1.08	58	13.98
20	1.14	59	15.18
21	1.20	60	16.56
22	1.26	61	18.27
23	1.32	62	20.19
24	1.41	63	22.23
25	1.47	64	24.27
26	1.56	65	26.31
27	1.62	66	28.32
28	1.62	67	30.39
29	1.65	68	32.52
30	1.65	69	34.86
31	1.68	70	37.53
32	1.71	71	40.80
33	1.77	72	44.49
34	1.86	73	48.30
35	1.95	74	52.38
36	2.07	75	56.88
37	2.22	76	61.83
38	2.37	77	67.47
39	2.55	78	73.86
40	2.76	79	80.85
41	3.00	80	88.65
42	3.30	81	97.14
43	3.66	82	105.84
44	4.05	83	114.99
45	4.47	84	125.16
46	4.89	85	136.20
47	5.28	86	148.17
48	5.58	87	161.19
49	6.00	88	174.54
50	6.48	89	187.68
51	7.11	90	198.81
52	7.86	91	208.62
53	8.70	92	219.90
54	9.72	93	232.68
55	10.80	94	248.16
56	11.91		

Statement of Variability
American Heritage Life Insurance Company
AWDULAPP Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Description of Variability
1	Company Logo	Allow for changes to the company logo
1	Company Address	Company location and zip codes may vary over time.
1	Marketing Name	Allow for changes in the marketing name as it may not be final at the time of filing.
1	Citizenship	This section is bracketed so that if Federal laws governing these requirements are changed, we will have the flexibility to revise accordingly.
1	Rider(s)	To modify, delete or add Rider(s).
2	EFT Policies	To modify, delete or add methods of payment.
2	Premiums/Billing Mode	To modify, delete or add premium mode options.
2	Electronic Delivery	To allow for the flexibility to remove this section in its entirety or make modifications based on administrative processes. Allow for flexibility for the website, telephone number and address of the underwriting company if we keep this section.
3	Declarations	a. "Maine, Missouri, New Jersey, Oregon and South Carolina" in Item A – To allow for flexibility to add or delete states as necessary based on state requirements.
3	Substitute W-9	This section may be modified to include new information as required by state or federal tax requirements.
4	Insurance Information Practices	To allow for flexibility for the address of the underwriting company.
4	Notice Regarding the MIB	To allow for flexibility for the address, telephone number and website of the MIB.
4	Notice Under the Fair Credit Reporting Act	To allow for flexibility for the address of the underwriting company.
4	Important Information	To allow for flexibility to make changes to comply with applicable state fraud warning requirements.

Statement of Variability
Forms UL23AFAR, RULBCI, RULBTI, RULBPC, RUCTR , RUEC & RULC

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment.

Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	a. Company Address, Telephone, Officers and Logo	Company location, Zip Codes, telephone number, Company Logo and Company Officers may vary over time
3	a. Company Address	Company location and Zip Codes may vary over time
	b. Benefit Amount --Policy	Minimum \$10,000 - Varies by customer selection.
3	c. Description of Benefits	The rider section is bracketed because the riders that will print in this section will depend upon the rider selections made by the customer. Variation in rider selection will not result in additional alternate plans being available in the market.
3	d. Benefit Amount – Children’s Term Rider	Minimum \$2,000 - Maximum \$20,000. This amount will vary by customer selection.
3	e. Extended Guarantee Paragraph – Premium Amount and Date	When customer selects the Extended Guarantee Rider (RUEC), this paragraph will print. This specimen shows the selection of the Extended Guarantee Rider. Premium amount and date within paragraph will vary by issue age, payment class, and face amount size.
3	f. Lifetime Guarantee Paragraph – Premium Amount	When the customer selects the Lifetime Guarantee Rider (RULC), this paragraph will print. Premium amount within paragraph will vary by issue age, payment class, and face amount size.
3	g. Extended Guarantee – Expiry Date	Varies by issue age.
3	h. Premium Payment Method	Amount and frequency chosen by customer. Range is annual, semi-annual, quarterly or monthly.
3	i. Premium Class	The range is: Allstate Non-Tobacco, Basic Non-Tobacco Allstate Tobacco, Basic Tobacco
3	j. Policy Date, Insured, Policy Number, Issue Age, Initial Specified Amount	John Doe information that will vary by customer demographics and customer selection.
3	k. Maximum Accelerated Death Benefit Amount from all riders attached to policy	Minimum \$10,000 The maximum amount is based on the specified amount selected by the customer.
3A	a. Company Address	Company location and Zip Codes may vary over time
3A	b. Death Benefit Discount Factor	Minimum 1 - Maximum 2
3A	c. Monthly Fee	Minimum \$1 - Maximum \$10 -- The Monthly Fee the policy is issued with is the one the policy owner will have throughout the length of the policy.
3A	d. Surrender Charges	Varies by issue age, duration, payment class, and face amount size.
3B	a. Company Address	Company location and Zip Codes may vary over time
	b. Life Insurance Compliance Test – Cash Value	The table included will vary based upon the Premium Class the policy is issued at. There is a different table for each of

Page	Bracketed Items	Range of Variability
	Accumulation Test	the 4 Premiums Classes, which are: Allstate Non-Tobacco, Basic Non-Tobacco Allstate Tobacco, Basic Tobacco
4	Table of Guaranteed Maximum Monthly Cost of Insurance Rates	The Table included will vary based upon the Premium Class the policy is issued at. There is a different table for each of the 4 Premium Classes, which are Allstate Non-Tobacco, Basic Non-Tobacco Allstate Tobacco, Basic Tobacco
10	a. Loan Interest Rate	Minimum 1% - Maximum 7%. The Loan Interest Rate the policy is issued with will remain the same throughout the duration of the policy. At our discretion, we may charge a different rate for future business.
10	a. Partial Surrender Service Charge	Minimum \$25 - Maximum \$100 -- the Partial Surrender Service Fee the policy is issued with will remain the same Throughout the duration of the policy.

Rider Forms RULC, RUEC

Pages	Bracketed Items	Range of Variability
1 and last page	a. Company address, Officers	Company location, Zip Codes, telephone number and Company Officers may vary over time

Rider Forms RULBCI, RULBTI, RULBPC,

Pages	Bracketed Items	Range of Variability
1 and last page	a. Company address, Officers	Company location, Zip Codes, and Company Officers may vary over time
1-3	Table of Guaranteed Maximum Monthly Cost of Insurance Rates	The rates are variable, so that if we do change the cost of insurance rates for this rider, we may revise them. Such a change would only impact new business.

Rider Form RUCTR

Pages	Bracketed Items	Range of Variability
1 and last page	a. Company address, Officers	Company location, Zip Codes, and Company Officers may vary over time
1	Cost of insurance rate	The cost of insurance rate is variable so that if we do change it the cost of insurance rate for this rider we may revise it. Such a change would only impact new business.



Allstate
You're in good hands.

AMERICAN HERITAGE LIFE INSURANCE COMPANY
Allstate GoodForLifeSM Service Team
P.O. Box 43187
Jacksonville, FL 32203

**REQUIRED DISCLOSURE STATEMENT FOR ACCELERATED BENEFIT RIDER – TERMINAL ILLNESS,
PERMANENT CONFINEMENT AND CRITICAL ILLNESS**

**The Benefit You Receive Under This Rider May Be Taxable.
Consult With Your Personal Tax Advisor.**

- A. Condition(s) for Acceleration for Terminal Illness:** A medical condition of any insured that, notwithstanding appropriate medical care, will result in a life expectancy of 24 months or less from the date of the physician's statement.
- B. Condition(s) for Acceleration for Permanent Confinement:** Any insured that has been confined to a nursing care or assisted living facility for at least 90 consecutive days and is expected to remain there for the rest of his or her life; and within the previous 90 days, has been certified by a licensed health care practitioner as a chronically ill individual.
- C. Condition(s) for Acceleration for Critical Illness:** A specified medical condition of any insured, which in the absence of extensive or extraordinary medical treatment or intervention, would result in a drastically limited life span for any insured.
- D. Accelerated Death Benefit Amount for all Accelerated Benefit Riders:** Advance of a portion of the death benefit for the policy up to the entire death benefit amount.
- E. Rider Charges:** The Accelerated Benefit Riders are provided at an additional cost. After a Death Benefit Advance is paid, no further policy premiums are required and all policy and rider charges cease.
- F. Effect On Policy When Death Benefit Amount Is Accelerated for all Accelerated Benefit Riders:** After an accelerated death benefit is paid, any remaining death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis.
- G. Numerical Example for all Accelerated Benefit Riders:** The following is a numerical example demonstrating the effect on a policy that provides coverage until the insured's attained age 70 issued to a 35 year old male, Basic Non-Tobacco premium class with \$50,000 face amount, \$500 cash value and a \$500 policy loan.

Example:

Before Benefit Request Current Values are:

Face Amount:	\$50,000
Cash Value:	\$ 500
Loan Balance:	\$ 500
Annual Base Policy Premium	\$ 408
Annual Charge for Terminal Illness Rider	\$ 12
Annual Charge for Permanent Confinement Rider	\$ 12
Annual Charge for Critical Illness Rider	\$ 288

Amount of Benefit Request:

Terminal Illness	NONE
Permanent Confinement	NONE
Critical Illness	<u>\$5,000</u>
Total Amount of Benefit Request	\$5,000

Amount Paid is:

\$ 5,000.00	10% of face amount
- 50.00	pro rata loan
<u>\$ 4,950.00</u>	

After Benefit Payment:

Face Amount	\$45,000
Cash Value	\$ 450
Loan Balance	\$ 450
Annual Base Policy Premium	NONE
Annual Charge for Terminal Illness Rider	NONE
Annual Charge for Permanent Confinement Rider	NONE
Annual Charge for Critical Illness Rider	NONE

I acknowledge that I have received and read this disclosure describing the Terminal Illness, Permanent Confinement and Critical Illness Accelerated Benefit Riders.

(Social Security Number) (Case Number)

Print Name of Proposed Insured (First, Middle, Last)

(Signature of Proposed Insured)

(Printed Name of Owner, if other than Proposed Insured)

(Signature of Owner, if other than Proposed Insured)

(Signature of Joint Owner – if applicable)

(Signature of Joint Owner – if applicable)

(Printed Name of Joint Proposed Insured – if applicable)

(Signature of Joint Proposed Insured – if applicable)

(Signature of Licensed Agent)

(Date)